



**NIP PROGRAMS SUPPLEMENTAL APPLICATIONS**  
LandPro TreePro Supplemental Application With WC

**BROKER DETAILS**

Broker Business Name: **James G Parker Insurance Associates**

Broker address:

CSR/ Producer name: **Matthew Orosco**

CSR/ Producer email: **matthew@jgparker.com**

Phone: **559-589-2226**

Broker account ID: **jame-39**

**APPLICANT DETAILS**

Account ID: **Ecot-01**

Insured: **Ecotech Services Inc**

Mailing Address: **816 N Todd Ave**

City: **Azusa**

State: **CA**

Zip code: **91702**

Contact:

Website address:

Federal Tax ID #/Owner's Social Security #: **454731434**

Phone: **626-788-5652**

Email: **vquezada@ecotechservices.net**

Fax:

Effective Date: **04/16/2022**

Entity: **Corporation**

Line of business requested: **Commercial Auto, Property, Inland Marine**

If other, please describe:

Policy Number: **NPC100349301**

Has applicant changed names in last 5 years? **No**

Description:

Years in business or prior work experience: **10**

NYC five boroughs\* - **No**

Cook county Illinois - **No**

Harris or Jefferson county Texas -

Do you carry workers compensation coverage? **Yes**

Do you carry professional liability coverage? **No**

List of states:

**CA**

EMPLOYEES AND HIRING PRACTICES INFORMATION
Total number of owners, supervisors and employees: <b>2</b>
Number of full time workers: <b>11</b>
Number of part time workers: <b>2</b>
Number of seasonal workers: <b>0</b>
Number of Owners/ Partners:
Number of Owners or Partners in field:
Payroll field exposure:
Does applicant have a formal hiring procedure manual? <b>Yes</b>
Does applicant conduct reference checks? <b>Yes</b>
Is pre-employment drug testing conducted? <b>No</b>
Are criminal background checks completed on all employees? <b>Yes</b>
Are references checked before hiring? <b>Yes</b>
What is the annual employee turnover rate?
TRAINING & SAFETY INFORMATION
Do you have a formal training/ safety program in place? <b>Yes</b>
Do you have any incentive based safety programs? <b>Yes</b>
Does manual include sections on use of fall protection? <b>Yes</b>
Are employees trained what to do when a vehicle or customer accident occurs? <b>Yes</b>
Describe your training/ safety programs in place:
List/ describe the personal safety gear issued by the employer: (especially for Pesticide/Herbicide application)
What measures are in place to prevent property damage or injury to persons around the work area?
How do you prevent third party access to equipment left at work sites over night?
Does applicant store herbicides and pesticides on insured premises? <b>No</b>
What equipment is provided?
Has the risk been cited for any OSHA violations in the last five years? <b>No</b>
Are employees trained in use of each piece of equipment? <b>Yes</b>
Is safety training documented?
What is the form of documentation?

CLIENTELE		
<b>New Construction Prior to Certificate of Occupancy</b>	<b>Percentage</b>	
Residential	%	
Commercial	%	
Government Facility (Copy of Government Entities Are Required to Quote)	%	
Total	0 %	
<b>Maintenance and repair after certificate of occupancy</b>	<b>Percentage</b>	
Residential	50 %	
Commercial	30 %	
Government Facility (Copy of government entities are required to quote)	20 %	
Total	100 %	
Please provide name of government entities or name of municipality if % is entered:		
RESIDENTIAL CLIENTS		
Single family homes? <b>Yes</b>		
Home owner association? <b>No</b>		
Will applicant perform any work for projects involving tract housing developments or multi-unit residential structures including apartments prior to the issuance of the certificate of occupancy? <b>No</b>		
Condominium association? <b>No</b>		
Multi-unit residential including apartments? <b>No</b>		
Has the applicant ever performed any work for projects involving tract developments or multi-unit residential structures including apartments prior to the issuance of the certificate of occupancy? <b>No</b>		
PROGRAM ELIGIBILITY		
What amount of the applicant's payroll or sales is generated from the operations listed below. Amount should not include what the applicant subcontracts to others. Use either a percentage of payroll or sales basis.		
<b>Operations</b>	<b>% of payroll</b>	<b>Exposure</b>
Tree pruning, trimming – not including utility line*	%	\$
Utility line clearing power	%	\$
Communications	%	\$
Tree removal*	%	\$
Land clearing for developments – housing or other structures	%	\$
Stump grinding	%	\$
Spraying of lawn, plants or trees	%	\$
Firewood Sales*	%	\$
Mulch Sales*	%	\$
Snow removal**	%	\$
Lawn cutting and light clean up	%	\$
Landscape gardening – installation of plants, trees, shrubs, mulch application, sprinkler head repair, lawn cutting, trimming	20 %	\$ 22,000
Irrigation installation in conjunction with landscaping	80 %	\$ 129,000
Hydro-seeding or sod laying	%	\$
Nursery*	%	\$

Landscape construction other than planting or sod laying including concrete work, drainage systems, irrigation, fences, walls, decks, etc	%	\$
Other	%	\$
<b>Total</b>	<b>100 %</b>	<b>\$ 151,000</b>
<p>* Please provide receipt for fire wood, mulch sale and nursery.  * Copy of contracts with government entities are required to quote.</p> <p>** If applicant has Entered Snow Removal or Landscape Construction Payroll Above, completion of last page is required.</p>		
Does applicant operate as:		
Subcontractor – Applicant is subcontractor of GC (in %): <b>2</b>		
Construction contractor – applicants contract is direct with project owner (in %):		
General contractor – applicant hires multiple classes of subcontractors to perform work (in %):		
Does the applicant have any current or past involvement with wrap ups or OCIP programs? <b>No</b>		
TYPE OF WORK PERFORMED		
Description	Commercial %	Residential %
Irrigation - sprinkler system installation or repair - separate jobs not included in landscape projects	%	<b>100 %</b>
Underground drainage systems	%	%
Grading of land	%	%
Excavation	%	%
Concrete or cement work – foundation, patio, sidewalk, building envelope	%	%
Retaining walls: work over 5 feet	%	%
Retaining walls: maximum height (in feet)	%	%
Swimming pools or cistern installation	%	%
Ornamental pools, fountains or spas	%	%
BBQ and fire pit construction	%	%
Gazebos installation	%	%
Fences, walls, decking, building, or repair	%	%
Vegetation or rooftop gardening (additional information is required)	%	%
Gutter installation or repair	%	%
Other	%	%
<b>Total – Commercial &amp; Residential Must Equal 100%</b>	<b>0 %</b>	<b>100 %</b>
SNOW PLOWING OPERATIONS		
Is the applicant involved in snow plowing operations? <b>No</b>		
Description	Yes/No	Payroll (%)
Residential: Private Homes		%
Condominiums, Apartment Complexes		%
Public Access Office Developments, Malls		%
Office developments no public access		%
Streets or Roads		%
Member SIMA or other organization		%
Number of years offering snow plowing:		

Number of years' experience in snow plowing:
* <b>NOTE:</b> To consider removal of snow plowing exclusion; the following are required: <ol style="list-style-type: none"> <li>1. Copy of snow removal contract (must contain Hold Harmless wording in favor of the insured).</li> <li>2. Currently valued loss runs for past four years</li> <li>3. MVR for plow operators required regardless if automobile is being quoted.</li> <li>4. Add Lists of job site for snow removal contract</li> </ol>
<b>SUBCONTRACTING INFORMATION</b>
Number of subcontractors: <b>2</b>
Percentage of Work Subcontracted (in %): <b>2</b>
Cost of Subcontracts (in \$) <b>20000</b>
Types of work subcontracted: <b>Landscape Design Work - No Field Work</b>
Are certificates of insurance required from subcontractors? <b>Yes</b>
Applicant requires all subcontractors to carry primary liability insurance limits equal to or greater than applicants? <b>Yes</b>
Is the applicant named as an additional insured on all subcontractor's policies? <b>Yes</b>
Do your contracts with subcontractors contain indemnification or hold harmless wording? <b>Yes</b>
Please select the type of Subcontractor Agreements Applicant typically uses: Industry or Association Standard/ Custom: <b>Industry or Association Standard</b>
<b>ADDITIONAL INSURED REQUIREMENTS</b>
Is blanket additional insured for ongoing operations required?
Approximate number of government contracts requiring additional insured status for ongoing operations
Is blanket additional insured status with completed operations required?
Approximate number of residential jobs requiring additional insured status with completed operations
Approximate number of commercial/ non-habitation jobs requiring additional insured status with completed operations
Approximate number of government contracts requiring additional insured status with completed operations
<b>PEST MANAGEMENT</b>
Do you apply pesticides or herbicides? <b>Yes</b> If Yes, complete LandPro TreePro Pesticide/ Herbicide and pollution questionnaires.
<b>AUTOMOBILE EXPOSURES, USE, DRIVERS &amp; CONTROLS</b>
All scheduled vehicles must be registered under the company name/ first named insured.
Please select vehicle owned or leased by applicant: <b>Vehicle owned</b>
Are there written procedures for use of company vehicles? <b>Yes</b>
Do you make deliveries? <b>No</b>
What is the radius of delivery?
How often are deliveries made?
Do you have an automobile maintenance program in place? <b>Yes</b>
Do drivers travel over the same routes? <b>No</b>
Are employees allowed to drive company vehicles for personal use? <b>No</b>

Please provide who can use:
When vehicle can be used?
Do family members have use of company vehicles? <b>No</b>
How many employees use their personal vehicles for business operations? <b>0</b>
Verification your employee's personal auto insurance has minimum limits of at least \$100,000/ \$300,000? <b>No</b>
For employees driving company vehicles do you inspect the employee's drivers' licenses? <b>Yes</b>
Do you obtain MVR's for all drivers annually? <b>Yes</b>
Do you have drivers under the age of 21 or over 65? <b>No</b>
Please provide date of last physical and eye exam for drivers over 65 drivers:
Is driver owned is above 65?
Are road tests given to the drivers? <b>No</b>
Who gives the test?
When is the test given?
Does applicant provide employee transportation? <b>Yes</b>
If yes to the above question; Is the number of employees transported in vehicle at any time more than 15?
How many employees are transported in any vehicle at one time?
<b>PUBLIC EXPOSURE INFORMATION</b>
Is there public access to your property?
Do you have a showroom?
What is the average number of visitors daily?
Are special events offered to the public?
List all activities
Are customers allowed in storage area, work room or garage?
<b>PREMISES INFORMATION</b>
Briefly describe the area around your building location & security
Describe the care and conditions of the premises
Is a significant portion of your business concentrated in one or two large premises?
Is your property located within a 1000 ft of any of the following: service/utility company, public assembly area, major infrastructure or landmark i.e. gas, electric, nuclear plants, arenas, prominent bridges, tunnels, dams
<b>OPERATING EQUIPMENT AND MOBILE EQUIPMENT EXPOSURES</b>
Does applicant own or lease mobile equipment subject to motor vehicle or financial responsibility laws? <b>No</b>
Provide subject equipment
Do you rent, lease or borrow equipment from others? <b>Yes</b>
Types of equipment rented, leased or borrowed <b>Forklift</b>
Is equipment leased or borrowed with operators? <b>No</b>

Do you lease, rent or loan out equipment to others? <b>Yes</b>
Do you lease, rent or loan out equipment with operators? <b>No</b>
Describe the type of work <b>Skit Steer to school district for landscape - work by their staff</b>
Is there a lease/ rental contract with operators? <b>No</b>
Address/ location of the equipment stored
Describe the type of security measures in place
<b>CRANES AND LIFTING EQUIPMENT INFORMATION</b>
Do you own, lease, rent, hire or borrow bucket trucks or lifts? <b>No</b>
Do you own, lease, rent, hire or borrow bucket trucks or lifts with operators? <b>No</b>
Do you own, lease, rent, hire or borrow equipment with grapples or hooks? <b>No</b>
Do you own, lease, rent, hire or borrow cranes? <b>No</b> If yes complete Crane Supplemental
Is any other equipment rented, leased or hired with operators? <b>No</b> If yes provide equipment list
<b>WORKER COMPENSATION</b>
Does applicant use independent contractors?
Is the payment made using 1099s?
Does applicant use day laborers at any time?
Are pesticides used in the applicant's operations? If yes Pesticide/ herbicide supplemental is required
Are workers provided safety equipment?
What are the hours of operations?
Is group transportation of employees employed?
What type of vehicle is used and what is capacity?
Are employees required to travel out of state?
How often and what locations do employee travel to?
Is housing provided to any employee?
Are employees required to provide their own safety equipment?
Are they reimbursed?
Does the applicant provide health care benefits to employees?
What is the participation percentage?
Is there any light duty or return to work program provided by applicant for injured employees?
Does the applicant have any safety accreditations or certifications? If yes, please upload
When electrical work is performed are workers certified or accredited?
What precautions are used when working with live power lines?
Has any workers compensation coverage been declined, cancelled, or non- renewed in the past 3 years?
Is there a full-time safety manager employed by the applicant?
What is the maximum height exposure?
Any work performed above 15 feet?
Please describe how heights are reached (i.e. – scaffolding, ladders, lifts, other...etc)?
Are maintenance and inspections conducted for equipment used in height work?
Are ladders used in the insured's operations?

INCLUDE THE FOLLOWING ITEMS WITH THIS SUPPLEMENTAL APPLICATION	
Completed & signed accord applications for lines of business to be quoted	
4 years plus expiring year of currently valued, hard copy loss runs for all Lines of business being requested. Loss runs should be valued within the past 90 days and include a brief description of all claims over \$10,000	
If automobile coverage has been submitted, please provide MVR's for all drivers of company vehicles	
Current financials will be required for all accounts that generate over \$100,000 in annual premium	
Current job listing	
Describe job listing:	
Historical exposure information 4 years and expiring including payrolls, receipts and premiums for auto and general liability	
Historical loss information 4 years and expiring for auto and general liability	
Signature Producer	
	Date:
Signature Applicant	
	Date:





900 Route 9 North, Suite 503, Woodbridge, NJ 07095  
Website: [www.NIPGroup.com](http://www.NIPGroup.com)

Toll-free Phone: (800) 446-7647

### LandPro®TreePro™ Pesticide/Herbicide and Pollution Liability Questionnaire

Insured: \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ Or Owner's Social Security # \_\_\_\_\_

#### 1. STAFF

Number of Owners / Partners Etc. \_\_\_\_\_ Number of Employees applying pesticide/ herbicides \_\_\_\_\_

#### 2. PESTICIDE/HERBICIDE APPLICATION

Do you apply **ONLY** EPA Approved pesticides and/ or herbicides?

Please list years of experience applying pesticides/ herbicides \_\_\_\_\_

Do you carry more than 20 gallons of pesticide/herbicide per vehicle each day?

Do your spraying methods include general spraying - example: aerial or from a large truck?

Do you apply chemicals to agricultural crops?

Are all your employees who apply pesticides/ herbicides licensed or supervised by a licensed applicator?

Are employees required to wear personal protective equipment?

Are customers provided advanced notice of spraying activities and areas posted after spraying to stay off treated areas until dry?

Spraying to stay off treated areas until dry?

Are proper records maintained such as customer name, date application made, amounts applied, etc.?

Are the only chemicals applied federally/state approved with no mixing (no unclassified chemicals used)?

Do you have a written hazard communication plan?

Do you adhere to a state, federal or local government regulations regarding storage, application, disposal and safety program for chemical handling including spills?

Has your company ever had a complaint from the Department of Agriculture or EPA?

Any application process other than spraying outdoors?

**(Attach a copy of your current license - required for coverage)**

Insured  
Signature: \_\_\_\_\_

Print  
Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date  
Signed: \_\_\_\_\_



## LandPro<sup>®</sup>TreePro<sup>™</sup> Crane Supplemental Questionnaire (use only when a Crane exists)

### **Required for General Liability, Contractor's Equipment & Umbrella**

Named Insured: \_\_\_\_\_

Policy Term: \_\_\_\_\_

1. Please indicate the number of Cranes that are owned, hired, or leased

- Boom Trucks < 50,000 lbs (mounted on commercial truck chassis) \_\_\_\_\_
- Boom Trucks > 50,000 lbs (mounted on commercial truck chassis) \_\_\_\_\_
- Rough Terrain Cranes < 50 tons (with oversized tires) \_\_\_\_\_
- Rough Terrain Cranes > 50 tons (with oversized tires) \_\_\_\_\_
- Truck Cranes (frictional cranes, mobile cranes) \_\_\_\_\_
- Crawler Cranes \_\_\_\_\_
- Other (Please Define) \_\_\_\_\_

List year, make and model of all owned, hired or leased cranes.

\_\_\_\_\_  
\_\_\_\_\_

2. Are all Cranes equipped with weight of load monitoring devices that automatically shut down the machine if the cargo exceeds the vehicle's maximum lifting capacity? \_\_\_\_\_

3. Is there a formal documented crane maintenance procedure and repair log? Describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are crane operators CCO certified and/or licensed by the state when required? If yes, please provide details of certification and continuing training classes for each crane operator? If no, how is training completed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List all operations performed by you or on your behalf that involve the use of cranes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Does insured use ground spotters with tag lines and an experienced signal person when operating its crane?  
\_\_\_\_\_

7. Are any lifts completed for hire/for an independent third party? If, yes what type and how often?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What types of precautions are taken when completing lifts around High Voltage powerlines?  
\_\_\_\_\_  
\_\_\_\_\_

9. Is the utility company informed prior to any lift in close proximity to High Voltage power lines?  
If yes, what procedures are in place to insure compliance with this requirement?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fraud Warning Notice: If a state fraud warning notice applies,  
please attach form #55306 to this application.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Agency \_\_\_\_\_



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**LandPro®TreePro™ 15 Passenger Van Questionnaire**

Insured: \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ Or Owner's Social Security # \_\_\_\_\_

**1. STAFF**

Number of Owners / Partners, Etc. operating 15 passenger vans \_\_\_\_\_

Number of Employees operating 15 passenger vans \_\_\_\_\_

**2. 15 Passenger Van- Worker Transportation**

Is defensive driving and unique roll – over hazard training provided at the time of hire?

Is defensive driver training required annually?

Are passengers required to use seatbelts?

Does the 15 passenger van pull a trailer or have items loaded on the roof?

Are 15 passenger vans always inspected before and after trips?

List the maximum speed/miles per hour \_\_\_\_\_

List the maximum miles driven one way \_\_\_\_\_

Are vehicles equipped with safety items?

If yes please describe:

\_\_\_\_\_

Are vehicles equipped with high quality, low mileage, properly inflated tires?

**(Attach a copy of your current license - required for coverage)**

Insured Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_