

Canadian Nursery Landscape Association (CNLA) HortProtect

A CONTACT INFORMATION

Name of Insured (Legal Entity): _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Name: _____ Contact e-mail address: _____

Telephone: () _____ Fax: () _____ Web Site Address: _____ Is website representative of operations and is it up to date? Yes No

This program is exclusive to members of CNLA only. Please confirm the Provincial Association you belong to: _____ Number of Years in Business: _____

B CURRENT INSURANCE PROGRAM

	Insurer	Deductibles	Expiry Date (mon/dd/yyyy)	Expiring Premium
Package Insurance (Property, CGL, Crime and Boiler)		\$		\$
Umbrella		\$		\$
Pollution Liability		\$		\$
Automobile		\$		\$
Other:		\$		\$

Has insurance for the business ever been declined, cancelled or non-renewed by an insurer? Yes No
 (If Yes, describe reason): _____

C DESCRIPTION OF OPERATIONS AND LIABILITY INFORMATION

Breakdown of Operations by type	Estimated Annual Sales	Cost of Sublet Work if any
<input type="checkbox"/> Landscape Maintenance / design / construction / irrigation	\$	\$
<input type="checkbox"/> Landscape Gardeners, Tree Removal	\$	\$
Snow Removal - <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	\$	\$
<input type="checkbox"/> Hydroseeding	\$	\$
<input type="checkbox"/> Pesticide and/or Herbicide application	\$	\$
<input type="checkbox"/> Garden supply	\$	\$
<input type="checkbox"/> Excavation (more than 3 ^{1/2} feet, if applicable)	\$	\$
<input type="checkbox"/> Swimming Pool Installation	\$	\$
<input type="checkbox"/> Other (please specify)	\$	\$

NOTE: If Snow Removal Operations are applicable, the Addendum must be completed

Number of employees: Full Time: _____ Part Time: _____ Average years of experience of Personnel? _____

Annual Payroll \$ _____ Are all workers covered under Workers' Compensation? Yes No

Do you do any Design and Consultation Work (Professional Liability) Yes No If yes, how much split is there between Commercial and Residential _____

Do you have any employed licensed architects and engineers? If yes, do they perform original design work on projects? Yes No If yes, estimated annual revenues \$ _____ How often? _____

If yes, Limit: \$ _____ Insurer: _____

Do you rent or lease equipment to others? Yes No If yes, please provide details: _____

Are formal contractual agreements signed?
 Yes No

Do you hire subcontractors?
 Yes No If yes, are formal contractual agreements signed? Yes No

Are subcontractors required to carry Liability Insurance? Yes No
 What limit of liability are they required to carry?
 \$

Are certificates of liability insurance always obtained from subcontractors before they are allowed to commence work?
 Yes No

Are all your operations fully licensed for pesticides applications in the jurisdiction of operations?
 Yes No

List typical chemicals, herbicides and pesticides used in operations.

Where/how are the pesticides stored?	Are they in: <input type="checkbox"/> Tanks or <input type="checkbox"/> Barrels	Amount/quantity stored?
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Please attach a copy of license.
 What are the classifications of these pesticides?

Please confirm Limit of Liability Required

(a) Commercial General Liability	\$	Limit any One Occurrence	\$	Deductible Any One Occurrence
(b) Umbrella Liability, if applicable	\$	Limit any One Occurrence excess of Underlying CGL	\$	Self Insured Retention

List all companies to be insured, including parent, subsidiary, controlled or joint venture companies:

List all locations at which business is conducted if not covered under the Property showing whether owned or leased:

D PROPERTY
LOCATION INFORMATION
 (For additional locations, please complete a copy of the location information section for each and attach)

Location Street Address (If different from mailing address):	City:	Province:	Postal Code:
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Occupancy: Home Commercial Dwelling/Tenant Building Owner Greenhouse Nursery

LOCATION DETAILS

Number of Storeys:	Wall Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Steel <input type="checkbox"/> HCB <input type="checkbox"/> Fire Resistive	Roof Construction:	Floor Construction:
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Year Built:	Square Footage:	Distance to Fire Hydrant:	Distance to Fire hall:	Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage Sprinklered %
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Describe Upgrades and Year Completed (if older than 25 years):

Electrical:	Heating:	Plumbing:	Roof:
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Alarm Type: <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> ULC Certified <input type="checkbox"/> No Alarm	Alarm Company:
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Occupied by Others: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe business operation	Adjacent Exposures:
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Type of product? <input type="checkbox"/> Grown <input type="checkbox"/> Stored	Construction Detail/Coverage Type? <input type="checkbox"/> Poly <input type="checkbox"/> Single <input type="checkbox"/> Double
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For Greenhouses or Nurseries where applicable:

Maintenance program on the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details thereof?
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Heat source?	Do you have backup generators/equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Contingency plan in place in the event of an equipment and/or power failure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of units? The square footage of each?
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Maintenance/replacement program in place for the Poly/Coverings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Snow load procedures/preparedness, if applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No
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REPLACEMENT VALUES
 Please Declare Current Replacement Value (without deduction for depreciation)

Current Deductible	\$
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Property Cover	Replacement Cost	Property Cover	Replacement Cost
Building	\$	Tools (Attach listing)	\$
Computer Equipment/Office Contents	\$	Stock & Inventory	\$

Contractors Equipment (Attach listing)	\$	Laptops	\$
Other: (Specify)	\$		

Do you have GPS or Boomerang deterrent on your equipment?

Yes No

EQUIPMENT & PREMISES

Is a maintenance supervisor employed Yes No Is there an equipment / vehicle maintenance program Yes No

Number of Vehicles Garaged:	Approximate Total Value: \$	Maximum: \$
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Number of Vehicles on Open Lot:	Approximate Total Value: \$	Maximum: \$
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Automatic Coverage		Higher Limit, if required
Rental Equipment	\$25,000	\$
Rental Equipment Reimbursement	\$50,000	\$
Accounts Receivables	\$50,000	\$
Exhibition Floater	\$100,000	\$
Installation Floater	\$25,000	\$
Valuables Papers Outdoor	\$50,000	\$
Outdoor Signs and Property	\$10,000	\$

BUSINESS INTERRUPTION

Coverage	Limit Required
<input type="checkbox"/> Annual Loss of Income/Gross Profits \$50,000 automatic limit	\$
<input type="checkbox"/> Extra expense	\$
<input type="checkbox"/> Annual Gross Rental Income	\$

E CRIME

Type and Amount of Coverage Required

	Current and/or Required Limit
Employee Dishonesty Form A: Commercial Blanket Bond:	\$
Loss Inside the Premises	\$
Loss Outside the Premises	\$
Money Orders/Counterfeit Currency	\$
Depositors Forgery	\$
Computer Fraud or Funds Transfer Fraud	\$
Credit Card Forgery	\$
Additional Insuring Agreements (specify)	\$

Ownership Change last 3 years:

Yes No (If Yes, specify separately)

Type of audit performed:

Financial Inventory Operational Procedural

Performed by whom:

Name of Firm:

Name of Individual:

Date of last audit performed (mm/dd/yy) :

Were concerns raised to the results of the last audit?

Yes No (If Yes, specify)

CONTROLS

Are cheques/cheque requisitions always countersigned?

Yes No Position

Name:

Who performs accounts receivable/payable functions?

Position

Name:

Is stock/merchandise subject to inventory reconciliation?

Yes No

What is frequency of inventory reconciliation?

Monthly Other Specify

Does the Insured have an alarm system protecting the premises?

Yes No (If Yes, describe separately)

If Yes, is the alarm system connected to:

Outside Gong Only: Yes No

Central Station: Yes No

Police Station: Yes No

Does the Insured have a vault/safe on the premises?

Yes No If Yes, please provide the following information:

What is the maximum amount of money/securities kept on the premises when the business is:

Open: \$ Closed: \$

F AUTOMOBILE

Owned Automobile Coverage Specifications

Limit

Section 1. – Third Party Liability

INCLUSIVE LIMIT \$

(THIS LIMIT IS EXCESS OF GOVERNMENT PLANS WHERE APPLICABLE)

Section 2. – Accident Benefits

BASIC BENEFITS

Section 3. – Uninsured Automobile Coverage

As stated in section 3 of the Policy

Section 4. – Direct Compensation (Ontario & New Brunswick Only)

\$

DEDUCTIBLE APPLICABLE TO EACH SEPARATE AUTOMOBILE

Loss of or Damage to Owned Automobiles

Deductibles

Collision: Yes No

\$

Comprehensive: Yes No

\$

All Perils: Yes No

\$

Does the principal driver hold a 'G' licence (or equivalent) and has been continuously licensed in Canada or the USA for the past 15 years?

Yes No

Have all drivers been continuously licensed in Canada or the USA for the past 8 years or more?

Yes No

Are there any fault accidents assigned to the automobile or a driver in the past 8 years?

Yes No

Has any driver incurred a major or serious conviction in the past 3 years?

Yes No

Has any driver incurred more than 1 minor conviction in the past 3 years?

Yes No

Has there been a cancellation of an automobile insurance policy for non payment of premium in the past 36 months?

Yes No

Do you hire seasonal workers?

Yes No

LOSS PREVENTION

Driver Controls

<input type="checkbox"/>	<input type="checkbox"/>	Are drivers references & licenses checked on all employees?	<input type="checkbox"/>	<input type="checkbox"/>	Are drivers operating records (MVR's) checked?	<input type="checkbox"/>	<input type="checkbox"/>	Drivers are paid by: <input type="checkbox"/> Hour; <input type="checkbox"/> Week; <input type="checkbox"/> Trip; <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	Are they reviewed and updated annually?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a minimum age of drivers	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Are drivers given a physical & eye examine			If yes, on: cars; light trucks;			Please provide details for other:
<input type="checkbox"/>	<input type="checkbox"/>	Are drivers examined on job / traffic safety			Local deliveries; long haul			Normal Radius of Operations? KM
<input type="checkbox"/>	<input type="checkbox"/>	Is a safety supervisor employed	List Safety / Industry Associations to which applicant is a member:			<input type="checkbox"/>	<input type="checkbox"/>	MVR's on each driver attached
Name of Safety Supervisor						If yes, please provide details:		

Other Details

<input type="checkbox"/>	<input type="checkbox"/>	Is a union involved?	<input type="checkbox"/>	<input type="checkbox"/>	Workers Compensation provided?	<input type="checkbox"/>	<input type="checkbox"/>	Employee Benefit Program
If yes, please provide details:			If no, those not covered:			If yes, please provide details:		

**G CLAIMS HISTORY (3 YEARS MINIMUM, 5 YEARS PREFERRED)
(PLEASE ATTACH INSURER LOSS RUN, IF AVAILABLE)**

Date of Loss (mon/dd/yyyy)	Description of Loss	Line of Coverage (Property / Auto /etc.)	Deductible Amount (Applicable at time of loss, if known)	Total Claim (Net or Gross of Deductible)
			\$	\$ <input type="checkbox"/> Net <input type="checkbox"/> Gross
			\$	\$ <input type="checkbox"/> Net <input type="checkbox"/> Gross
			\$	\$ <input type="checkbox"/> Net <input type="checkbox"/> Gross
			\$	\$ <input type="checkbox"/> Net <input type="checkbox"/> Gross

THE APPLICANT CERTIFIES THAT THE ABOVE STATEMENTS ARE FACTUAL AND TRUE AND THAT NO INFORMATION HAS BEEN OMITTED OR MIS-STATED.

DECLARATION

Privacy Consent - Canada's Personal Information Protection and Electronic Documents Act (PIPEDA) and similar provincial laws, are intended to protect the confidentiality of an individual's Personal Information. We rely on the employer to obtain the consent of the employee for the collection, use or disclosure of personal information necessary for us to properly manage the client's insurance programs. Such information may be used to make decisions about insurance applications and to assess eligibility for, process and maintain insurance coverage, related products and services; analyze, assess and underwrite risks on a prudent basis; respond to the client's inquiries about applications, accounts and other services; investigate and pay claims; and detect and prevent fraud, suspicious claims or other illegal activities. As part of the application for new or renewal insurance coverage(s), the Client hereby authorizes and expressly consents to Marsh collecting, using or disclosing the client's Personal Information as required for those purposes and as permitted pursuant to relevant privacy laws and providing such Personal Information to third parties as required, including insurance companies, intermediaries, reinsurers, other brokers, claims adjusters and other third parties involved in providing insurance services. Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals to disclose their Personal Information to Marsh for these purposes and for Marsh to use and disclose it for these purposes. Marsh's Privacy Policy is available at www.marsh.ca

By signing this form you are consenting to the statements above.

SIGNATURE

Name (please print)	Title
Signature	Date (mon/dd/yyyy)

Canadian Nursery Landscape Association (CNLA) HortProtect Addendum Snow Removal Questionnaire

1. Named of Insured (Legal Entity)

- | | |
|--|---|
| 1a. Does the Applicant have written contracts with customer?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide copy. | 1c. How many years has the Applicant been in the snow removal business? |
| 1b. Are there hold harmless agreements in place through which you agree to indemnify your customers in relation to certain claims?
<input type="checkbox"/> Yes <input type="checkbox"/> No
if yes, do you limit the indemnification to claims arising only from your own breach of contract or negligence? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Estimated Annual Sales for Snow Removal, Ice Melting Products Operations:

Type of Operations	Estimated Annual Sales	Estimated Number of Hours
Municipal Streets and Sidewalks	\$	
Retail (super centres)	\$	
Retail (strip malls)	\$	
Retail (office buildings)	\$	
Institutional (Hospitals, Schools, etc.)	\$	
Condominium/Apts	\$	
All Other Properties (specify)	\$	

2.a What kind of areas does the Applicant clear?

- Roads Parking lots Walkways Other (please describe)

2. b What percentage of operation is:

Residential work %	Commercial work %	Urban %	Rural %	Other (please specify): %
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- | | |
|---|---|
| 3. Does the Applicant apply sand and salt to the cleared areas?
<input type="checkbox"/> Yes <input type="checkbox"/> No | Smart About Salt designation?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

4. Are there any verbal contracts with customers?
 Yes No

5. Does the Applicant enter into Municipal or Provincial contracts?
 Yes No

If yes, describe:

6. Are the Applicant's vehicles licensed for the road? Yes No
 If yes, does it include unlicensed equipment such as a Bobcat etc.? Yes No

7. How many employees do snow removal?

8. Do any of your contracts specify any terms that may restrict you from conducting snow and ice removal (ie. Hours of the day) etc.?
 Yes No

9. a. Do any of your contracts specify when work is to be performed? (to open a lot by a certain time, etc.)
 Yes No Please specify.

9. b. do you provide "on-call" service? Yes No
 If yes, does the customer assume all liability in relation to a slip and fall? Yes No

10. Do any of your contract include a map of the site that shows all hydrants, drainage areas, snow clearing locations, ice melter application areas, snow stock piling locations and areasz in need of repair? Yes No

11. Do you and your clients, where practical, perform a pre-season or post-season survey to agree on the condition of the grounds/job site (building, equipment, landscaping etc). Yes No

12. Do customers check and sign off (approve) the Applicant's work?
 Yes No

13. Do you keep maintenance logs (weather conditions, time location etc.) for work performed at each contracted site?

Yes No

If yes, how long are these logs kept on file?

Less than 3 years 3 to 7 years or

Additional Information:

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By signing this form you are consenting to the statements above.

SIGNATURE

Name (please print)

Title

Signature

Date (mon/dd/yyyy)

Marsh Canada Limited
70 University Avenue, Suite 800
Toronto, Ontario M5J 2M4
Toll Free Telephone # 1-888-949-4360
Toll Free Fax # 1-866-656-0001
E-mail: cnla.hortprotect@marsh.com