# LAWN CARE BUSINESS SUPPLEMENTAL

*Covers lawn mowing and maintenance, fertilization, weed and pest control, and aeration businesses. Landscape design-build and hardscape use CWCO-SUP-LANDSCAPING. Complete with ACORD 125, 126, and 130.*

## 1 APPLICANT / BUSINESS INFORMATION

| LEGAL BUSINESS NAME | DBA | FEIN | YEARS IN BUSINESS |
|---|---|---|---|
| | | | |

| BUSINESS ADDRESS | CITY / STATE / ZIP | WEBSITE |
|---|---|---|
| | | |

**Entity type:**

☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

| PRIMARY CONTACT / TITLE | PHONE | EMAIL |
|---|---|---|
| | | |

| PESTICIDE APPLICATOR / BUSINESS LICENSE NO(S). | CREWS |
|---|---|
| | |

## 2 OPERATIONS

| PERIOD | DIRECT PAYROLL ($) | EMPLOYEES | SUBCONTRACTOR COSTS ($) | GROSS RECEIPTS ($) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

*Periods: next 12 months (estimated); prior 12 months; second prior year.*

| ACCOUNTS | COMMERCIAL ACCOUNTS (%) | CHEMICAL APPLICATION (% OF RECEIPTS) | RIDE-ON MOWERS |
|---|---|---|---|
| | | | |

**2-1** Does the applicant apply herbicides, insecticides, or fertilizers? ☐ Yes ☐ No
IF YES, EXPLAIN

**2-2** Does the applicant mow slopes, retention ponds, or roadside areas? ☐ Yes ☐ No
IF YES, EXPLAIN

**2-3** Does the applicant provide snow plowing or ice control? ☐ Yes ☐ No
IF YES, EXPLAIN

## 3 EXPOSURE & RISK QUESTIONS — PESTICIDE APPLICATION & MOWER INJURIES

*In June 2026 the Supreme Court held that federal law bars state claims that a pesticide label should have carried a cancer warning EPA didn't require. That shields manufacturers over what labels say — not applicators over how products are applied. Label compliance, drift control, and licensing are the applicator's own defenses.*

**3-1** If yes to 2-1, does every applicator hold the state license or certification required for the products used? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-2** If yes to 2-1, are products applied only per label directions, rates, and restrictions? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-3** If yes to 2-1, is application stopped when wind or weather could cause drift onto neighboring property? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-4** If yes to 2-1, are application records (product, rate, location, weather) kept as state law requires? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-5** If yes to 2-1, are customers and neighbors notified of applications where required? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-6** If yes to 2-1, are treated areas flagged or posted where required? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-7** Are areas cleared of rocks, toys, and debris before mowing? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-8** Are discharge chutes directed away from people, cars, and windows? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-9** If yes to 2-2, are ride-on mowers equipped with rollover protection and seat belts? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-10** If yes to 2-2, are slopes steeper than the mower's rating mowed with walk-behind or hand equipment? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-11** Has the applicant had a chemical, drift, thrown-object, or mower injury claim in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

## 4 EXPOSURE & RISK QUESTIONS — CHEMICAL STORAGE, VEHICLES & SNOW

**4-1** If yes to 2-1, are chemicals stored locked, labeled, and separated from fertilizer and fuel? ☐ Yes ☐ No
IF YES, EXPLAIN

**4-2** Are trailers and equipment secured to trucks and inspected before each day? ☐ Yes ☐ No
IF YES, EXPLAIN

**4-3** If yes to 2-3, do snow contracts define service triggers? ☐ Yes ☐ No
IF YES, EXPLAIN

**4-4** If yes to 2-3, are logs kept of every plowing and salting visit? ☐ Yes ☐ No
IF YES, EXPLAIN

**4-5** Do any subcontractors carry their own insurance naming the applicant? ☐ Yes ☐ No
IF YES, EXPLAIN

## 5 PAYROLL & RECEIPTS SUMMARY

| TOTAL ANNUAL PAYROLL ($) | MOWING / MAINTENANCE RECEIPTS ($) | CHEMICAL APPLICATION RECEIPTS ($) |
|---|---|---|
| | | |

## 6 PRIOR INSURANCE & LOSS HISTORY

*Attach currently valued loss runs for the last 5 years.*

| GL CARRIER / LIMITS | PESTICIDE / HERBICIDE APPLICATOR COVERAGE (Y / N) | COMMERCIAL AUTO CARRIER |
|---|---|---|
| | | |

**6-1** Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

| DATE OF LOSS | DESCRIPTION | TOTAL INCURRED ($) | OPEN / CLOSED |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**6-2** Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

## 7 RISK MANAGEMENT

**7-1** Are workers trained on mower, trimmer, and blower safety with eye and hearing protection? ☐ Yes ☐ No

**IF YES, EXPLAIN**

**7-2** Are drivers' records checked yearly? ☐ Yes ☐ No

**IF YES, EXPLAIN**

## 8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

**FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)**

| APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME) | TITLE | DATE |
|---|---|---|
| | | |

| PRODUCER — CORY WASHINGTON & CO. LLC | PRODUCER SIGNATURE (TYPE FULL NAME) | DATE |
|---|---|---|
| | | |