

Applicant Name and Address: _____

Telephone Number _____

Policy Term: From_To _____

LIABILITY COVERAGES

LIMITS REQUESTED

General Liability			Other coverages requested: _____ _____
Per Occurrence	\$ _____		
General Aggregate	\$ _____		
Products	\$ _____		
Medical Payments Per Person	\$ _____		
Fire Damage Legal Liability	\$ _____		

UNDERWRITING INFORMATION

Location of Christmas Tree Lot _____

Days and Hours of Operation _____

	<u>Yes</u>	<u>No</u>
Are power tools - chain saws, etc. - used?	_____	_____
Are trees for sale grown at insured location?	_____	_____
Do customers cut their own trees?	_____	_____

Describe goods for sale other than Christmas trees and decorations _____

List names, addresses and relationships of Additional Insureds:

List names and addresses of requestors of Certificates of Insurance:

If insured has operated lot in the past, show:

<u>Date</u>	THREE YEAR LOSS EXPERIENCE <u>(Loss description, amounts paid and incurred)</u>
_____	_____
_____	_____

Comments _____

Applicant Signature

Producer Name & Address

COVERAGES NOT BOUND UNTIL APPROVED BY THE COMPANY