

**PRE-CUT CHRISTMAS TREE LOT LIABILITY APPLICATION**

Applicant Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

Policy Term: From\_To \_\_\_\_\_

LIABILITY COVERAGES

LIMITS REQUESTED

General Liability		
Per Occurrence	\$ _____	Other coverages requested: _____
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>	<b>THREE YEAR LOSS EXPERIENCE</b> <small>(Loss description, amounts paid and incurred)</small>
_____	_____
_____	_____

Comments \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Producer Name & Address

**COVERAGES NOT BOUND UNTIL APPROVED BY THE COMPANY**