

MUSIC Pre-Cut Christmas Tree Lot
Liability Application



1. APPLICANT INFORMATION

EFFECTIVE DATE: _____

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ WEBSITE: _____

TERM: _____ YEARS IN BUSINESS: _____

NEW VENTURE: YES NO

2. INDIVIDUAL CORPORATION PARTNERSHIP OTHER (EXPLAIN) _____

3. POLICY TERM: FROM _____ TO _____

4. LIABILITY COVERAGES LIMITS REQUESTED

GL PER OCCURRENCE \$ _____

GENERAL AGGREGATE \$ _____

PRODUCTS \$ _____

MEDICAL PAYMENTS PER PERSON \$ _____

FIRE DAMAGE LEGAL LIABILITY \$ _____

OTHER COVERAGES REQUESTED: _____

UNDERWRITING INFORMATION

1. LOCATION OF CHRISTMAS TREE LOT: _____

2. DAYS AND HOURS OF OPERATION: _____

3. ARE POWER TOOLS (CHAIN SAWS, ETC.?) USED? YES NO

ARE TREES FOR SALE GROWN AT INSURED LOCATION? YES NO

DO CUSTOMERS CUT THEIR OWN TREES? YES NO

4. DESCRIBE GOODS FOR SALE OTHER THAN CHRISTMAS TREES AND DECORATIONS: _____

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5. LIST NAMES, ADDRESSES AND RELATIONSHIPS OF ADDITIONAL INSURED: _____

6. LIST NAMES AND ADDRESSES OF REQUESTORS OF CERTIFICATES OF INSURANCE: _____

7. IF INSURED HAS OPERATED LOT IN THE PAST, SHOW:

THREE YEAR LOSS EXPERIENCE	
DATE	(LOSS DESCRIPTION, AMOUNTS PAID AND INCURRED)

COMMENTS: _____

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I understand that this is an application for insurance only and that the completion and submission of this application does not bind coverage with any insurance company.

APPLICANT SIGNATURE: _____ DATE: _____

PRODUCER NAME: _____

ADDRESS: _____