



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 _____

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

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:

THREE YEAR LOSS EXPERIENCE

(Loss description, amounts paid and incurred)

Date

_____	_____
_____	_____
_____	_____

Comments _____

Applicant Signature

Producer Name & Address

COVERAGES NOT BOUND UNTIL APPROVED BY THE COMPANY