



MUSIC Pre-Cut Christmas Tree Lot Liability Application

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641
800-548-4301 • www.neee.com

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 _____

Table with 2 columns: LIABILITY COVERAGES, LIMITS REQUESTED. Rows include GL PER OCCURRENCE, GENERAL AGGREGATE, PRODUCTS, MEDICAL PAYMENTS PER PERSON, FIRE DAMAGE LEGAL LIABILITY, and 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:

Table with 2 columns: DATE, (LOSS DESCRIPTION, AMOUNTS PAID AND INCURRED). Title: THREE YEAR LOSS EXPERIENCE

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: _____