

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: \_\_\_\_\_