

Insurance Program for Qualified Members of  
**National, Regional or State Associations**



*The Christmas Tree Liability Insurance Program*

Administered by

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**KEELSON PARTNERS**

INSURANCE & RISK MANAGEMENT

*since 1957*

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**LIABILITY INSURANCE PROGRAM  
FOR MEMBERS OF THE CHRISTMAS TREE LIABILITY PURCHASING GROUP**

Keelson Partners offers association members, that become members in the Christmas Tree Liability Purchasing Group, a competitive and affordable liability insurance program available through Great Northern Insurance Company a member of the Chubb Group of Insurance Companies, rated "Superior A++" by "A.M. Best" (Rating Guide for Insurance Companies). The Christmas Tree Liability Insurance Program is available in all states.

**INSURANCE COVERAGE:** As a seller of Christmas trees, you need a specialized liability policy to protect your premises and products sold. The Christmas Tree Liability Insurance Program includes insurance for the following:

- **Tree Farms, including Choose & Cut:** This includes coverage for the acreage upon which your trees are grown and sold. Premium is based on the number of acres. Choose & Cut Farms are subject to equipment use exclusions.
- **Retail Lots:** This includes the Christmas tree lots you operate. Premium is based on the number of lots with premium discounts for multiple lots.

**WHAT TYPE OF COVERAGE DO YOU GET FOR YOUR MONEY?**

**LIABILITY LIMITS AVAILABLE:** There are four limits of General Liability from which you may choose: \$300,000; \$500,000; \$1,000,000; or \$2,000,000 each occurrence & aggregate limits. *Higher limits are available upon request.*

**POLICY TERM:** The coverage is an annual policy term effective 9-01-2011 to 9-01-2012. Applications received after the effective date, are bound the day accepted.

**DEDUCTIBLE:** \$500.00 per occurrence. The deductible applies to all loss adjustment expenses.

- **General Liability** provides premises and operations insurance for claims arising from the operations of your Retail Lot, Choose & Cut or Tree Farm.
- **Products Liability** provides insurance for claims arising from the sale of your product.
- **Personal and Advertising Injury Liability** protects you against claims involving libel, slander and invasion of privacy.
- **Contractual Liability**
- **Broad Form Property Damage Liability**
- **Fire Legal Liability**
- **Pesticide or Herbicide Liability** provides insurance for claims arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of Pesticides or Herbicides at or from your premises. This coverage carries \$100,000 or \$200,000 Limits of Liability and a \$1,000 Deductible.

**EXCLUSION OF COVERAGE:** There are various exclusions contained in your policy. These include, but are not limited to, such items as auto; employment practices; pollution; asbestos; workers compensation; terrorism; Pumpkin operations or sales; and loaning, renting, maintenance or use by others of any power driven equipment, hatchets or axes. Additionally, your policy does not cover premises medical payments. For more information on the coverage exclusions, please contact us.

**PURCHASING GROUP MEMBERSHIP**

**By applying for this insurance the applicant also is applying for membership in the Christmas Tree Liability Purchasing Group, a purchasing group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.).**

The Christmas Tree Liability Purchasing Group, domiciled in Oregon and licensed in all states, maintains the sole purpose of providing Liability Insurance to individuals and businesses operating within the Christmas Tree Industry. The members authorize the Christmas Tree Liability Purchasing Group or its administrator Keelson Partners, to purchase insurance on their behalf. Electronic copies of insurance policies are available upon request via email. Actual coverage is subject to the language of the policies issued.

**2011 LIABILITY INSURANCE APPLICATION**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Business/Firm Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Form of Business:** Individual  Partnership  Corporation  LLC  Other \_\_\_\_\_

**MEMBER OF THE FOLLOWING ASSOCIATION:** \_\_\_\_\_

**Directions:** Please type or clearly print information on application. **The application must be filled out thoroughly, or coverage WILL be delayed.**

*IF YOU HAVE MORE THAN ONE CERTIFICATE HOLDER FOR A LOCATION, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH CERTIFICATE HOLDER INFORMATION, INCLUDING LOCATION NUMBER AND IF THEY ARE AN ADDITIONAL INSURED.*

**TERM OF POLICY: DATE OF ISSUANCE TO SEPTEMBER 1, 2012**

<b>Insured Location #1</b>	<b>Certificate Holder</b>
Address _____ City _____ State ____ Zip _____ Tree Farm ( ) Acres _____ Choose & Cut: Yes ( ) No ( ) Retail Lot ( )	Name _____ Address _____ City _____ State ____ Zip _____ Email _____ Fax (____) _____ Additional Insured: Yes ( ) No ( )

<b>Insured Location #2</b>	<b>Certificate Holder</b>
Address _____ City _____ State ____ Zip _____ Tree Farm ( ) Acres _____ Choose & Cut: Yes ( ) No ( ) Retail Lot ( )	Name _____ Address _____ City _____ State ____ Zip _____ Email _____ Fax (____) _____ Additional Insured: Yes ( ) No ( )

**ANNUAL PREMIUMS  
GENERAL & PRODUCTS LIABILITY LIMITS**

Each Occurrence	300,000	500,000	1,000,000	2,000,000
Aggregate	300,000	500,000	1,000,000	2,000,000

**Tree Farms, includes (1) Choose & Cut\***  
(Acreage)

0-150	\$340.00	\$355.00	\$365.00	\$510.00
151-500	\$550.00	\$565.00	\$580.00	\$715.00
Over 500	\$740.00	\$760.00	\$770.00	\$900.00

\* Each additional Choose & Cut location: 50% of first

**Retail Lots:** (Rates Per Location)

1	\$280.00	\$340.00	\$410.00	\$550.00
2	\$250.00	\$310.00	\$380.00	\$520.00
3-5	\$245.00	\$290.00	\$355.00	\$500.00
6-10	\$235.00	\$270.00	\$340.00	\$490.00
Over 10	\$210.00	\$245.00	\$310.00	\$455.00

**Pesticide Herbicide Coverage:** Limit \$100,000 Premium \$98.00  
Limit \$200,000 Premium \$161.00

**California Experience Premium:** (Rates per Location) \$50.00  
Applicable to all applications with a California location.

COVERAGE IS EFFECTIVE ON THE DATE THE APPLICATION  
IS ACCEPTED BY THE INSURANCE COMPANY.  
THE INSURANCE COMPANY RESERVES THE RIGHT TO DENY COVERAGE FOR  
UNACCEPTABLE APPLICANTS. PAYMENT DOES NOT BIND COVERAGE.

- Any Off Christmas Seasonal Sales: Yes ( ) No ( )  
If Yes, Please Describe \_\_\_\_\_
- Any Delivery: Yes ( ) No ( )  
If Yes, Please Describe \_\_\_\_\_

**Limit of General & Products Liability requesting:**  
( ) 300,000 ( ) 500,000 ( ) 1,000,000 ( ) 2,000,000

**DEDUCTIBLE PER OCCURRENCE \$500.00**

Please make check payable to: **KEELSON PARTNERS**  
Mail to: 707 SW Washington Suite 625  
Portland, OR 97205-3536

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**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

This application is for information and binds neither the application nor the company. By signing the Christmas Tree Liability Insurance Program application, you agree that your membership in the Christmas Tree Liability Insurance Program shall commence on the inception date of insurance coverage and shall terminate upon: (1) your written resignation from the Christmas Tree Liability Insurance Program; (2) your failure to pay membership fees, program administration fees other fees or the premium; (3) written notice from the Christmas Tree Liability Purchasing Group, which it may give any reason whatsoever, including without limitation, any change in your business which could jeopardize the homogeneity of the Christmas Tree Liability Purchasing Group.

**You must fill in amounts and figure total premium amount**

Lot or Farm Premium: \$ \_\_\_\_\_  
 Pesticide Herbicide Premium: \$ \_\_\_\_\_  
 Additional Insureds: \_\_\_\_\_ X \$15.00 = \$ \_\_\_\_\_  
 California Locations: \_\_\_\_\_ X \$50.00 = \$ \_\_\_\_\_  
Optional Overnight Mailing (Add \$50.00) \$ \_\_\_\_\_  
**Total Amount Due** \$ \_\_\_\_\_

**Higher Limits are available  
ALL PREMIUMS ARE FULLY EARNED**

*Optional Credit Card Payment*

VISA/MasterCard \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ (back of Card)  
 Name on Card \_\_\_\_\_  
 Cardholder's Address \_\_\_\_\_ ZIP \_\_\_\_\_  
 Cardholder's Signature \_\_\_\_\_