



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

Term of the Policy: Date of Issuance to September 1, 2024

Applications received after the effective date, are bound the day accepted by the Program Administrator.

APPLICANT INFORMATION:

1. Your Full Legal Name or Farm Name: _____ Phone Number: _____
 _____ Cell Number: _____
 Mailing Address: _____ Email: _____

 City: _____ State: _____ Zip: _____
2. Member of the Following Association: _____

REQUESTED LIMITS OF LIABILITY:

3. Each Occurrence limit: \$300,000: \$500,000: \$1,000,000: \$2,000,000:

INSURED LOCATION:

4. Address: _____ Tree Farm: Acres: _____
 City: _____ State: _____ Zip: _____ Choose & Cut:
 Retail Lot:

CERTIFICATE HOLDER/ADDITIONAL INSURED:

5. Name: _____ Additional Insured: Yes No
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

INSURED LOCATION:

6. Address: _____ Tree Farm: Acres: _____
 City: _____ State: _____ Zip: _____ Choose & Cut:
 Retail Lot:

CERTIFICATE HOLDER/ADDITIONAL INSURED:

7. Name: _____ Additional Insured: Yes No
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

SUPPLEMENTAL INFORMATION:

8. 1. Entertainment Devices On Premises (Slides, Inflatables, Rides, etc.): Yes No
 2. If Yes, Please Describe: _____
 3. Any Delivery or Off-Season Sales: Yes No
 4. If Yes, Please Describe: _____

COVERAGE SUMMARY, EXCLUSIONS AND DEDUCTIBLE:

COVERAGE SUMMARY: Commercial General Liability including Premises Liability, Products & Completed Operations Liability, Personal & Advertising Injury Liability, and Contractual Liability. **Optional Pesticide or Herbicide Liability 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; the available limits are \$100,000 or \$200,000 with a \$1,000 Deductible.

EXCLUSION OF COVERAGE: There are coverage exclusions in the policy. These include, but are not limited to, Auto Liability; Employment Practices; Pollution; Asbestos; Workers Compensation; Cannabis; Terrorism; Halloween type events; Pumpkin operations or sales; Amusement Devices; and loaning, renting, maintenance or use by others of any power-driven equipment. Additionally, this insurance does not provide premises medical payments. For more information on the coverage exclusions, please contact us.

DEDUCTIBLE: A \$500.00 per Occurrence deductible applies to each claim including loss adjustment expenses.

