



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, 2025

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.

PREMIUM CALCULATION/OPTIONAL PAYMENT PLAN:

ANNUAL PREMIUMS GENERAL & PRODUCTS LIABILITY LIMITS					Higher Limits are available ALL PREMIUMS ARE FULLY EARNED	
Each Occurrence	300,000	500,000	1,000,000	2,000,000	You must fill in amounts and figure total premium amount	
Aggregate	600,000	1,000,000	2,000,000	4,000,000		
<u>Tree Farms, includes (1) Choose & Cut*</u> (Acreage)						
0-100	\$406.00	\$416.00	\$426.00	\$572.00	Lot or Farm Premium: \$ _____	
101-200	\$606.00	\$616.00	\$626.00	\$772.00	Pesticide Herbicide Premium: \$ _____	
Over 200	\$806.00	\$816.00	\$826.00	\$972.00	Additional Insureds: _____ X \$15.00 = \$ _____	
* Each additional Choose & Cut location: 50% of first					California Locations: _____ X \$50.00 = \$ _____	
<u>Retail Lots: (Rates Per Location)</u>					Credit Card Convenience Fee (\$5.00): \$ _____	
1	\$372.00	\$388.00	\$458.00	\$598.00	Total Amount Due: \$ _____	
2	\$318.00	\$358.00	\$428.00	\$568.00	Please make check payable to: KEELSON PARTNERS	
3-5	\$312.00	\$338.00	\$402.00	\$548.00	Mail to: 707 SW Washington Suite 1440	
6-10	\$302.00	\$318.00	\$388.00	\$538.00	Portland, OR 97205-3536	
Over 10	\$278.00	\$292.00	\$358.00	\$502.00	Optional Credit Card Payment	
<u>Pesticide Herbicide Coverage:</u> Limit \$100,000 Premium \$100.00					Credit Card Number: _____	
Limit \$200,000 Premium \$165.00					Expiration Date: _____ Security Code: _____	
<u>California Experience Premium:</u> (Rates per Location) \$50.00					Name on Card: _____	
Applicable to all applications with a California location.					Address: _____	
					City: _____ State: _____ Zip: _____	

REPRESENTATIONS:

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all to the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Great Northern Insurance Company in the event insurance coverage is issued.
- Great Northern Insurance Company is authorized to make an investigation and inquiry in connection with this application.
- This application is for information and binds neither the applicant nor Great Northern Insurance Company. By signing the Christmas Tree Liability Purchasing Group application, you agree that your membership in the Christmas Tree Liability Purchasing Group shall commence on the inception date of acceptance by the Program Administrator and shall terminate upon: (1) your written resignation from the Christmas Tree Liability Purchasing Group; (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.

Signature* (Individual, Partner, Member, Officer, Shareholder)	Date
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*If you are electronically submitting this application to Keelson Partners, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you hereby consent and agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance

PROGRAM ADMINISTRATOR:

KEELSON PARTNERS
707 SW Washington
Suite 1440
Portland, OR 97205
Phone: 503.226.1422 Ext. 108
Phone: 800.469.7844 Ext. 108
Fax: 503.226.2488

Email: christmas@keelson.com

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.