

# New England Excess Exchange, Ltd.

P O Box 219 ~ Montpelier, VT 05601 ~ 800-548-4301 ~ Fax 800-347-4935

## PRE-CUT CHRISTMAS TREE LOT LIABILITY APPLICATION

Applicant Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

Policy Term: From \_\_\_\_\_ To \_\_\_\_\_

### LIABILITY COVERAGES

### LIMITS REQUESTED

General Liability

Per Occurrence \$ \_\_\_\_\_

Other coverages requested:

General Aggregate \$ \_\_\_\_\_

Products \$ \_\_\_\_\_

Medical Payments Per Person \$ \_\_\_\_\_

Fire Damage Legal Liability \$ \_\_\_\_\_

### UNDERWRITING INFORMATION-

Location of Christmas Tree Lot \_\_\_\_\_

Days and Hours of Operation \_\_\_\_\_

	<u>Yes</u>	<u>No</u>
Are power tools - chain saws, etc. - used?	<input type="checkbox"/>	<input type="checkbox"/>
Are trees for sale grown at insured location?	<input type="checkbox"/>	<input type="checkbox"/>
Do customers cut their own trees?	<input type="checkbox"/>	<input type="checkbox"/>

Describe goods for sale other than Christmas trees and decorations \_\_\_\_\_  
\_\_\_\_\_

List names, addresses and relationships of Additional Insureds:  
\_\_\_\_\_  
\_\_\_\_\_

List names and addresses of requestors of Certificates of Insurance:  
\_\_\_\_\_  
\_\_\_\_\_

If insured has or)erated lot in the past, show.

<u>Date</u>	<u>LOSS EXPERIENCE</u> (Loss description, amounts paid and incurred)
_____	_____
_____	_____

Comments \_\_\_\_\_  
\_\_\_\_\_

Applicant Signature

Producer Name & Address

**COVERAGES NOT BOUND UNTIL APPROVED BY THE COMPANY**