



**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, 2015**

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: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 \_\_\_\_\_ 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: \_\_\_\_\_ Fax Number or Email 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: \_\_\_\_\_ Fax Number or Email Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SUPPLEMENTAL INFORMATION:**

8. 1. Any Off Christmas Seasonal Sales: Yes  No   
 2. If Yes, Please Describe: \_\_\_\_\_  
 3. Any Delivery: Yes  No   
 4. If Yes, Please Describe: \_\_\_\_\_

**Deductible**

A \$500.00 per occurrence deductible applies to each claim including loss adjustment expenses.

**COVERAGE SUMMARY AND EXCLUSIONS:**

**COVERAGE SUMMARY:** Commercial General Liability including Premises Liability, Products & Completed Operations Liability, Personal & Advertising Injury Liability, and Contractual Liability. **Optional 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 the 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, this insurance does not provide premises medical payments. For more information on the coverage exclusions, please contact us.

**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	<b>You must fill in amounts and figure total premium amount</b>  Lot or Farm Premium: \$ _____ Pesticide Herbicide Premium: \$ _____ Additional Insureds: _____ X \$15.00 = \$ _____ California Locations: _____ X \$50.00 = \$ _____ <u>Optional</u> Overnight Mailing (Add \$50.00) \$ _____  <b>Total Amount Due:</b> \$ _____	
Aggregate	600,000	1,000,000	2,000,000	4,000,000		
<u>Tree Farms, includes (1) Choose &amp; Cut* (Acreage)</u>						
0-150	\$353.00	\$368.00	\$378.00	\$523.00		
151-500	\$563.00	\$578.00	\$593.00	\$728.00		
Over 500	\$753.00	\$773.00	\$783.00	\$913.00		
* Each additional Choose & Cut location: 50% of first						
<u>Retail Lots: (Rates Per Location)</u>						
1	\$293.00	\$353.00	\$423.00	\$563.00		
2	\$263.00	\$323.00	\$393.00	\$533.00		
3-5	\$258.00	\$303.00	\$368.00	\$513.00		
6-10	\$248.00	\$283.00	\$353.00	\$503.00		
Over 10	\$223.00	\$258.00	\$323.00	\$468.00		
<u>Pesticide Herbicide Coverage:</u>						
	Limit	\$100,000	Premium	\$98.00		
	Limit	\$200,000	Premium	\$161.00		
<u>California Experience Premium:</u> (Rates per Location) \$50.00 Applicable to all applications with a California location.					Please make check payable to: <b>KEELSON PARTNERS</b> Mail to: 707 SW Washington Suite 625 Portland, OR 97205-3536	
					Optional Credit Card Payment: Visa or MC Only	
					Credit Card Number: _____	
					Expiration Date: _____ Security Code: _____	
					Name on Card: _____	
					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 625  
 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.