



GROWERS' INSURANCE PROGRAM APPLICATION

COVERAGE REQUESTED

1. Effective Date Requested: _____
2. Limit Desired (Each Claim and Annual Aggregate):
- | | |
|---|---|
| <input type="checkbox"/> \$ 500,000/\$500,000 | <input type="checkbox"/> \$ 500,000/\$1,000,000 |
| <input type="checkbox"/> \$ 1,000,000/\$1,000,000 | <input type="checkbox"/> \$ 1,000,000/\$2,000,000 |
3. Deductible (Each Claim):
- \$1,000 \$2,500 \$5,000 \$10,000 Other: \$ _____

A. PROPOSED APPLICANT

1. a. Name of Applicant *: _____
(* Attach list of all entities seeking coverage if more than one entity applies)
- b. Principal Business Address: _____
2. Business Phone: _____ Business Web Site Address: _____
3. a. Date Established: _____
- b. Type of Company: Individual Corporation Partnership
 Other: _____
4. Attach a list the names of all predecessor firms of Applicant. (Name only those firms where the Applicant is a successor to the former firm's assets and liabilities.)
5. a. Is the Applicant controlled, owned or managed by another firm, corporation or company? Yes * No
* **If yes**, please explain relationship and list percentage ownership held: _____ %

- b. Does the Applicant control, own or manage any other firm, corporation or company? Yes * No
* **If yes**, please explain relationship and list percentage ownership held: _____ %

GROWERS INSURANCE PROGRAM APPLICATION

B. SERVICE ACTIVITIES AND SPECIALTY

1. a. Describe in detail the services performed by the Applicant for which coverage is desired:

- b. Services are provided: Local State-Wide Multi-State Other: _____
2. Are services provided to any firm, corporation or company (including any client) in which the Applicant retains a managing or ownership interest? Yes * No
- * **If yes**, explain: _____
3. a. Does the Applicant use independent contractors and/or sub-contractors for services described in Question 1 above? Yes * No
- * **If yes**, list services and percentage of time used. _____ %
- b. Are certificates of liability insurance with at least \$1,000,000 limit of coverage required for independent contractors and sub contractors? Yes No *
- * **If no**, explain: _____

4. a. **Estimated Next Fiscal Year Gross Receipts** from **Question 1** above \$ _____

b. **Current, Estimated Fiscal Year Gross Receipts** from **Question 1** above \$ _____

c. **Past Fiscal Year Gross Receipts** from **Question 1** above \$ _____

5. For **Current Year Gross Receipts**, give the approximate percentage derived from all professional services listed in question 1 above.

ACTIVITY	% OF RECEIPTS
a. Agricultural Ground Crop Spraying	_____ %
b. Pest Control Advising	_____ %
c. Pest, Weed & Turf Spraying	_____ %
d. Landscape Services	_____ %
e. Arborist Services	_____ %
f. Other, List: _____	_____ %
TOTAL	100 %

C. PRIOR INSURANCE

1. Has the Applicant ever had any General Liability (GL) or Professional Liability (PL) insurance refused, cancelled or non-renewed within the past three (3) years? Yes * No
- * **If yes**, explain why: _____

GROWERS INSURANCE PROGRAM APPLICATION

2. a. List all liability insurance carried for each of the past three (3) years. * None Applies
 * **If none**, state reason for present insurance inquiry: _____

GENERAL LIABILITY (GL) OR PROFESSIONAL LIABILITY COVERAGE HISTORY
--

<u>Insurance Company</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>	<u>Policy Period</u>
_____ <input type="checkbox"/> GL and/or <input type="checkbox"/> PL	\$ _____	\$ _____	\$ _____	_____
_____ <input type="checkbox"/> GL and/or <input type="checkbox"/> PL	\$ _____	\$ _____	\$ _____	_____
_____ <input type="checkbox"/> GL and/or <input type="checkbox"/> PL	\$ _____	\$ _____	\$ _____	_____

- b. List Retroactive date on the Applicant's current Professional Liability Policy: _____

D. CLAIMS EXPERIENCE

1. Have any claims or suits been made during the past five (5) years against the Applicant, its predecessors in business, any of the past or present partners, directors, officers, or employees of the Applicant?..... Yes * No

* **If yes, complete the "Claim/Incident Supplement" attached to the Application.**

2. Is the Applicant (after proper inquiry of each director, officer, partner or employee of the Applicant or any other proposed insured) aware of any fact, circumstance, situation, act, error or omission which may result in claim being made against the Applicant, its predecessors in business or any of the present or past partners, officers, directors or employees?..... Yes * No

* **If yes, please give full details.** _____

NOTICE TO APPLICANT – PLEASE READ CAREFULLY
--

It is hereby understood and agrees that the information provided above is true and correct, is material to the Insurer in deciding whether to issue its policy to the Applicant. Further, if such information is false or incomplete, it may constitute a misrepresentation that will: (a) permit the Insure to modify the terms and conditions of the policy issued to the Applicant (including without limitation to excluding any claim arising from or relating to the false information or non-disclosure): or, (b) void the policy.

Must be signed and dated by owner, partner or senior officer.

(Applicant Signature)

(Date: Mo/Day/Yr)

(Print or Type Name & Title)