

GREENHOUSE APPLICATION

- 1. Insured \_\_\_\_\_
- 2. Address \_\_\_\_\_
- 3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 4. Number of years in business \_\_\_\_\_ Sales \$ \_\_\_\_\_
- 5. Location of greenhouse \_\_\_\_\_

- 6. Crop \_\_\_\_\_
- 7. Number of crops/year \_\_\_\_\_ No. of employees \_\_\_\_\_

Bldg #1      Bldg #2      Bldg #3

- A. Length in feet    \_\_\_\_\_
- B. Width in feet    \_\_\_\_\_
- C. Height in feet    \_\_\_\_\_
- D. Heat Source      \_\_\_\_\_
- E. Covering material \_\_\_\_\_
- F. Value \$            \_\_\_\_\_
- G. Age                \_\_\_\_\_
- H. SQUARE FEET    \_\_\_\_\_

8. Deductible acceptable \$ \_\_\_\_\_

9. Loss experience past 5 years \_\_\_\_\_

10. Present carrier \_\_\_\_\_

11. If GENERAL LIABILITY required, give limit of liability \$ \_\_\_\_\_

I ACKNOWLEDGE AND WARRANT THAT THE INFORMATION GIVEN IN THIS APPLICATION EVEN IF NOT IN MY HANDWRITING, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SPECIAL NOTICE: AS PART OF OUR UNDERWRITING PROCEDURE, A ROUTINE INQUIRY AND/OR A CONSUMER CREDIT REPORT MAY BE MADE WHICH WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

DATE \_\_\_\_\_ INSURED'S SIGNATURE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

THIS APPLICATION MUST BE FULLY COMPLETED, SIGNED AND DATED BY THE INSURED OR IT WILL NOT BE ACCEPTED.

AGENT.....

AGENCY.....

ADDRESS.....

CITY.....

STATE.....

ZIP.....

PHONE.....