



# 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 from 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 RECIEPTS
a. Agricultural Ground Crop Spraying .....	_____ %
b. Agricultural Advising .....	_____ %
c. Pest, Weed & Turf Spraying .....	_____ %
d. Farm Management .....	_____ %
e. Landscape Services .....	_____ %
f. Arborist Services .....	_____ %
g. Other, List: _____	_____ %
<b>TOTAL</b>	<b>100</b> %

## 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: \_\_\_\_\_

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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: \_\_\_\_\_

<b>GENERAL LIABILITY (GL) &amp;/OR PROFESSIONAL LIABILITY COVERAGE HISTORY</b>
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<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 Retro date on Applicant's current Professional Liability Policy (Claims Made): \_\_\_\_\_

<b>D. CLAIMS EXPERIENCE</b>
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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**, please give full details:

\_\_\_\_\_

\_\_\_\_\_

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(s) 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>NOTICE TO APPLICANT – PLEASE READ CAREFULLY</b>
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It is hereby understood and agrees that the information provided above is true and correct, as it 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)