

**RAINIER INSURANCE COMPANY®**

1411 SW Morrison Street, Ste 400  
 Portland, OR 97205-1945  
 800-522-6944 • Fax 800-772-2107

**CHRISTMAS TREE LOT APPLICATION**

<b>Effective Date</b>		<b>Expiration Date</b>	
<b>Applicant's Name</b>			
<b>Business Name / DBA</b>			
<b>Mailing Address</b>			
<b>Applicant's Phone No.</b>	<b>Cell/Home</b>	<b>Work</b>	
<b>State of Operation</b>	<b>Legal Entity</b>	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
<b>Description of Operation</b>			
<b>Location of Lot</b>			

**ADDITIONAL INSURED(S)**

<b>ADDITIONAL INSURED(S)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>If YES, provide information below:</b>
<b>NAME</b>	<b>ADDRESS</b>	<b>INTEREST</b>	
1			
2			
3			

**GENERAL LIABILITY LIMITS**

<input type="checkbox"/>	\$300,000 / \$600,000
<input type="checkbox"/>	\$500,000 / \$1,000,000
<input type="checkbox"/>	\$1,000,000 / \$2,000,000

<b>Estimated Gross Receipts</b>

**U-CUT OPERATIONS**

<b>Any U-Cut Operations?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>If YES, Answer A-D below:</b>	
<b>A</b>	<b>Briefly Describe: U-Cut Operations</b>
<b>B</b>	<b>Are Power Tools / Chain Saws, etc. used?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>C</b>	<b>Are trees grown at Applicant's location?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>D</b>	<b>Do customers cut their own trees?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>E</b>	<b>Do you loan hand tools such as saws?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

F	Do you loan power tools such as chainsaws? <input type="checkbox"/> YES <input type="checkbox"/> NO
G	Does Applicant load trees / tie-down trees on customer cars? <input type="checkbox"/> YES <input type="checkbox"/> NO

How long has Applicant operated Christmas Tree Lots?
Prior Carrier

**LOSS HISTORY (Past 3 Years)**

DATE OF LOSS	AMOUNT OF LOSS	DESCRIPTION	AMOUNT PAID

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

***The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage or commit the company to policy issuance.***

APPLICANT _____	PRODUCER _____
SIGNATURE _____	SIGNATURE _____
DATE _____	DATE _____

This form shall be attached to, and made part of, the fully completed Acord application by the applicant.