



GREENHOUSE COVERAGE QUESTIONNAIRE

Application Quote

BROKER _____ DATE _____

Policy Period _____ / _____ / _____ to _____ / _____ / _____
Day Month Year Day Month Year

Name of Insured: _____

Name(s) of Principals _____

Home Phone # _____ Work Phone # _____

Fax # _____ Email Address _____

Location of Risk: Mailing Address _____

Legal Location _____

Loss Record (Past 5 years) _____

Loss Payable To _____

Number of years in Business _____

Has any Company ever declined or cancelled: Yes No

Previous Insurer: _____

Is there a current commercial or farm application on file for this risk? Yes No Policy No. _____

ITEMS	CONSTRUCTION (Glass, poly, etc.)	MANUFACTURER'S NAME	SIZE	ADDITIONAL ITEMS (Lighting, Benching, etc.)
Greenhouse #1 (indicate if gutter connected) <input type="checkbox"/>	<input type="checkbox"/> Glass - Tempered <input type="checkbox"/> Triple Diamond <input type="checkbox"/> Poly - 8 mil <input type="checkbox"/> 6 mil <input type="checkbox"/> Air baffle <input type="checkbox"/> Steel - fibreglass roof			<input type="checkbox"/> Lighting <input type="checkbox"/> Benching <input type="checkbox"/> Fertilizer Injection <input type="checkbox"/> SDF & Qualex covering
Greenhouse #2 (indicate if gutter connected) <input type="checkbox"/>	<input type="checkbox"/> Glass - Tempered <input type="checkbox"/> Triple Diamond <input type="checkbox"/> Poly - 8 mil <input type="checkbox"/> 6 mil <input type="checkbox"/> Air baffle <input type="checkbox"/> Steel - fibreglass roof			<input type="checkbox"/> Lighting <input type="checkbox"/> Benching <input type="checkbox"/> Fertilizer Injection <input type="checkbox"/> SDF & Qualex covering
Greenhouse #3 (indicate if gutter connected) <input type="checkbox"/>	<input type="checkbox"/> Glass - Tempered <input type="checkbox"/> Triple Diamond <input type="checkbox"/> Poly - 8 mil <input type="checkbox"/> 6 mil <input type="checkbox"/> Air baffle <input type="checkbox"/> Steel - fibreglass roof			<input type="checkbox"/> Lighting <input type="checkbox"/> Benching <input type="checkbox"/> Fertilizer Injection <input type="checkbox"/> SDF & Qualex covering

OTHER (Description)	COVERAGE (Perils)	DEDUCTIBLE	AMOUNT OF INSURANCE

I understand that the Company reserves the right to inspect the premises and to collect data that may include consumer and prior insurer reports containing personal, credit, factual, or investigative information. I declare that I have answered all of the questions in this application factually and warrant that they are accurate.

Consumer and previous insurer reports containing personal, credit, factual record, premium payment, claims history or investigative information may be sought or exchanged in connection with this application for insurance or a renewal, extension, variation or cancellation thereof. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

The answers above are correct to my best knowledge and belief.

Signature of Applicant _____ Date _____

What are the total annual gross receipts for the greenhouse operation \$ _____

Number of full time employees _____ Number of part-time employees _____

Do you sell products to the USA? Yes No Annual receipts of US sales \$ _____

Retail Receipts - Annual receipts retail sales \$ _____

Is there a retail outlet at these premises? Yes No

Are there retail outlets at other premises? Yes No

Describe _____

Legal locations _____

Do you sell other retail items? Yes No (i.e. potting soil, fertilizer, seeds, pots, trees)

Volume of other retail products sales annually \$ _____

Wholesale Receipts - Annual receipts of wholesale sales \$ _____

Do you sell food products? Yes No

Do you sell food product bedding plants? Yes No

Volume of food product sales annually \$ _____

Do you sell flowers? (roses etc.) Yes No

Do you sell flower bedding plants? Yes No

Volume of flower product sales annually \$ _____

Do you do custom landscaping? Yes No

Annual receipts \$ _____

TANKS - Are there any buried tanks Yes No

Describe: _____

Are there any above ground tanks? Yes No

Describe: _____

BOILER - Is there a boiler for the greenhouse? Yes No Is there an attached boiler room? Yes No

Is there a boiler or mechanical breakdown policy in effect? Yes No

If yes what company _____ If no, would you like a quote? Yes No

Are the greenhouses computer controlled? Yes No

Is there a generator in place for back-up power? Yes No

Is there an alarm system for the greenhouse? Yes No

Does your crop value fluctuate throughout the year? Yes No

Are there any service buildings attached directly to the greenhouse? Yes No