



JACKSON SUMNER & ASSOCIATES
Excess & Specialty Lines Broker
www.jsausa.com

Thank you for choosing JSA for your Christmas Tree Lots and Choose & Cut Operations!

Attached you will find a simple application and rating sheet that we have created for you to use. When you are ready to bind, you can fax or email the completed and signed application to:

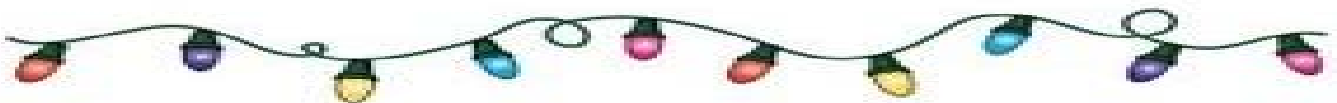
Rachel Patterson
rachel@jsausa.com
(p) 800.342.5572
(f) 828.262.0754

If you have any questions about the rating or eligibility criteria, please do not hesitate to call.

JSA can also write many other Christmas and holiday risks including hay/wagon rides, holiday parties, store Santas and many more so call us anytime to see how we can help.



You have no authority to bind coverage. Coverage is not bound until a policy number is released by a JSA Underwriter. Other forms may apply if this coverage is bound. This is not a contract of insurance. The actual policy (if issued) may contain other forms not shown on this quote. Please review the actual policy (if issued) for all terms and conditions for which this quote is subject to for actual coverages contained therein.



Georgia • North Carolina • South Carolina • Tennessee • Virginia
Phone: 800-342-5572 Fax: 828-262-0754 PO Box 2540, Boone, NC 28607



Christmas Tree Lot/Choose & Cut Program (NC)

Applicant Name: _____

Mailing Address: _____ Physical Address: _____

_____ (additional locations can be listed on page 2)

Agency Name: _____ Agency Address: _____

Agent Name: _____

Agent Email: _____ Agency Phone Number: _____

Proposed Effective Date: _____ Proposed Expiration Date: _____
 (Proposed policy period cannot be more than 3 months. If longer is needed, please submit applications for pricing.)

Any prior losses? Yes No
 If yes, submit applications for pricing.

Is there a hay/wagon ride exposure? Yes No
 If yes, submit applications for pricing.

Are customers allowed to cut trees themselves? Yes No
 If yes, submit applications for pricing.

Additional Insured required? Yes No
 Name: _____ Mailing Address: _____

<u>Pricing:</u>	<u>Limit</u>	<u>Christmas Tree Lot Rate</u>	<u>Choose & Cut Lot Rate</u>	<u>Minimum Premium</u>
	\$300,000/\$600,000	\$150 per lot	\$200 per lot	\$250
	\$500,000/\$1,000,000	\$200 per lot	\$250	\$250
	\$1,000,000/\$2,000,000	\$300 per lot	\$350	\$350
	Additional Insured	\$25 per additional insured		

Type of risk: Christmas Tree Lot or Choose & Cut Operation

Limit: 300/600 500/1mil 1mil/2mil

Calculation:

Number of Lots: _____
 Rate per Lot: x _____
 Total: = _____ (subject to minimum premium above)

Additional Insured: + _____ (\$25 for each addition insured)

Total Premium: = _____
 Policy Fee: + **\$50**
 Tax: + _____ (5% of premium)
 Total: = _____

TRIA is an additional \$125 premium plus tax if coverage is desired.

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Company: Nautilus Insurance Company

Classifications: ISO: 10003 Christmas Tree Sales - Lots (not choose/cut)
ISO: 50981 Christmas Tree Farms - Including Choose & Cut

Limits: General Aggregate: (limit option selected)
Products Aggregate: Included
Personal/Advertising: (limit option selected)
Each Occurrence: (limit option selected)
Damage to Premises Rented to You: \$100,000
Medical Payments: \$5,000

Deductible: \$500 per claim (BI&PD)

Forms: CG0001 (12/04) GL Coverage Form
CG0067 (03/05) Exclusion-Emails, Fax, Phone Calls, Etc.
CG2011 (01/96) Additional Insured - Managers Or Lessors Or Premises (if purchased)
CG2107 (05/14) Exclusion-Disclosure of Personal Info.
CG2109 (06/15) Exclusion-Unmanned Aircraft
CG2147 (07/98) Exclusion-Employment Related Practices
CG2196 (03/05) Exclusion-Silica
E001 (04/09) Common Policy Declarations
E001J (11/06) Commercial Lines Jacket
E901 (06/06) Fully Earned Premium Endorsement
E906 (06/07) Service of Suit
E915 (07/13) OFAC Advisory Notice
IL0017 (11/98) Common Policy Conditions
IL0021 (09/08) Nuclear Energy Exclusion
L601 (12/09) Premium Audit
L205 (11/10) Exclusion-Injury to Employees, Contractors, Volunteers
L216 (07/09) Definitions-Insured Contract (Limited Form)
L217 (06/07) Exclusion-Punitive or Exemplary Damages
L223 (06/07) Exclusion-Total Pollution
L241 (07/09) Exclusion-Mold
L277 (06/07) Additional Exclusions - Christmas Tree Lots and Farms (needs to be changed)
L408 (03/12) Changes-Civil Union/Domestic Partnership
L850 (05/09) Deductible Form
S038 (07/09) Amendment of Liquor Liability
S070 (04/02) Amendatory Endorsement - Additional Exclusion
S150 (07/09) GL Coverage Declarations
S261 (07/09) Exclusion-Asbestos
S902 (07/09) Schedule of Forms and Endorsements
TRIA Coverage Purchased: CG2170 (01/15) & E908 (01/15) Cap on Losses from Terrorism
TRIA Coverage Rejected: CG2173 (01/15) Exclusion of Acts of Terrorism
S901 (07/13) General Change Endorsement: L277 (06/07) does not apply to the operation or use of hatchets, axes or power-driven sawing and cutting equipment by the insured or the insured's employees.

Additional Location(s): _____

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Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

POLICYHOLDER NOTICE

ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act"), you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Coverage under your policy may be affected as follows:

IF YOU ARE PURCHASING COMMERCIAL PROPERTY COVERAGE IN THE STATES OF CALIFORNIA, GEORGIA, HAWAII, ILLINOIS, IOWA, MAINE, MISSOURI, NEW JERSEY, NEW YORK, NORTH CAROLINA, OREGON, RHODE ISLAND, WASHINGTON, WISCONSIN OR WEST VIRGINIA; AND/OR PURCHASING COMMERCIAL INLAND MARINE COVERAGE IN THE STATES OF CALIFORNIA, MAINE, MISSOURI, OREGON OR WISCONSIN THERE ARE STATE STATUTORY EXCEPTIONS COVERING CERTAIN FIRE LOSSES IF YOU DECLINE COVERAGE FOR "ACTS OF TERRORISM" DEFINED UNDER THE ACT. IF AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT RESULTS IN FIRE, WE ARE REQUIRED TO PAY FOR THE LOSS OR DAMAGE CAUSED BY THAT FIRE. SUCH COVERAGE FOR FIRE APPLIES ONLY TO DIRECT LOSS OR DAMAGE BY FIRE TO COVERED PROPERTY AND IS SUBJECT TO ANY LIMITATIONS OF ANY TERRORISM EXCLUSION, OR INAPPLICABILITY OR OMISSION OF A TERRORISM EXCLUSION. THIS NOTICE DOES NOT SERVE TO CREATE COVERAGE FOR ANY LOSS WHICH WOULD OTHERWISE BE EXCLUDED UNDER YOUR POLICY.

THE PORTION OF YOUR PREMIUM THAT IS ATTRIBUTABLE TO COVERAGE FOR DIRECT LOSS OR DAMAGE THAT IS CAUSED BY AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT AND WHERE FIRE ENSUES IS \$25, AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSSES COVERED BY THE UNITED STATES GOVERNMENT UNDER THE ACT. NOTE – THIS PREMIUM IS APPLIED TO YOUR POLICY REGARDLESS IF YOU ACCEPT OR DECLINE COVERAGE FOR "ACTS OF TERRORISM" BELOW.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

I hereby elect to purchase coverage, subject to the limitations of the Act, for acts of terrorism as defined in the Act, for a prospective premium of \$____, plus the following taxes and fees:

Surplus Lines Tax of	\$ _____
Surplus Lines Stamping Fee of	\$ _____
of	\$ _____
of	\$ _____
of	\$ _____
of	\$ _____
of	\$ _____
of	\$ _____
of	\$ _____
of	\$ _____

Total of Premium, taxes and fees is \$_____.

I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant's Signature

Insurance Company

Print Name

Policy Number

Date

Named Insured

FORM F

**APPLICATION TO THE COMMISSIONER OF INSURANCE OF NORTH
CAROLINA TO PROCURE INSURANCE FROM AN INSURANCE COMPANY
NOT LICENSED IN NORTH CAROLINA**

I, the undersigned, have been unable to purchase insurance from any insurance company licensed to do business in North Carolina: therefore, application is made under Article 21 of Chapter 58 of the General Statutes of North Carolina to procure insurance through an insurance company that is not licensed in North Carolina.

I understand that risks in this State may be insured in insurance companies not licensed to do business in North Carolina only to the extent that such risk(s) cannot be insured in companies licensed to do business in North Carolina under any policy form filed with and approved by the Commissioner of Insurance.

I further understand that the insurance company with which this coverage has been placed is not licensed by the State of North Carolina and is not subject to its supervision, and that in the event of the insolvency of the insurance company, losses under this policy will not be paid by any State insurance guaranty or solvency fund.

_____ X _____
Date Signature of Applicant (Insured)

**APPLICATION FROM PRODUCING BROKER TO SURPLUS LINES LICENSEE TO
PLACE BUSINESS IN AN INSURANCE COMPANY NOT LICENSED IN
NORTH CAROLINA**

Application is made on behalf of _____,
policy number _____, for insurance with an
insurance company not licensed to do business in North Carolina, as the applicant has not been able to purchase
insurance through a company that is licensed in North Carolina.

X _____
Signature of Producing Broker Date



Broker for
Insured
Signs
Here.