



NIF Insurance Services of California
 A Division of NIF Group, Inc.
 P.O. Box 13456
 Sacramento, CA 95813-3456
 Phone: (916) 566-1000
 submissions@nifcalifornia.com
 www.nifgroup.com

NURSERY & GARDEN CENTER SUPPLEMENTAL APPLICATION

(To be attached to ACORD applications)

NAME OF APPLICANT (as to appear on policy): _____

Mailing Address: _____ City _____ State _____ ZIP _____

Accounting contact name: _____ Phone () _____ Email _____

Risk Manager's name: _____ Phone () _____ Email _____

SECTION I - SAFETY

1. Employees are trained in the proper use of all equipment. Yes No
2. Safety training is documented. Yes No
3. Safety meetings are held (check one): Weekly Monthly Quarterly
4. An incentive-based safety program is in place. Yes No
5. Please describe the type(s) of security you have in place: _____

SECTION II – OPERATIONS

Employee Type	Number	Nursery/Garden Center Operation	Sales	Greenhouse Operation	Sales
Full-time		Wholesale	\$	Wholesale	\$
Part-time		Retail	\$	Retail	\$
Seasonal					
Total			\$		\$

1. Percentage of employees that are CAN certified _____%
2. Are there any dwellings on premises that are NOT insured under a homeowner's policy? Yes No
3. Please list any professional associations of which you are a member: _____

4. Please list any special events offered to the public or check here if not applicable. _____

5. Do you serve food to the public? Yes No
 If Yes, please describe: _____
 Total receipts from food sales: \$ _____

6. Is there public access to the property? Yes No

7. Do you have a pump house? Yes No

8. Type of crops grown: _____

9. Please check all boxes below that apply. If none, please check here

Equipment Used	Operators Trained & Certified to operate	List Below Other Heavy Equipment Operated
Cranes <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Forklifts <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Do you relocate specimens such as large trees, shrubs, plants, rocks, structures? Yes No

11. All hazardous equipment has proper guards and shields in place. Yes No

12. Do you have a back up generator? Yes No

13. All chemicals are properly labeled and kept in a locked room or cabinet. Yes No

14. All fire extinguishers are mounted and clearly labeled in key areas. Yes No

15. Any wholesale or manufacturing operations? If Yes, describe below. Yes No

16. Do you apply pesticides and herbicides? Yes No

17. Are you licensed to apply pesticides and herbicides? Yes No

If Yes, license # _____ Expiration date: _____

SECTION III – GREENHOUSE GROWING AND OPERATIONS If none, check here and proceed to Section IV

1. Is there public access to the greenhouse(s)? Yes No

2. Do you have a pump house for these operations? Yes No

3. Do you have a back up generator for these operations? Yes No
If Yes, number of kilowatts: _____ Fuel type: _____

4. Is shade cloth or energy curtain at least two feet from sources of ignition? Yes No

5. If you have a boiler, is it inspected annually by a licensed inspector? Not applicable Yes No

6. Do potting machines, transplant machines and other hazardous greenhouse equipment have proper guards and shields in place? Yes No

7. Do you use cold frames? Yes No

SECTION IV – AUTOMOBILE/TRANSPORTATION AND MAINTENANCE

1. Describe your security for garaging locations below or check here if none. _____

2. If you deliver, how often are deliveries made _____ per day or _____ per week. Not applicable

3. Please check below, all that apply.

<input type="checkbox"/> Drug testing program is in place for all drivers.	<input type="checkbox"/> Employees are required to complete incident reports.
<input type="checkbox"/> Pre-hire screening is performed for all drivers.	<input type="checkbox"/> Operate trucks/trailers with cranes or booms attached.
<input type="checkbox"/> Driving records are obtained on all drivers prior to hire.	<input type="checkbox"/> Operate trucks or trailers with spray rigs attached.
<input type="checkbox"/> Driving records are obtained on all drivers annually.	<input type="checkbox"/> Operate mobile spray rigs.
<input type="checkbox"/> Participate in the PULL program.	<input type="checkbox"/> Own, lease, rent or hire cranes.
<input type="checkbox"/> Lease vehicles from individuals or companies.	<input type="checkbox"/> Maintain maintenance logs.
<input type="checkbox"/> All vehicles are titled under the company name.	<input type="checkbox"/> Conduct daily maintenance checks on all vehicles.
<input type="checkbox"/> Lease equipment to others.	<input type="checkbox"/> Perform equipment repair for others.

4. Do you provide routine maintenance on your equipment? Yes No
 If Yes, are the mechanics professionally certified? Yes No
 If No, who does the maintenance? _____

Fair Credit Report Act Notice: PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

Fraud Warning: 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, NE, OH, OK, OR, VT OR WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, AND VA.)

Applicant's signature: _____ **Date:** _____
Title: _____

Producer signature: _____ **Date:** _____
Title: _____

For Producer Use Only (answer all items)

Is this a current insured? Yes No
 Check which coverages producer writes for this insured: GL Auto IM Property WC Excess

STATE FRAUD STATEMENTS

THIS NOTICE IS PART OF YOUR APPLICATION:

APPLICABLE IN COLORADO

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OF AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICABLE IN HAWAII

FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

APPLICABLE 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.

APPLICABLE IN OHIO

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTION STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

APPLICABLE 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.