GrowPro®
by NIP GROUP

900 Route 9 North, Suite 404, Woodbridge, NJ 07095
Website: www.NIPGroup.com
Toll-free Phone: (800) 446-7647
Fax: (732) 791-4097

GrowPro® Package Supplemental Questionnaire

Named Insured: _____ **Policy Effective Date:** _____

General Operations:

Number of Employees: Full Time	#	(Excluding owners)	Part Time
Seasonal	#		

SAFETY:

Do you have a Training program in place?	o Yes o No
Are employees trained in use of each piece of equipment?	o Yes o No
Is safety training documented?	o Yes o No
Are employees trained what to do when a vehicle or customer accident occurs?	o Yes o No
Do you have any incentive based safety programs?	o Yes o No

Please provide a copy of any written hiring manual, safety programs or training material

ASSOCIATIONS:

Are you a member of any professional Association? o Yes o No

Name of Association(s): _____

PEST MANAGEMENT:

Are you licensed to apply pesticides/herbicides?	o Yes o No
Do you apply pesticides and/or herbicides?	o Yes o No
Do you comply with OSHA regulations?	o Yes o No
License #_____	Exp. Date :_____

Please attach a copy of your current license-required for coverage.

Inland Marine Section / Equipment:

Do you own, lease, rent, hire or borrow cranes?	o Yes o No
(If yes, Crane supplemental must be completed)	
Equipment maintenance program in place?	o Yes o No
What type of security do you have in place?	

AUTOMOBILE

Do you carry Workers Compensation coverage?	o Yes o No
Do you deliver? If so, what is your radius of delivery? _____ How often are deliveries made? Daily ( ) Weekly ( ) Other: _____	o Yes o No
Are road tests given to drivers?	o Yes o No
Are employees allowed to drive company vehicles, for personal use? If yes, when? _____	o Yes o No
Do family members have use of company vehicles? If yes, when & who? _____	o Yes o No
Do you have any farm vehicles? If yes, please provide vehicle list.	o Yes o No
Do you have an automobile maintenance program in place?	o Yes o No
Do you Rent or Own any ***Refrigerated Trailers***?	o Yes o No
If you ***OWN*** a Refrigerated Trailer how often is it inspected? ( ) Daily ( )Weekly ( )Other: _____	
Have you had any losses due to Refrigerated Breakdown? If yes, explain: _____	o Yes o No

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Hired and Non-Owned (complete only when coverage is requested):

How many employees use their personal vehicle for business operations? _____

Do you check your employees' individual personal auto insurance to make sure they carry limits of at least $100,000/$300,000? o Yes o No

How often do you check your employees' MVRs after hiring? _____

Retail Garden Center

	PAYROLL	RECEIPTS
	$	$

If there is a Greenhouse Exposure, please also complete Greenhouse Grower Section

Nursery Operations

	PAYROLL	RECEIPTS
Nursery: Wholesale	$	$
Retail	$	$

Types of crops grown?	
Do you have a Pump House? o Yes o No	If yes, Do you have a backup generator? o Yes o No

If there is a Greenhouse Exposure, please also complete Greenhouse Operations Questions

Greenhouse Grower

	PAYROLL	RECEIPTS
Greenhouse: Wholesale	$	$
Retail	$	$

General Questions for all Exposures:

Are any special events offered to the public? o Yes o No If yes, please list all activities:	
Do you serve food? o Yes o No If yes, describe and provide Receipts:	
Is there public access to your property? o Yes o No	
Do you sell cut-your-own Christmas trees? o Yes o No	

Additional - Greenhouse Operations Questions:

Number of growing cycles per year? # _____	
Maximum market value of crop during peak season? $_____, Is coverage desired? o Yes o No, If yes, Please provide time period? From: To: (example May1st – July31st)	
Do you have a backup generator capable of supplying **100%** of the heating requirements of the growing facility? If yes, number of kilowatts _____ Manual ( ) automatic? ( ) Fuel type? _____	o Yes o No
If you have a MANUAL start up – Who is responsible to start the generator up? Does the individual(s) live on premises? o Yes o No Do you have a Call List? o Yes o No	
Do you have a temperature control alarm system to warn of changes in temperature within the greenhouse?	o Yes o No
Do you or another responsible party live on or adjacent to the premises?	o Yes o No
Are the greenhouses heated to at least 50 degrees (F) at all times?	o Yes o No
Do you utilize walk-in coolers for the storage of cuttings or seedlings? If yes, what is the maximum value of the refrigerated stock? _____	o Yes o No
Is shade cloth or energy curtain at least two feet from sources of ignition?	o Yes o No
Are chemicals properly labeled and stored in a locked room or cabinet?	o Yes o No
Do potting machines, transplanting machines, and other hazardous greenhouse equipment have proper guards or shields in place?	o Yes o No
Are boilers inspected annually by a licensed inspector?	o Yes o No
Are fire extinguishers mounted and clearly labeled in key areas throughout the greenhouse facility?	o Yes o No
Do you use cold frames? If yes, how many? _____	o Yes o No
Please describe the types of alarms on your property, if any. (Central/local, alarm use, etc.) _____	
Are the greenhouses insured based on - Replacement Cost ( ) **or** Actual Cash Value ( )	

NOTE: ANY LANDSCAPE OPERATIONS WILL REQUIRE THAT A SEPARATE QUESTIONNAIRE BE COMPLETED.

Named Insured's Signature: _____ Date: _____

07/2011

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Greenhouse Supplemental Questionnaire

Client Name and Address:	**Total Number of Greenhouses:** **Effective Date:**	**Agency Name and Address:**

Please complete this section for each Greenhouse location (use additional sheets if needed):					
Underwriting Information (*SEE PAGE 4 FOR STYLE AND CLADDING TYPES)*	Greenhouse#____ List Address:	Greenhouse#____ List Address:	Greenhouse#____ List Address:	Greenhouse#____ List Address:	Greenhouse#____ List Address:
Indicate if to be included in quote	o Yes o No	o Yes o No	o Yes o No	o Yes o No	o Yes o No
Style Type					
Cladding Type (Roof)					
Greenhouse Age/Condition Condition 1-10 (10 being the best)	Age / Condition	Age / Condition	Age / Condition	Age / Condition	Age / Condition
Manufacturer					
Length X Width					
Erected to Manufacturer Specs?					
Gutter Post/Stake – In Concrete?					
Estimated Value of Greenhouse					
Is the public allowed inside?					

*****PLEASE PROVIDE A PROPERTY DIAGRAM USING PAGE 4 AS A GUIDE*****

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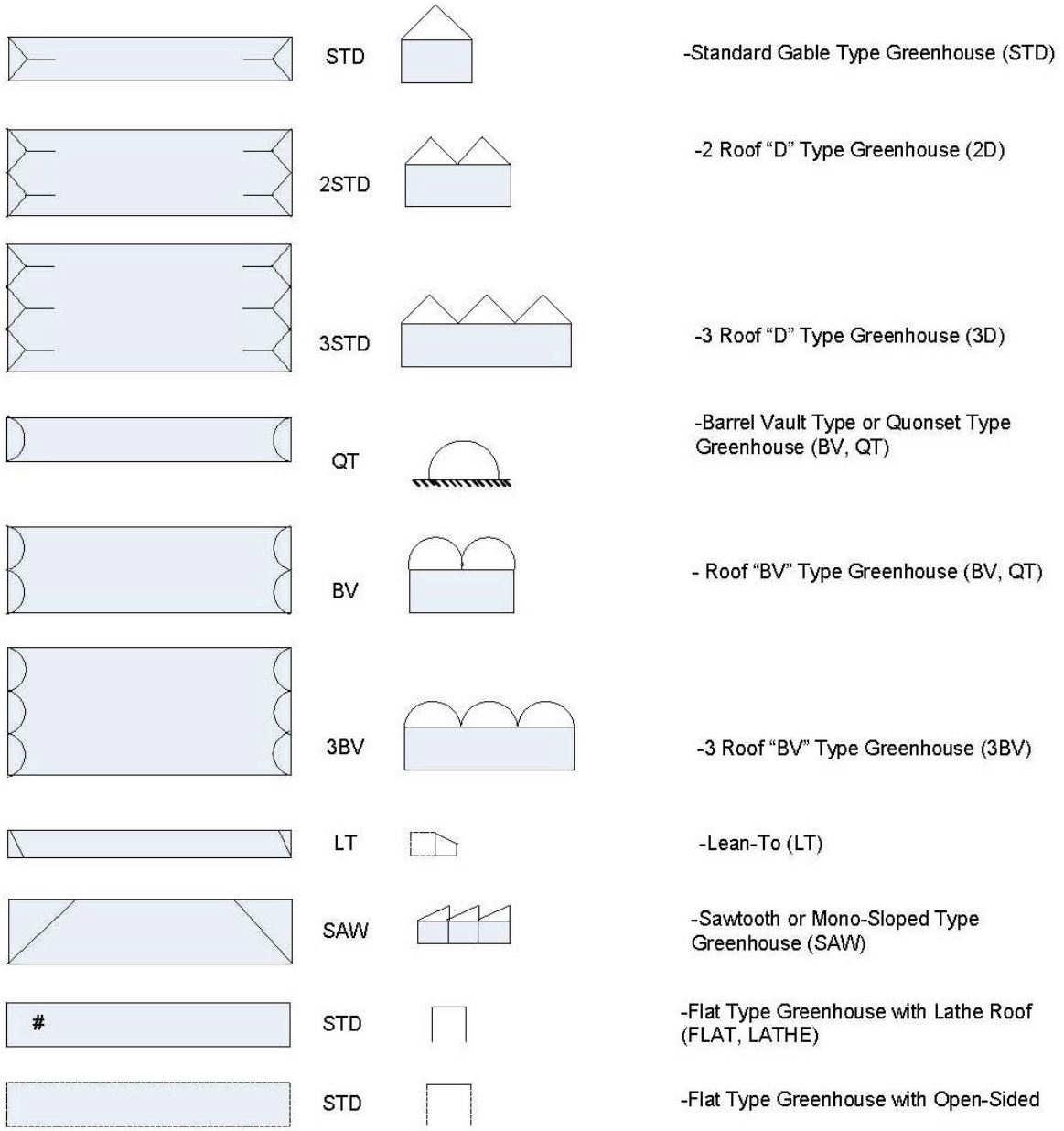
Greenhouse Supplemental Questionnaire (cont.)

Style Type Below



Cladding Type (Roof)

-Glass (G)
-Tempered Glass (TG)
-Double Poly (DP)
-Fiberglass (F)
-Acrylic (A)
-Polycarbonate (P)
-Lath (L)
-Saran (S)
-Sash (SA)
-Single Poly (SP)

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison (or any combination thereof**). *Applies in MD Only. **Applies in AL Only

Applicable in CA: For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL, ID, IN: 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. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Applicable in KY, NY and PA: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation*). *Applies in NY Only.

Applicable in ME, TN, VA and WA:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may*) include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NH: 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 subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK: 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 OR: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

FRAUD STATEMENT (All Other States):

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or

incomplete, notice of such change, will be reported in writing to the Insurer immediately. The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THE APPLICATION AND FRAUD WARNINGS.

I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that I may be inspected by the Insurance Company at any time.

Applicant/Print Name: _____ Title: _____

Signature: _____ Date: _____

Name and Address of Producing Agency: _____

Signature of Producing Agent: _____ License #: _____ Date: _____