

900 Route 9 North, Suite 503, Woodbridge, NJ 07095
 Website: www.NIPGroup.com

Toll-free Phone: (800) 446-7647
 Fax: (732) 791-4097

GrowPro® Package Supplemental Questionnaire

INELIGIBLE EXPOSURES: Livestock on premises. The selling or growing of fruits and vegetables (transplants are acceptable, must be sold directly to growers)

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? (If yes, Crane supplemental must be completed)	o Yes o No
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 <i>Refrigerated Trailers</i> ?	o Yes o No
If you <i>OWN</i> 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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Retail Garden Center

PAYROLL

RECEIPTS

	\$	\$
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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? <input type="radio"/> Yes <input type="radio"/> No	If yes, Do you have a backup generator? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No If yes, please list all activities:
Do you serve food? <input type="radio"/> Yes <input type="radio"/> No If yes, describe and provide Receipts:
Is there public access to your property? <input type="radio"/> Yes <input type="radio"/> No
Do you sell cut-your-own Christmas trees? <input type="radio"/> Yes <input type="radio"/> No

Additional - Greenhouse Operations Questions:

Number of growing cycles per year? # _____	
Maximum market value of crop during peak season? \$ _____, Is coverage desired? <input type="radio"/> Yes <input type="radio"/> 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 <i>or</i> automatic? (Circle one) Fuel type? _____	<input type="radio"/> Yes <input type="radio"/> No
If you have a MANUAL start up - Who is responsible to start the generator up? Does the individual(s) live on premises? <input type="radio"/> Yes <input type="radio"/> No Do you have a Call List? <input type="radio"/> Yes <input type="radio"/> No	
Do you have a temperature control alarm system to warn of changes in temperature within the greenhouse?	<input type="radio"/> Yes <input type="radio"/> No
Do you or another responsible party live on or adjacent to the premises?	<input type="radio"/> Yes <input type="radio"/> No
Are the greenhouses heated to at least 50 degrees (F) at all times?	<input type="radio"/> Yes <input type="radio"/> 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? _____	<input type="radio"/> Yes <input type="radio"/> No
Is shade cloth or energy curtain at least two feet from sources of ignition?	<input type="radio"/> Yes <input type="radio"/> No
Are chemicals properly labeled and stored in a locked room or cabinet?	<input type="radio"/> Yes <input type="radio"/> No
Do potting machines, transplanting machines, and other hazardous greenhouse equipment have proper guards or shields in place?	<input type="radio"/> Yes <input type="radio"/> No
Are boilers inspected annually by a licensed inspector?	<input type="radio"/> Yes <input type="radio"/> No
Are fire extinguishers mounted and clearly labeled in key areas throughout the greenhouse facility?	<input type="radio"/> Yes <input type="radio"/> No
Do you use cold frames? If yes, how many? _____	<input type="radio"/> Yes <input type="radio"/> 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: _____

Greenhouse Supplemental Questionnaire

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

Please complete this section for each Greenhouse location (use additional sheets if needed):					
Underwriting Information <i>(SEE PAGE 4 FOR STYLE AND CLADDING TYPES)</i>	Greenhouse# _____ List Address:	Greenhouse# _____ List Address:	Greenhouse# _____ List Address:	Greenhouse# _____ List Address:	Greenhouse# _____ List Address:
Indicate if to be included in quote	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> 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?					




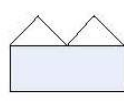

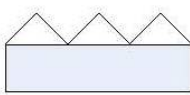



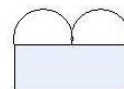

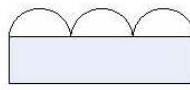



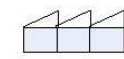




*****PLEASE PROVIDE A PROPERTY DIAGRAM USING PAGE 4 AS A GUIDE*****

Insured Signature _____
Title: _____

Print Name _____
Date _____

Greenhouse Supplemental Questionnaire (cont.)

Style Type Below

	STD		-Standard Gable Type Greenhouse (STD)
	2STD		-2 Roof "D" Type Greenhouse (2D)
	3STD		-3 Roof "D" Type Greenhouse (3D)
	QT		-Barrel Vault Type or Quonset Type Greenhouse (BV, QT)
	BV		- Roof "BV" Type Greenhouse (BV, QT)
	3BV		-3 Roof "BV" Type Greenhouse (3BV)
	LT		-Lean-To (LT)
	SAW		-Sawtooth or Mono-Sloped Type Greenhouse (SAW)
	STD		-Flat Type Greenhouse with Lathe Roof (FLAT, LATHE)
	STD		-Flat Type Greenhouse with Open-Sided

Cladding Type (Roof)

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