Mid America Specialty Markets
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Christmas Tree Sales Questionnaire
(Attach to an Acord Application)

Policy Number:

Applicant's name_____

Address _____
Street City State Zip

Applicant's website address_____ Contact's email address _____

1) Number of sales locations

List address of each location and note if owned or leased. List additional locations on back.

Loc 1 _____ ☐Owned / ☐Leased

Loc 2 _____ ☐Owned / ☐Leased

2) Are any of the locations a nursery or tree farm? ☐Yes ☐No

3) If yes, what is the total acreage owned or leased? _____

4) Are customers allowed to cut or trim trees? ☐Yes ☐No

If yes, tools provided to cut trees: ☐Hand saws ☐Power Saws ☐Hatchet or Axe
☐Other _____

5) Does the applicant load trees on/in customer vehicles? ☐Yes ☐No

6) Other activities:

a. Hay rides ☐Yes ☐No
If yes, describe _____

b. Sleigh Rides ☐Yes ☐No
If yes, describe _____

c. Amusement Devices ☐Yes ☐No
If yes, describe _____

d. Food Sales ☐Yes ☐No
If yes, describe _____

e. Check if applicable: ☐Petting Zoo ☐Craft Show
☐Sledding/Tubing Hill ☐Ice Skating
☐Skiing ☐Other: _____

7) What are anticipated gross sales? _____

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