



INSURED'S NAME	POLICY #	AGENT #
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I. ROADSIDE STANDS FL 706 44 (ATTACH PHOTO OF THE ROADSIDE STAND)

Annual receipts from roadside stand sales _____

Is roadside stand located on a described premise? Yes No

If off premises, where is it located? _____

Give number of months roadside stand is open _____

Is the insured a member of a farm trail organization? Yes No

If yes, which one? _____

List products sold _____

Describe all products sold that are grown by others _____

Any unusual liability exposures present around roadside stand?
(i.e. pot holes, steps without hand rails, inadequate parking area, etc.)? Yes No

II. BEEKEEPING FL 706 48

Location numbers _____

How many active hives does the insured maintain? _____

Gross receipts this year _____ Last year _____

What is the furthest location the bees are transported? _____

Are trucks used to transport bees insured with **Nationwide**? Yes No

If yes, please supply policy number _____

Number of miles? _____ Number of trips per year? _____

Transported by whom? _____

Average number of hives transported at any one time _____

Are bees taken out of state? Yes No

If yes, by whom? _____

Are any bees owned by others transported by insured? Yes No

Are the bees used for honey production? Yes No Pollination? Yes No Both? Yes No

Does the insured sell bee pollen? Yes No Receipts _____

Is there any honey extraction? Yes No

If yes, is honey sold: Retail Wholesale?

Are there any roadside stands to sell honey? Yes No

If yes, please give location and diagram number _____

Gross receipts from roadside stand _____

III. FIREWOOD SALES FL 706 45

Annual receipts from firewood sales _____

Does the insured have a sales lot off the farm premises? Yes No

Does the insured deliver firewood? Yes No
If yes, specify which vehicles are used, the frequency of deliveries, and delivery radius in miles _____

Is the public (customers) allowed on premises? Yes No

Is the public allowed to cut their own firewood? Yes No

IV. CHRISTMAS TREE SALES FL 706 46

Annual receipts from u-cut Christmas trees & related sales _____

Total acres planted in Christmas trees _____

Does the insured have a sales lot off the farm premises? Yes No

Is the public (customers) allowed to cut their own Christmas trees? Yes No
If yes, what size and type of saw is used? _____

Does the insured flock or paint any Christmas trees on premises? Yes No

Does the insured serve or offer for sale food/beverages? Yes No
If yes, describe _____

Does the insured sell accessories or gifts? Yes No
If yes, describe _____

V. FARMERS' MARKET SALES FL 706 47 (ATTACH PHOTO OF THE FARMERS' MARKET)

Annual receipts from farmers' market sales _____

List products sold _____

Does the insured sell any processed goods or products of others? Yes No
If yes, what is sold? _____

Which farmers' market association is the insured a member of? _____

Provide a copy of the certificates from the Department of Agriculture and the Department of Health certifying the farmers' market association.

VI. ORCHARD/ROW CROP U-PICK OPERATIONS FL 706 28 / FL 706 29

Annual receipts from u-pick operation _____

List products sold _____

Does the insured require a hold harmless agreement be signed by customers? Yes No

Are ladders used in the operation? Yes No
If yes, what type of ladders are used and length? _____
If no, how is the produce picked? _____