



# Social Services - Botanical Garden Supplemental Application

## BOTANICAL GARDEN/HORTICULTURAL SOCIETY

Name of applicant: \_\_\_\_\_

- 1. Does the organization operate as a wildlife habitat?  Yes  No
- 2. Does the organization conduct boat tours or operate as an aquarium?  Yes  No
- 3. Does the organization provide food and gift shop services for visitors?  Yes  No  
If "yes," please advise receipts: \_\_\_\_\_
- 4. Does the organization permit camping or hunting on its premises?  Yes  No
- 5. Does the organization have research laboratory operations or any products developed from such operations?  Yes  No
- 6. Does the organization get involved with natural disaster area restoration, construction, land renovation, water and/or soil testing or logging and mining operations?  Yes  No
- 7. Has the organization ever been cited for violating EPA standards?  Yes  No
- 8. Does the organization have written policies and procedures in place for safe storage of chemicals, herbicides and pesticides?  Yes  No
- 9. Does the organization have in excess of 1,000 members?  Yes  No

This Supplemental Application is incorporated into and is deemed a part of the other Application(s) submitted in connection with the requested insurance. Any and all notices and representations included in other such Application(s) are incorporated by reference in this Supplemental Application as though fully set forth herein.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal, Officer or Partner

Print name: \_\_\_\_\_