



AGRICULTURAL CONSULTANTS SUPPLEMENTAL QUESTIONNAIRE

Applicant Name _____ Effective Date _____

Agency Name _____ Agency # _____

• Please attach to an ACORD Application

1. Website Address (if applicable): _____

2. What types of consulting services are performed?

Crop Consulting Receipts \$ _____

Seed: Description _____

Fertilizer or Agricultural Chemicals: Description _____

Crop Rotation Planning: Description _____

Soil Services Consulting Receipts \$ _____

Nutrient Management: Description _____

Irrigation Systems or Methods: Description _____

Farm Management Consulting Receipts \$ _____

Livestock Feed: Description _____

Manure Management: Description _____

Other: Description _____

3. Please select a limit and deductible for the following optional consulting coverage categories.

Crop Consulting Coverage Limit Options

- No thanks
- \$100,000 occurrence / \$100,000 aggregate
- \$300,000 occurrence / \$300,000 aggregate
- \$500,000 occurrence / \$500,000 aggregate
- \$1,000,000 occurrence / \$1,000,000 aggregate

Deductible Options (select one)

- \$500 \$1,000

Soil Services Consulting Coverage Limit Options

- No thanks
- \$100,000 occurrence / \$100,000 aggregate
- \$300,000 occurrence / \$300,000 aggregate
- \$500,000 occurrence / \$500,000 aggregate
- \$1,000,000 occurrence / \$1,000,000 aggregate

Deductible Options (select one)

- \$500 \$1,000

Farm Management Consulting Coverage Limit Options

- No thanks
- \$100,000 occurrence / \$100,000 aggregate
- \$300,000 occurrence / \$300,000 aggregate
- \$500,000 occurrence / \$500,000 aggregate
- \$1,000,000 occurrence / \$1,000,000 aggregate

Deductible Options (select one)

- \$500 \$1,000

4. Is written documentation of all advice and recommendations provided to a client maintained? Yes No

5. Do all consultants have a college degree or other extensive training or experience in their subject area? Yes No

Please provide qualifications of the consultants on staff: _____

6. Have there been any claims for damages resulting from any advice or recommendations provided by you over the last 5 years? Yes No

If yes, please provide details: _____

7. What is the radius of operations? _____

What states do you operate in? _____

8. Are certificates of liability coverage obtained for all outside specialists brought in? Yes No

9. Does the insured conduct any seminars or other training or other informational sessions other than one-on-one consultation with clients? Yes No

If yes, please explain: _____

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify Ag Brokerage Solutions of such change. I understand that completion of this questionnaire does not compel the company to provide coverage.

Applicant's Signature

Date

Agent's Signature

Date