

SEED MERCHANTS SUPPLEMENTAL QUESTIONNAIRE

Applicant NameAgency Name			Effective Date		
			Agency #		
•	Please attach t	o an ACORD Application			
1.	Please select one of the following coverage forms to apply if coverage is desired:				
	☐ CG 2419 SEED MERCHANTS – COVERAGE FOR ERRONEOUS DELIVERY OR MIXTURE (RESULTING FAILURE OF SEED TO GERMINATE NOT INCLUDED)				
	☐ AGL 0405 SEED MERCHANTS – FAILURE OF SEED TO GERMINATE (AGL 0450 is a separate coverage form that includes coverage outlined in CG 2419)				
	If AGL 0405 is selected; please choose the coverage limit:				
	Coverage Limit Options (deductible will apply)				
	 \$100,000 occurrence / \$100,000 aggregate \$300,000 occurrence / \$300,000 aggregate \$500,000 occurrence / \$500,000 aggregate 				
2.	What is the rad	lius of seed sales?	_		
3.	Does the applic	cant genetically alter seeds held for sale?		☐ Yes	☐ No
4.	Does the applic	cant clean or process seed?		☐ Yes	☐ No
5.	If seed processing operations are conducted, what dust control measures are in place?				
	Does the applic	cant grow any crops for producing seeds? seeds are sold?		☐ Yes	□ No
8.	What is the est	imated value of production per acre of seed sold? \$			
9.	Have there been If Yes, please of	en any claims in the past 5 years for error in delivery or mixture explain:	?	☐ Yes	☐ No
10.	. Is the applicant	a trained agronomist?		☐ Yes	□No
11.	. Does the applic	cant give any written advice about seed selection and/or chemi	cals to be applied?	☐ Yes	☐ No
	If Yes, please of	complete ACQ 0001 Agricultural Consultants Supplemental Qu	estionnaire.		
or qu no	misrepresented estionnaire cha tify Ag Brokera	have provided is true and accurate to the best of my know any material fact or information. I understand that if the inges between the date of the questionnaire and the incept ge Solutions of such change. I understand that completion any to provide coverage.	nformation supplied ion date of the police	d on this cy period,	l will
	Applicant's Sig	nature	Date		
Agent's Signature		Date			