

Specialty Agribusiness – Farm Management Services Survey Supplemental Application

	Crop Serviced	Number of Acr	es Crops Ser	viced	Number of A	Acres			
	Do your operations invand/or products grown ☐Yes ☐No	n in a Nursery op	eration?	ny orchard	ds, vineyards	s, tree-			
 Has the applicant had their General Liability or Professional Liability insuranc or non-renewed within the past three years? □Yes □No □Not Applicable 						used, c			
If yes, explain why:									
List the states where you do business:									
	List the states where y			. What is the farthest distance traveled to a jobsite:					
		stance traveled to	o a jobsite:						
			•	ate of birth	of anyone o	peratin			



7.	Total sales for past fiscal year	ar?						
8.	Provide three years of loss runs or a letter of "no known or reported losses" for the past three years. Attached: \Box							
9.	Have you incurred a single claim or loss greater than \$25,000 OR more than 3 individual claim losses over the last three policy periods? \Box Yes \Box No							
10.	D. Provide details of any prior loss greater than \$25,000. □Not applicable							
11.	Do you control, own or mana ☐ Yes ☐ No	age ar	ny other bu	ısin	ess, corpora	ation,	or company not listed?	
	If yes, please ex	(plain	the relatio	nsh	ip and list pe	ercen	tage ownership held.	
	Name of Company		Ownership Percentage		Separately Insured?		Insurance Carrier	
12.	Do you require all applicator	s to be	e certified	app	licators? □	Yes	□No	
	If yes, please provide a list of expiration dates:	of all a	pplicators,	the	eir applicator	· licer	nse numbers, and license)
	Applicator Name	Licer		icer	ense Number		Expiration Date	
		Otal						
13.	13. If performing ag consulting services, please list all certifications/qualifications each employee has earned regarding scouting fields and making recommendations (CCA, PCA, state certs, etc.)?							
	Certificate Holder Name	ificate Holder Name Certificates						



14.	 Does the applicant use independent contractors and/or subcontractors for the services described above? ☐Yes ☐No 					
	If yes, list service and percentage of time used.					
		5	Service	Subcontracted	Percentage of Operations	
15.	•		-	ubcontractor's policy a □Not Applicable	as an additional insured?	
16.				oyees to follow all sta □Not Applicable	te laws pertaining to slow moving ve	hicles?
17.				ent have overhead fla □Not Applicable	ashing lights?	
18.				nd lock all cabs of eve □Not Applicable	ry piece of machinery?	
19.	machinery	oper	ator?	mum of working fire e. □Not Applicable	xtinguishers inside the cab and withi	in reach of the
20.				oy individuals 25 year □Not Applicable	s of age or younger?	
21.	calibrate r	nachir	nery?	ocedures in place requ	uiring employees to follow to maintai	n, clean, and
22.			oment m □No	naintenance schedule □Not Applicable	follow manufacturer guidelines?	
23.				personal protective ed □Not Applicable	quipment?	
24.				afety plan that emplo □Not Applicable	yees are trained to perform?	
25.				o work more than 70 l □Not Applicable	hours per week?	
26.				g and alcohol testing p □Not Applicable	performed for all employees?	
27.				olve performing work t ☐Not Applicable	o support marijuana crops?	



28.	Do you perform any of the following: ☐ Aerial Application ☐ Application of Methyl Bromide ☐ Use of unmanned/drone applications
29.	When applicable, do you require permits pulled from the local county, or required by a local authority, prior to spray applications? ☐Yes ☐No ☐Not Applicable
30.	Do you require all applicators to measure and document windspeeds prior to any application services being performed? □Yes □No
	If yes, do you require measurement to be recorded within an hour prior to application? $\Box {\sf Yes} \Box {\sf No}$
31.	Do you empower any applicator to refuse service if weather conditions are not suitable to spraying conditions? □Yes □No
32.	Is it your standard practice to require all applicators to review and follow all labels according to manufacturer's specifications prior to and during all application services? \Box Yes \Box No
33.	Do you require all applicators to review the sensitive crop registry prior to any application? $\Box Yes \Box No$
34.	Do your employees operate farm equipment over public roads? □Yes □No □Not Applicable
	a. If yes, what is the average distance traveled between job sites:
35.	Does your operation utilize current precision software and equipment such as satellite imagery and GPS bounded fields to identify fields contracted to serviced? □Yes □No □Not Applicable
36.	Do you test/qualify liquid storage tanks according to API 653? ☐Yes ☐No ☐Not Applicable
37.	Do you utilize ammonium nitrate in your operations? □Yes □No □Not Applicable
38.	Do you incentivize employees by number of acres or other standards as part of your compensation? □Yes □No □Not Applicable
39.	Do you have a standard practice to moisture test baled hay during baling operations? ☐Yes ☐No ☐Not Applicable
40.	Is your standard practice to power off equipment when transferring fuel from portable tanks to machinery in the field? □Yes □No □Not Applicable



41. Is machinery cleaned before beginning work for a new customer to remove both weed seed and combustible materials?						
☐Yes ☐No ☐Not Applicable						
42. Are non-employee passengers allowed to ride inside machinery? □Yes □No □Not Applicable						
43. Are all power take offs (PTOs) property guarded? □Yes □No □Not Applicable						
44. Are all factory-installed safety devices in working order and not removed? □Yes □No □Not Applicable						
45. Are chemicals properly labeled and stored in a locked warehouse accessible only by authorized individuals and located at least 100 feet from a water well? □Yes □No □Not Applicable						
46. Do you manage restricted-use pesticides? □Yes □No □Not Applicable						
If yes, are they applied by a certified applicator? ☐Yes ☐No						
47. Do your bulk storage tanks follow government regulations? □Yes □No □Not Applicable						
48. Do you utilize migrant or seasonal agricultural (H2A) workers? □Yes □No □Not Applicable						
If yes: a. Is there a written contract between you and the PEO carrying the Workers Compensation Insurance? □Yes □No						
b. Do you request a Certificate of Workers Compensation Coverage? □Yes □Noc. Is a written Pay Agreement in place between you and the PEO? □Yes □No						
49. Do you operate as a PEO or farm labor contractor who supplies workers for other businesses? □Yes □No □Not Applicable						
50. Do you operate or manage agritainment activities including Pick-Your-Own for general public? □Yes □No □Not Applicable						
51. Do you process fruits, vegetables or other items harvested from production agriculture operations?						
☐Yes ☐No ☐Not Applicable						



NOTICE AND ACKNOWLEDGMENT - PLEASE READ CAREFULLY

The undersigned is an authorized representative of the Applicant and hereby acknowledges that the information provided herein is accurate and true. The undersigned understands that the information provided herein is material to the Insurer in determining whether to issue a policy to the Applicant. The undersigned further understands that if such information is incomplete, concealed, or false, then the insurer may in its sole discretion and in accordance with any applicable state laws be permitted to modify or rescind the policy, declare the policy void from its inception, and/or exclude any claim arising from or relating to the incomplete, concealed, or false information.

Applicant Signature	Date
Name & Title	-
Agency	Agency Signature

^{*}Please submit with Acord 125 & Acord 130