

AGRI-SERVICES APPLICATION

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|---|---|
| <input type="checkbox"/> AG ADVISORS (Incl. Chemical Applicator Advisors) | <input type="checkbox"/> HAY BAILING SERVICES |
| <input type="checkbox"/> AG CROP SPRAYING | <input type="checkbox"/> LANDSCAPE & GARDENERS |
| <input type="checkbox"/> FARM MANAGER | <input type="checkbox"/> PEST & WEED SPRAYERS |
| <input type="checkbox"/> FARM LABOR CONTRACTOR | <input type="checkbox"/> TREE TRIM & PRUNING SERVICES |
| <input type="checkbox"/> FARM MACHINERY OPERATORS | |

REQUESTED EFFECTIVE DATE
1. Effective Date Requested: _____

A. PROPOSED APPLICANT

1. a. Name of Applicant *: _____
(* Attach list of all entities seeking coverage if more than one entity applies)
- b. Mailing Address: _____
- c. Location where equipment is Stored: _____
2. Business Phone: _____ Business Web Site Address: _____
3. a. Date Established: _____
- b. Type of Company: Individual Corporation Partnership
 Other: _____
4. Attach a list the names of all predecessor firms of Applicant. (Name only those firms where the Applicant is a successor to the former firm's assets and liabilities.)
5. a. Is the Applicant controlled, owned or managed by another firm, corporation or company? Yes * No
* **If yes**, please explain relationship and list percentage ownership held: _____%
- b. Does the Applicant control, own or manage any other firm, corporation or company? Yes * No
* **If yes**, please explain relationship and list percentage ownership held: _____%

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B. SERVICE ACTIVITIES AND SPECIALTY

1. a. Describe in detail the services performed by the Applicant for which coverage is desired:

b. Services are provided: Local State-Wide Multi-State Other: _____

2. Are services provided to any firm, corporation or company (including any client) in which the Applicant retains a managing or ownership interest? Yes * No

* **If yes**, explain: _____

3. a. Does the Applicant use independent contractors and/or sub-contractors for services described in Question 1 above? Yes * No

* **If yes**, list services and percentage of time used. _____ %

b. Are certificates of liability insurance with at least \$1,000,000 limit of coverage required from independent contractors and sub contractors? Yes No *

* **If no**, explain: _____

4. a. **Total GROSS RECEIPTS** for Next Fiscal Year \$ _____

c. **Total PAYROLL** for Next Fiscal Year \$ _____

5. For **Current Year Gross Receipts**, give the approximate percentage derived from all professional services listed in question 1 above.

ACTIVITY	% OF RECIEPTS
a. Agricultural Ground Crop Spraying	_____ %
i. License Number: _____	
ii. Does the applicant manufacture or sell any chemicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
iii. Does the applicant have reflectors on all spray equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
iv. What is the percentage of fertilizer spreading? _____ %	
b. Agricultural Advising & Consulting	_____ %
c. Pest, Weed & Turf Spraying	_____ %
i. Percentage of residential spraying: _____ %	
d. Farm Management	_____ %
e. Farm Labor Contractors	_____ %
i. Percentage of Pruning: _____ %	
ii. Percentage of grafting: _____ %	
iii. Percentage of Irrigation work: _____ %	

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- iv. FLC License: _____
- v. Does the applicant provide housing? Yes No
- vi. Does the applicant provide transportation? Yes No
1. If so, please provide a copy of the auto policy.
- f. Farm Machinery Operation by Contractors (custom farming) _____%
- g. Hay Baling _____%
- i. Is there any hay tarping?
- h. Landscape Services _____%
- i. Arborist Services _____%
- i. Percentage of work done over 50ft: _____%
- ii. Are any cranes or lifts used? Yes No
- j. Other, List: _____ %
- TOTAL** 100 %

C. PRIOR INSURANCE

1. Has the Applicant ever had any General Liability (GL) or Professional Liability (PL) insurance refused, cancelled or non-renewed within the past three (3) years Yes * No
- * **If yes**, explain why: _____
2. a. List all liability insurance carried for each of the past three (3) years. * None Applies
- * **If none**, state reason for present insurance inquiry: _____

GENERAL LIABILITY (GL) &/OR PROFESSIONAL LIABILITY COVERAGE HISTORY

<u>Insurance Company</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>	<u>Policy Period\</u>
<input type="checkbox"/> GL and/or <input type="checkbox"/> PL	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/> GL and/or <input type="checkbox"/> PL	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/> GL and/or <input type="checkbox"/> PL	\$ _____	\$ _____	\$ _____	_____

- b. List Retro date on Applicant's current Professional Liability Policy (Claims Made): _____

D. CLAIMS EXPERIENCE

1. Have any claims or suits been made during the past five (5) years against the Applicant, its predecessors in business, any of the past or present partners, directors, officers, or employees of the Applicant? Yes * No
- * **If yes**, please give full details (or attach as needed): _____
2. Is the Applicant (after proper inquiry of each director, officer, partner or employee of the Applicant or any other proposed insured) aware of any fact, circumstance, situation, act, error or

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omission which may result in claim(s) being made against the Applicant, its predecessors in business or any of the present or past partners, officers, directors or employees?..... Yes * No

* **If yes,** please give full details (or attach as needed): _____

NOTICE TO APPLICANT – PLEASE READ CAREFULLY
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It is hereby understood and agrees that the information provided above is true and correct, as it is material to the Insurer in deciding whether to issue its policy to the Applicant. Further, if such information is false or incomplete, it may constitute a misrepresentation that will: (a) permit the Insure to modify the terms and conditions of the policy issued to the Applicant (including without limitation to excluding any claim arising from or relating to the false information or non-disclosure): or, (b) void the policy.

Must be signed and dated by owner, partner or senior officer.

(Applicant Signature)

(Date: Mo/Day/Yr)

(Print or Type Name & Title)