

# Specialty Agribusiness – Crop Sprayers

## Supplemental Application

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Name of Applicant:

1. Please list all crops you service and include the estimated number of acres for each.

| Crop Served | Number of Acres | Crops Served | Number of Acres |
|-------------|-----------------|--------------|-----------------|
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|             |                 |              |                 |
|             |                 |              |                 |
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2. Do your operations involve spraying services for any orchards, vineyards, tree-fruits, and/or products grown in a nursery operation? Yes No Not Applicable

3. Has the applicant had their General Liability or Professional Liability insurance refused, cancelled or non-renewed within the past three years? Yes No Not Applicable

If yes, explain why.

4. List the states where you do business:

5. What is the farthest distance traveled to jobsite:

6. Do you perform any of the following:

- Mosquito abatement work for any government agencies or municipalities
- Aerial Application
- Application of Methyl Bromide
- Use of unmanned/drone applications
- Any services provided to new home development projects.
- Any service provided to lumberyards.

7. Provide a full name of drivers, license number, state, and date of birth of anyone self-propelled mobile equipment:

| Driver Name | Driver License Number | State | Date of Birth |
|-------------|-----------------------|-------|---------------|
|             |                       |       |               |
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8. Total sales for past fiscal year?

9. Provide three years of loss runs or a letter of “no known or reported losses” for the past three years. Attached:

10. 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? Yes No

11. Provide details of any prior loss greater than \$25,000. Not applicable

12. Do you control, own, or manage any other business, corporation, or company?  
 Yes  No

If yes, please explain the relationship and list percentage ownership held.

| Name of Company | Ownership Percentage | Separately Insured? | Insurance Carrier |
|-----------------|----------------------|---------------------|-------------------|
|                 |                      |                     |                   |
|                 |                      |                     |                   |
|                 |                      |                     |                   |
|                 |                      |                     |                   |

13. Are all applicators required to be certified? Yes No

If yes, please provide a list of all applicators with their applicator license numbers; and license expiration date (s).

| Applicator Name | License State | License Number | Expiration Date |
|-----------------|---------------|----------------|-----------------|
|                 |               |                |                 |
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14. If performing ag consulting services, please list all certifications/qualifications each employee has earned regarding scouting fields and making recommendations (CCA, PCA, state certifications, etc.)?

| Applicator Name | Certificates |
|-----------------|--------------|
|                 |              |
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15. 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.

| Service Subcontracted | Percentage of Operations |
|-----------------------|--------------------------|
|                       |                          |
|                       |                          |
|                       |                          |

16. Are certificates of liability insurance required from independent contractors and subcontractors?  
Yes No

If yes, what limit of insurance are you requiring:

17. Are you listed on any subcontractor's policy as an additional insured?  
Yes No Not Applicable

18. Do you require all employees to follow all state laws pertaining to slow moving vehicles?  
Yes No Not Applicable

19. Does all mobile equipment have overhead flashing lights?  
Yes No Not Applicable

20. Do you remove keys and lock all cabs of every piece of machinery?  
Yes No Not Applicable
21. Is machinery operated by individuals 25 years of age or younger?  
Yes No Not Applicable
22. Do you have written procedures in place requiring employees to follow to maintain, clean, and calibrate machinery?  
Yes No Not Applicable
23. Does your equipment maintenance schedule follow manufacturer guidelines?  
Yes No Not Applicable
24. Do you provide proper personal protective equipment?  
Yes No Not Applicable
25. Are operators allowed to work more than 70 hours per week?  
Yes No Not Applicable
26. Is pre-employment drug and alcohol testing performed for all employees?  
Yes No Not Applicable
27. Do your operations involve performing work to support marijuana crops?  
Yes No Not Applicable
28. 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?  
Yes No
29. Do you empower any applicator to refuse service if weather conditions are not suitable to spraying conditions?  
Yes No
30. 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?  
Yes No
31. Do you require all applicators to review the sensitive crop registry prior to any application?  
Yes No
32. When applicable, do you require permits to be obtained from the local county, or required by a local authority, prior to spray applications being made?  
Yes No Not Applicable
33. Do you operate your spray equipment over public roads.  
Yes No Not Applicable

If yes, what is the average distance traveled between job sites:

34. Does your operation utilize current precision software and equipment such as satellite imagery and GPS bounded fields to identify fields contracted to be sprayed?  
 Yes  No  Not Applicable
35. Do you test/qualify liquid storage tanks according to API 653?  
 Yes  No  Not Applicable
36. Do you utilize ammonium nitrate in your operations?  
 Yes  No  Not Applicable
37. Do you incentivize employees by number of acres or other standards as part of your compensation?  
 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 and any additional supporting information.*