

## Specialty Agribusiness – Custom Harvesters

### Supplemental Application

---

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

2. Do your operations involve custom harvesting 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 a jobsite:

6. Please provide the number of units for the following equipment:

Combines:  Tractors:  Headers:

Wagons:  Other:

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

Driver Name	Driver License Number	State	Date of Birth

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. 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.)?

Certificate 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 use:

Service Subcontracted	Percentage of Operations

15. Are certificates of liability insurance required from independent contractors and subcontractors?  
 Yes  No  Not Applicable

If yes, what limit of insurance are you requiring:

16. Have you been added to any subcontractor's policy as an additional insured?  
 Yes  No  Not Applicable
17. Is it a requirement that all operators follow all state laws pertaining to slow moving vehicles?  
 Yes  No  Not Applicable
18. Does all mobile equipment have overhead flashing lights?  
 Yes  No  Not Applicable
19. Do you remove keys and lock all cabs of every piece of machinery?  
 Yes  No  Not Applicable
20. Do you maintain a minimum of working fire extinguishers inside the cab and within reach of the machinery operator?  
 Yes  No  Not Applicable
21. Do you have written procedures in place requiring employees to follow to maintain, clean, and calibrate machinery?  
 Yes  No  Not Applicable

22. Does your equipment maintenance schedule follow manufacturer guidelines?  
Yes No Not Applicable

23. Do you provide proper personal protective equipment?  
Yes No Not Applicable

24. Is machinery operated by individuals 25 years of age or younger?  
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 operate harvesting equipment over public roads?  
Yes No Not Applicable

If yes, please what is the average distance traveled?

29. Does your operation utilize current precision software and equipment such as satellite imagery and GPS bounded fields to identify fields contracted to harvest?  
Yes No Not Applicable

30. Do you have a standard practice to moisture test baled hay during baling operations?  
Yes No Not Applicable

31. Is your common practice to power off equipment when transferring fuel from portable tanks to machinery in the field?  
Yes No Not Applicable

32. Is machinery cleaned before beginning work for a new customer to remove both weed seed and combustible materials?  
Yes No Not Applicable

33. Do you provide recreational vehicles (RV) or campers for the employees to live in while working away from home?  
Yes No Not Applicable

If yes, are the temporary living quarters equipped with smoke detectors?  
Yes No

34. Are non-employee passengers allowed to ride inside machinery?  
Yes No Not Applicable

35. Are all power take offs (PTOs) property guarded?  
Yes No Not Applicable

36. Are all factory-installed safety devices in working order and not removed?  
Yes No Not Applicable

37. 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 out the Workers Compensation Insurance?

Yes     No

b. Do you request a Certificate of Workers Compensation Coverage?

Yes     No

c. Is a written Pay Agreement in place between you and the PEO?

Yes     No

#### 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*

