

# Specialty Agribusiness – Farm Management Services Survey

## 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

2. Do your operations involve farm management 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. Provide a full name of drivers, license number, state, and date of birth of anyone operating mobile equipment:

Driver Name	Driver License Number	State	Date of Birth

7. Total sales for past fiscal year?
8. Provide three years of loss runs or a letter of “no known or reported losses” for the past three years. Attached:
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?  Yes  No
10. Provide details of any prior loss greater than \$25,000.  Not applicable

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11. Do you control, own or manage any other business, corporation, or company not listed?  
 Yes  No

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

Name of Company	Ownership Percentage	Separately Insured?	Insurance Carrier

12. Do you require all applicators to be certified applicators?  Yes  No

If yes, please provide a list of all applicators, their applicator license numbers, and license expiration dates:

Applicator Name	License State	License Number	Expiration Date

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	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.

Service Subcontracted	Percentage of Operations

15. Are you listed on any subcontractor's policy as an additional insured?

Yes No Not Applicable

16. Do you require all employees to follow all state laws pertaining to slow moving vehicles?

Yes No Not Applicable

17. Does all mobile equipment have overhead flashing lights?

Yes No Not Applicable

18. Do you remove keys and lock all cabs of every piece of machinery?

Yes No Not Applicable

19. Do you maintain a minimum of working fire extinguishers inside the cab and within reach of the machinery operator?

Yes No Not Applicable

20. Is machinery operated by individuals 25 years of age or younger?

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. Do you have a written safety plan that employees are trained to perform?

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 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?
- Yes  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?
- Yes  No
33. Do you require all applicators to review the sensitive crop registry prior to any application?
- Yes  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 No

c. 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.

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Applicant Signature

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Date

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Name & Title

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Agency

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Agency  
Signature

*\*Please submit with Acord 125 & Acord 130*