



Agriculture & Farming – Supplemental Application

Named Insured: _____ Web Address: _____

Insured's FEIN: _____

Contact Name and Phone Number

Inspections: _____

Premium Audit: _____

Claims: _____

Prior Payroll and Premium Information

Total Annual	Payroll Premium \$
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Current Year: _____

Prior Year: _____

Prior Year: _____

Prior Year: _____

Prior Year: _____

Operations and Benefits

Broker controlled account? Yes No

Please provide a detailed description of the operation: _____

Years in business: _____ Hours of operation: _____ to _____

Is there a driving/delivery exposure? Yes No If yes, what is frequency: Daily Weekly Other: _____

Radius of operations/travel: <50 miles 50-100 miles 100+ miles

Any group transportation of employees? Yes No If yes, how provided? Car Truck Van Bus

Is a PUC/DMV filing required? PUC DMV N/A Are vehicles company owned? Yes No

Number of employees transported per vehicle: _____

Any day laborers or temporary/employee leasing? Yes No If yes, please provide details on separate page.

How are employees paid? Hourly Piece rate Commission Salary Other: _____

% of union employees _____ % of non-union _____ If union, exp. date of contract: _____

Paid sick leave? Yes No Paid vacation? Yes No



Actual average hourly wage for employees in governing class \$ _____/hour

Group medical provided? Yes No If yes, name of health care provider: _____

% of employees enrolled: _____ % paid by employer: _____

Has the ownership of the applicable entity changed within the past 5 years? Yes No

If yes, please provide details: _____

Hiring Practices – Employee Selection – Claims

Written application? Yes No Pre-hire drug testing? Yes No

Reference checks? Yes No Post accident drug testing? Yes No

Pre-/post-employment physicals? Yes No MVR checks? Yes No

Orthopedic back testing? Yes No Audio hearing tests? Yes No

Formal job descriptions on file? Yes No Criminal background checks? Yes No

Are personnel files documented for pre-existing injuries? Yes No Do you have a formal written accident report? Yes No

Are there set procedures for reporting claims? Yes No Is job specific training provided? Yes No

Any interchange of labor? Yes No If yes, please explain: Another business Subsidiary Between departments

Other: _____

Subcontractors used? Yes No If yes, for what purpose? _____

If yes, are certificates of insurance obtained and kept on file? Yes No

Independent contractors used? Yes No If yes, for what purpose? _____

If yes, how are they paid? 1099s Other – Please explain: _____

Safety Program and Organization – Work Premises and Environment

Are owners active in daily operations? Yes No If yes, are they excluded from coverage? Yes No

Active injury & illness prevention program? Yes No

Have loss control services been performed in the last year? Yes No

Active safety incentive program? Yes No If yes, does it encompass all employees? Yes No

What type of incentive? _____

Has Cal/OSHA visited or cited your business in the last year? Yes No If yes, please provide explanation on separate page.

Are safety meetings conducted? Yes No

Do employees receive safety training/orientation? Yes No If yes, how often? Daily Weekly Monthly Quarterly





If yes, is the training: Formal / Documented Informal Other: _____

Do you have a safety director or risk manager? Yes No Name and title: _____

If yes, is the position full time or an additional responsibility of another employee? _____

MSDS (Material Safety Data Sheets) available for all chemicals and products used? Yes No N/A

Any material handling exposures? Yes No If yes, please explain: _____

Any lifting exposures? Yes No Forklift training provided? Yes No N/A

If yes: <25 lbs. 25-40 lbs. 40+ lbs. If yes, annual certification? Yes No

If 40+ lbs., manual lifting or with assistance? Please explain: _____

Is all machinery/equipment properly guarded? Yes No N/A Any use of baler equipment? Yes No

Condition of equipment? New Good Average Are all equipment operators trained/certified? Yes No N/A

Personal protection equipment provided? Yes No N/A

Written lock out / tag out / block out procedures in place? Yes No N/A

Respiratory program in place? Yes No N/A If yes, strict enforcement of utilization? Yes No

What is the maximum height at which you will work? _____ What types of PPE? _____

What is used? Ladder Scaffolding Scissor lifts N/A

If scaffolding used, does the insured build their own? Yes No

Is the building / premises Owned or Leased? # Of years at current location? _____

Condition of premises? Excellent Very good Average Age of building occupied? _____ year(s)

Agriculture - Farming

Is harvesting mechanized or manual? _____

Do you use contracted labor? Yes No If yes, % of use? _____

Is housing provided? Yes No If yes, # of employees housed: _____

Any seasonal workers used for operations? Yes No Does all farm machinery have safety guards intact? Yes No

If yes, provide details of when season begins and ends, # of seasonal employees hired, and if same employees used each season:

Are employees transported by any vehicles on or off the premises? Yes No If yes, please explain on separate page.

Any use of pesticides or fertilizers? Yes No Any crop dusting operations? Yes No

If yes, applications by: Employees? Outside Vendor? If yes, services provided by Employees? Outside Vendor?



Do any family members work in operation? Yes No

Any work off premises? Yes No

If yes, please explain on separate page.

Dairy Farms:

What is the size of dairy herd? _____

Number of bulls over 3 years old? _____

Does risk grow their own feed? Yes No

Does risk deliver any of their own milk products? Yes No

Is milking barn Flat? Elevated?

Protective Barriers? Yes No

Average number of milkings per day? _____

Do any employees conduct or complete work on sump pumps? Yes No

Are employees allowed to enter stem pipes around lagoon? Yes No

Are proper safety procedures in place for working near stem pipes, lagoons or sump pumps? Yes No

Any confined spaces exposures? Yes No

If yes, please provide details on separate page – include copy of written procedures and details of Confined Spaces Training.

Note: All information provided is subject to verification by way of an underwriting survey or inspection. We must be notified of any significant change in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation of information provided is inaccurate.

I Have Read And Understood All Of The Questions Asked And Have Provided All Information Required.

Signature of Applicant: _____ Date: _____

