

# Agriculture-Farming Supplemental Application



Insured: \_\_\_\_\_ FEIN: \_\_\_\_\_ Eff. Date: \_\_\_\_\_  
 Contact Name & Title: \_\_\_\_\_ Tel.#: \_\_\_\_\_ Fax.#: \_\_\_\_\_  
 Website Address: \_\_\_\_\_

Years in business: \_\_\_\_\_ #of Locations: \_\_\_\_\_  
 Description of operations: \_\_\_\_\_  
 Union:  Yes  No If yes, name of Union: \_\_\_\_\_  
 Current number of employees: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Seasonal \_\_\_\_\_ Volunteers \_\_\_\_\_  
 Percent of employee turnover in the last 12 Months: Full time \_\_\_\_\_ Part time \_\_\_\_\_  
 Employee staffing expectation over the next 12 months: Full time \_\_\_\_\_ Part time \_\_\_\_\_  
 Average hourly wage in Governing Class: Full time \$ \_\_\_\_\_ Part time \$ \_\_\_\_\_  
 Average hourly wage in Clerical Class: Full time \$ \_\_\_\_\_ Part time \$ \_\_\_\_\_  
 Average hourly wage in Sales Class: Full time \$ \_\_\_\_\_ Part time \$ \_\_\_\_\_  
 Has the insured ever been in bankruptcy?  Yes  No  
 If yes, Explain \_\_\_\_\_

Are ALL employees eligible Y/N; if no the who? \_\_\_\_\_  

	% paid by employer	% of participation
Group Health <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Paid sick leave <input type="checkbox"/> Yes <input type="checkbox"/> No	Vacation <input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement / Pension Plan <input type="checkbox"/> Yes <input type="checkbox"/> No

 Name of Healthcare provider: \_\_\_\_\_  
 Do you use specific: Clinic \_\_\_\_\_ Physician \_\_\_\_\_ Emergency room \_\_\_\_\_  
 Full time nurse maintained on staff?:  Yes  No  
 CPR training provided?:  Yes  No

Safety program / IIPP compliant with SB 198  Yes  No  
 Return to light duty plan  Yes  No  
 Return to full time modified work plan  Yes  No  
 Designated full time safety director  Yes  No Name: \_\_\_\_\_  
 Safety meetings held for all employees  Yes  No Frequency of meetings: \_\_\_\_\_  
 Safety training for all employees  Yes  No Incentive program for employees  Yes  No  
 Personal protective safety equipment provided  Yes  No  
 Supervisors are held accountable for injuries/accidents  Yes  No  
 Accident investigation program in place  Yes  No

Employment application <input type="checkbox"/> Yes <input type="checkbox"/> No	Drug/substance abuse <input type="checkbox"/> Yes <input type="checkbox"/> No
Reference checks <input type="checkbox"/> Yes <input type="checkbox"/> No	Audiometric Testing <input type="checkbox"/> Yes <input type="checkbox"/> No
Motor Vehicle Record Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Pre/Post employment physical <input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer labor used <input type="checkbox"/> Yes <input type="checkbox"/> No	Pathogenic test (i.e. lead) <input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary labor used <input type="checkbox"/> Yes <input type="checkbox"/> No	Orthopedic back test <input type="checkbox"/> Yes <input type="checkbox"/> No

# Agriculture-Framing Supplemental Application



Hours of operation: \_\_\_\_\_ to \_\_\_\_\_ Number of daily shifts: \_\_\_\_\_  
 Operation includes driving?  Yes  No Number of authorized drivers \_\_\_\_\_ No. of vehicles \_\_\_\_\_  
 Types of vehicles driven \_\_\_\_\_  
 Reason(s) for driving (delivery, sales calls, etc.)? \_\_\_\_\_  
 Frequency of driving: Daily  Weekly  Other  \_\_\_\_\_  
 Driving radius: < 50 miles  51-100 miles  101-250 miles  > 250 miles   
 Frequency of MVY checks \_\_\_\_\_ Participation in CHP Pull program  Yes  No  
 Driver acceptability standards have been established  Yes  No  
 Vehicles inspection / maintenance program  Yes  No Frequency \_\_\_\_\_  
 Vehicle maintenance performed is performed by employees  Yes  No  
 Employees take vehicles home  Yes  No

<b>Payroll</b>	<b>Current Year</b> _____	<b>Premium</b>	<b>Current Year</b> _____
	<b>1st Prior Year</b> _____		<b>1st Prior Year</b> _____
	<b>2nd Prior Year</b> _____		<b>2nd Prior Year</b> _____
	<b>3rd Prior Year</b> _____		<b>3rd Prior Year</b> _____

Any travel out of state?  Yes  No No.# of employees who travel: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

Is harvesting mechanized or manual?  
 Do you use contracted labor?  Yes  No Is housing provided?  Yes  No  
 If yes, % of use? \_\_\_\_\_ 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.

# Agriculture-Framing Supplemental Application



Does insured work within 2 miles of the following building or facilities:

- |   |  |
|---|--|
| Government or Military base:                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Financial Institutions including national/regional stock exchange | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sport Stadiums/ Arenas and Theme Parks                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Major Bridges, Tunnels or Dams                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Utilities or Power Generation Plants                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Transportation Hubs, Railroads, Airports or Shipping              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic/Symbolic buildings, monuments or parks                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### EXPOSURE INFORMATION – PREMISES – FIX LOCATION – EMPLOYEES

Total number of employee's: \_\_\_\_\_

State	Location #	Payroll	Total # of Employees	# of Shifts	Maximum # of Employees Per Shift	Type of Building (See List Below)	Year Built	# of Stories	Floors Occupied
		\$							
		\$							
		\$							
		\$							
		\$							
		\$							
		\$							
		\$							

If additional locations exist please include on a separate form.

Type of Building: (1.) Steel 3 stories or greater (2.) Frame 3 stories or less (3.) Concrete tilt up

- Has the Insured previously participated in a Medical Provider Network?  Yes  No
- Is the insured willing to participate in a Medical Provider Network?  Yes  No

Comments:

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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE