



ASA

Agri-Services Agency
Leaders in Agricultural Insurance

AGRI-SERVICES AGENCY GROUP

Vegetable/Grain Crops Supplemental Application

Company Name:			
Contact Name:			
Address:			
City:	State:	Zip:	FEIN#:
Phone #:	Cell Phone #:	Fax#:	
Website and/or Email Address:			

1. Does this farm involve an absentee owner? Yes No
 If yes, please give the name of the farm manager? _____
 How long has this person managed your operation? _____

2. Please provide a complete, detailed job description of all work performed, including the duties of the corporate officers and/or owners. _____

 (Attach an additional sheet if necessary)

3. What types of crops and/or produce and how many acres are you harvesting? _____

 (Attach an additional sheet if necessary)

4. Please indicate if you operate a retail or wholesale operation. Retail Wholesale

5. Do you employ migrant labor? Yes No
 If yes, do you participate in the H-2A program? Yes No
 If yes, what percentage of your employees is migrant labor during your peak season? _____%
 If yes, what percentage of your total payroll applies to the migrant labor? _____%

6. Do you hire your migrant laborers via a crew chief? Yes No
 If yes, do you hire via the same crew chief each year? Yes No
 For how many years? _____
 Does the crew chief provide safety training? Yes No
 (Please attach any and all documentation to describe)

7. Please describe the type of safety training you provide for seasonal and migrant workers. _____

 (Attach additional documentation to describe)

8. Are your employees instructed on proper manual lifting techniques? Yes No
 Please describe: _____

 What is the maximum weight employees lift? _____ lbs.
 What type of lifting aids do you provide to alleviate back strain when lifting? _____

9. Equipment:
 Who is responsible for maintenance of equipment? _____
 How many tractors do you have? _____
 How many tractors do you have on public roads have slow moving vehicle (SMV) mounted on them? _____
 How many of your tractors have ROPS & seatbelts? _____
 How many power take offs have shields? _____
 Do you have a "no rider" policy on tractors? Yes No
10. Do workers transport produce to stores or make deliveries to customers? Yes No
 If yes, what is the mileage radius? 0-50 _____ 51-100 _____ over 101 _____
 Are current motor vehicle reports (MVR) obtained on all drivers? Yes No
11. Are all ladders inspected and in good condition? Yes No
 What is the maximum height that employees will work from? _____
12. Do you require current certificates of insurance from all subcontractors, owner-operators, and/or independent contractors? Yes No

Requested date of coverage: _____

- A. Coverage will become effective at 12:01 a.m. on the date stated above, subject to approval of this application and receipt of the deposit premium in our office. Signing of this application warrants that all of the above questions have been completely answered and have not been willfully misrepresented in order to obtain insurance with the Agri-Services Safety Group.
- B. The premium quoted will be based upon the nature of the operations and the estimated payroll disclosed by the employer in this application. The employer shall furnish the Agri-Services Safety Group with proper notice of any change in the nature of its operations or its estimated payroll; such changes may result in an increase or a decrease in the premium due under this policy. The employer agrees to keep an accurate record of employees and payroll expenditures, and to report injuries and occupational diseases to the Safety Group immediately.

ALL INFORMATION SUPPLIED BY THE APPLICANT IS SUBJECT TO VERIFICATION

THE APPLICATION **MUST BE SIGNED** BY AN OWNER, A PARTNER, OR A CORPORATE OFFICER.

Signature: _____ Title: _____ Date: _____

Print Name of Signature: _____

AGENT SIGNATURE: _____