



Orchard – Vineyard or Harvest Contractor Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL APPLICATION (ACORD 125)
All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____
_____ Web Address _____
_____ Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact _____
Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____
Location #2 _____
Location #3 _____

GENERAL BUSINESS INFORMATION

1. List all States where you perform operations: _____
2. License Number: _____ Expiration Date: _____
3. Do you operate any other business entity or enterprise? Yes No
4. Do you operate under any other Name for the same operations? Yes No
5. Are you licensed by the State to apply herbicides or pesticides? Yes No

License Number: _____ Expiration Date: _____

6. Do you service the same client's year-to-year? Yes No

7. Indicate below which of the following operations you offer	PERFORMED BY YOU	SUBCONTRACTED TO OTHERS
<input type="checkbox"/> Application of herbicides or pesticides	%	%
<input type="checkbox"/> Application of fertilizers	%	%
<input type="checkbox"/> Crop management services other than the application of an herbicide or pesticide	%	%
<input type="checkbox"/> Crop management services including application of an herbicide or pesticide	%	%
<input type="checkbox"/> Harvesting of produce, fruits or other crops by hand or hand held pruning tools	%	%
<input type="checkbox"/> Harvesting of produce, fruits or other crops by mechanical methods or equipment	%	%
<input type="checkbox"/> Irrigation management	%	%
<input type="checkbox"/> Packing, Sorting or Shipping of produce, fruits or crops	%	%
<input type="checkbox"/> Pre or Post harvest soil management	%	%
<input type="checkbox"/> Tilling, planting or maintenance of fields	%	%
<input type="checkbox"/> Tree, shrub or woody vine grafting, pruning	%	%
<input type="checkbox"/> Tree girdling	%	%
<input type="checkbox"/> Other: _____	%	%

Provide complete details on a separate sheet if necessary

- | | | | |
|--------------------------------------|------------------|--------------|----------|
| | Current Estimate | 3 Year Prior | |
| 8. Total Annual Gross Sales: | \$ _____ | \$ _____ | \$ _____ |
| 9. Total Annual Payroll: | \$ _____ | \$ _____ | \$ _____ |
| 10. Total Annual Subcontracted Cost: | \$ _____ | \$ _____ | \$ _____ |
11. Do you carry a bond? Yes No
 Bond Number: _____
12. Have you ever been involved in any litigation regarding your work as a farm contractor? Yes No
 If yes, list the current status and describe the details of the litigation on separate sheet of paper.

BUSINESS OPERATIONS:

13. Do you maintain complete business operations and safety records according to State requirements? Yes No
14. Do you or your field supervisors conduct regular employee safety and/or training meetings? Yes No
15. Has any disciplinary action i.e., suspension or revocation of your license, ever been taken against you? Yes No
16. Do you carry Workers Compensation Insurance? Yes No
 If yes, provide carrier and policy number. _____
 Number of year's coverage has been carried? _____
 Agent Name: _____
17. Do you enlist the services of casual laborers who are not directly employed by you? Yes No
18. Do you or any of your employees provide transportation of workers to the jobsite? Yes No
19. Do you contract with another entity to transport people or products on your behalf? Yes No
 ▪ If yes, do you require them to provide you with Certificates of Insurance for Automobile Liability? Yes No
20. Do you maintain a Passenger Stage Corporation Certificate (PSC) or Department of Motor Vehicles Motor Carrier Permit (M.C.P.)?

21. Do you provide housing for employees? Yes No
 If yes, describe in detail. _____
22. Do you apply herbicides or pesticides? Yes No
 ▪ If yes, indicate details below:

COMMODITY	ANNUAL GROSS RECEIPTS	ANNUAL GROSS ACRAGE
Agronomic Field Crops(other than cotton or vegetable).....		
Field Crop – Cotton.		
Field Crop - Vegetable		
Orchards - Other than citrus or Hard Pitted Fruit		
Orchards - Hard Pitted Fruit		
Orchards - Citrus.		
Vineyards		
Aquatic Pest control		
Right of Way.....		
Seed Treatment.....		
Other:		

BUSINESS OPERATIONS (Continued)

23. Do you carry Herbicide or Pesticide Applicators Coverage?

- If you subcontract herbicide/pesticide application work to others list subcontractor and total amount of revenue paid to each.

_____	\$ _____
_____	\$ _____
_____	\$ _____

FARM MACHINERY OR OTHER MOBILE EQUIPMENT – GENERAL INFORMATION

LIST EACH PIECE OF EQUIPMENT SEPARATELY –

YEAR	MAKE	MODEL	SERIAL NUMBER	(O)WNED OR (L)EASED	LOGGED OPERATING HOURS	VALUE	INLAND MARINE COVERAGE REQUESTED

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date