



## Farm Labor 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 AND MAILING ADDRESS	AGENT / PRODUCER INFORMATION
_____ _____ _____ _____ <b>BUSINESS NAME OR TRADING NAME:</b> _____ <b>PROPOSED POLICY PERIOD:</b> _____ <b>TO:</b> _____	_____ _____ _____ <b>APPLICANT'S PHONE NUMBER:</b> _____ <b>APPLICANT'S WEB ADDRESS:</b> _____ <b>INSPECTION CONTACT:</b> _____ <b>CONTACT PHONE NUMBER:</b> _____
<b>APPLICANT IS:</b> <input type="checkbox"/> <b>INDIVIDUAL (INCLUDE DATE OF BIRTH):</b> _____ <input type="checkbox"/> <b>PARTNERSHIP (INCLUDE DATES OF BIRTH):</b> _____ <input type="checkbox"/> <b>CORPORATION</b> <input type="checkbox"/> <b>JOINT VENTURE</b> OR <input type="checkbox"/> <b>OTHER</b> _____ Years in business: _____ Years of Experience in this field: _____	

Location #1 \_\_\_\_\_  
 Location #2 \_\_\_\_\_  
 Location #3 \_\_\_\_\_

### GENERAL BUSINESS INFORMATION

1. List all States where you perform operations: \_\_\_\_\_
2. FLC 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	%	%

Other: \_\_\_\_\_ % \_\_\_\_\_ %

Provide complete details on a separate sheet if necessary

**GENERAL BUSINESS INFORMATION (CONTINUED)**

- |                                      | 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, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

**Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **California**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

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.

### **Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

### **District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

### **Florida**

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

### **Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Kansas**

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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **Kentucky**

Application Forms: 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.

### **Massachusetts, Nebraska, Vermont:**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

### **Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

**New Jersey**

Application Forms: 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.

**Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**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. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

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 subjects such person to criminal and civil penalties.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date