



# AGRISURANCE Feed Manufacturer/Dealer Supplemental Application

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

1. How is the feed/grain or raw materials delivered to your location? \_\_\_\_\_  
 How is it stored? \_\_\_\_\_  
 If you use silos, describe how many and the type: \_\_\_\_\_

Who maintains/repairs the silo(s) and what safety procedures are in place?  
 \_\_\_\_\_

How often is the silo(s) entered? \_\_\_\_\_ Are silo ladders equipped with safety cages? \_\_\_\_\_  
 Is a two-person buddy system used?  Yes  No If yes, describe \_\_\_\_\_  
 When climbing, is a harness worn?  Yes  No  
 Are all auger controls in Lockout/Tag-out position before entering a bin?  Yes  No

How is feed/grain moved from storage to mixing area? \_\_\_\_\_

If containers – What is weight capacity? \_\_\_\_\_

2. What safety procedures are implemented for confined space storage? \_\_\_\_\_

Do employees use a 3 man buddy system when entering a confined space?  
 \_\_\_\_\_

What do you do to protect employees from grain entrapment? \_\_\_\_\_

What type of respiratory devices/masks do you provide your employees? \_\_\_\_\_

How is dust controlled in the production and mixing areas? \_\_\_\_\_

What type of ventilation system do you use?  
 \_\_\_\_\_

3. Do you operate a “hot mill” for palletizing grains?  Yes  No

4. Is there proper machine guarding in place on all machinery?  Yes  No  
 Is there a lock out/tag out program in place?  Yes  No  
 Are all conveyors equipped with nip point guards?  Yes  No

5. Please describe your safety program? \_\_\_\_\_

6. Do employees safety training program include proper lifting techniques?  Yes  No

Do employees lift with a 2 man buddy system?

What type of material handling devices do you provide:

Please describe employee training for use of forklifts: \_\_\_\_\_

7. Are deliveries made by common carrier or owned vehicles? \_\_\_\_\_

If owned vehicles are used, describe the fleet make up? \_\_\_\_\_

Who maintains the fleet vehicles? \_\_\_\_\_

What percentages of your deliveries are: Bagged \_\_\_\_\_% Bulk \_\_\_\_\_%

Is there any back hauling done? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Do you require a CDL for all drivers and review their motor vehicle reports annually?  Yes  No  
Please provide a list of all your drivers with date of birth and their license numbers.

8. Do you operate a retail store?  Yes  No  
What is the percentage of retail sales to total? \_\_\_\_\_

9. Do you sell, service, or repair farm equipment?  Yes  No  
What is the percentage of sales, service or repair to total? \_\_\_\_\_

10. Do you deliver diesel fuel or home heating oil?  Yes  No  
What is the percentage by payroll to your overall operation? \_\_\_\_\_%

11. Do you require current certificates of insurance for all sub-contractors?  Yes  No

12. **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.

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 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 Agri-Services 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.

13. \_\_\_\_\_

**Signature Title Date**

\_\_\_\_\_  
**Print Name of Signature**

\_\_\_\_\_  
**AGENT SIGNATURE**