



AGRISURANCE Implement Dealer Supplemental Application

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

1. Please give a detailed description of your entire operation:

If your company has a brochure, please attach a copy to application.

2. Please indicate what type of equipment you sell and what % of sales applies to each:

Farm Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, % of sales _____%
Construction Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, % of sales _____%
Landscaping Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, % of sales _____%
ATV's, Snowmobiles, Watercraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, % of sales _____%
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, % of sales _____%

3. What % of your total revenue is from: Sales _____% Leasing _____% Service/Repair _____%
 What % of your sales is from: New Equipment _____% Used Equipment _____% Parts Dept. _____%

4. Do you pick up and deliver equipment to customers? Yes No
 What is the maximum mileage radius available to customers?: _____ miles
 Does your parts department deliver? Yes No
 If yes, do they offer a guaranteed time frame for delivery? Yes No

5. Service/Repairs:

Do you have roving repair crews for repairs or servicing at a customer's premises? Yes No
 What % of repairs/servicing is done on your premises? _____% Off-premises _____%
 Who does this work and what type of training/licensing do they receive? _____

What type of work is performed off-premises and what precautions do mechanics take to promote safety?

Are mechanics required to wear safety shoes and eye protection when repairing machinery? Yes No
 Are welders required to wear gloves and eye protection when welding? Yes No

Is all painting done either outside or in a well-ventilated spray booth? Yes No
 What type of protection is worn when machinery is spray painted? _____

Do you employ a tire specialist? Yes No
 Is a safety cage or restraining device used whenever oversized tires are inflated? Yes No

What type of equipment is used for heavy lifting? _____

6. Please describe your safety program: _____
