



# AGRISURANCE Orchard & Vegetable 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 job duties of the corporate officers and/or owners. (Attach an additional sheet if necessary.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. What percentage of your orchard are dwarf trees? \_\_\_\_\_ %

4. Do you operate a retail or wholesale operation?  Yes  No

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:**  
 a. Do you hire via the same crew chief each year?  Yes  No  
 b. For how many years? \_\_\_\_\_  
 c. Does the crew chief provide any safety training?  Yes  No  
 (Please explain below or attach any documentation available)  
 \_\_\_\_\_  
 \_\_\_\_\_

**IF NO:**

a. What type of safety training do you provide for these migrant workers?  
 (Please explain below or attach documentation if available)  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Are employees instructed on proper manual lifting techniques:  Yes  No  
 Please describe: \_\_\_\_\_  
 What type of lifting aids do you provide to alleviate back strain when lifting? \_\_\_\_\_  
 \_\_\_\_\_

8. Equipment:
- a. Who is responsible for maintenance of equipment? \_\_\_\_\_
  - b. How many tractors do you have? \_\_\_\_\_
  - c. How many tractors that travel on public roads have a slow moving vehicle (SMV) emblem mounted on them? \_\_\_\_\_
  - d. How many of your tractors have ROPS & seatbelts? \_\_\_\_\_
  - e. How many power take offs have shields? \_\_\_\_\_
  - f. Do you have a "no rider" policy on tractors?  Yes  No

9. Do you own, rent, lease, or operate any type of aircraft?  Yes  No  
 Do you hire an aircraft for aerial spraying?  Yes  No  
 Do you or any of your employees have a pilot license?  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 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 certificate of insurance from all subcontractors, owner-operators, and/or independent contractors?  Yes  No

13. **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 .

14. \_\_\_\_\_

<b>Signature</b>	<b>Title</b>	<b>Date</b>
<b>Print Name of Signature</b>		
<b>AGENT SIGNATURE</b>		