



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:

AGRICULTURAL FERTILIZER/HERBICIDE/PESTICIDE APPLICATORS SUPPLEMENTAL QUESTIONNAIRE

Applicant Name _____ Effective Date _____

Agency Name _____ Agency # _____

1. What percentage of the total receipts comes from the application of fertilizer/herbicide/pesticide? _____%

2. Please select one of the following:

No coverage for misapplication of fertilizer/herbicide/pesticide is desired.

AGL 6501 LIMITED PESTICIDE, HERBICIDE, OR FERTILIZER APPLICATOR COVERAGE

If AGL 6501 is selected, please choose the coverage limit and property damage deductible desired.

Coverage Limit Options

Deductible Options

\$100,000 occurrence / \$100,000 aggregate

\$5,000 \$10,000 \$25,000

\$300,000 occurrence / \$300,000 aggregate

\$500,000 occurrence / \$500,000 aggregate

Please provide the number of acres that chemicals are applied:

Fertilizer Application: _____ Acres

Herbicide / Pesticide Application: _____ Acres

3. List any crops to which chemicals are applied:

4. Are logs maintained for all application services conducted? This log would include the customer name, date, time, location, product provided, weather conditions, wind velocity, etc. Yes No

5. Are all employees thoroughly trained in the safe handling of fertilizers and agricultural chemicals? Yes No

Do all employees conducting application services have the appropriate state license or certificate? Yes No

6. What is the radius of operations? _____

7. Are products imported directly from a foreign country? Yes No

If Yes, please provide a list of countries:

8. Have there been any claims of damage to crops or other property resulting from products the applicant sells or application operations the applicant conducted within the last 5 years? Yes No

If Yes, please explain:

9. Are routine maintenance and regular safety checks completed on all tanks and storage facilities on premises, as well as on all application equipment? Yes No

10. Does the applicant mix, blend, re-package, re-label, or alter any fertilizer or agricultural chemical product? Yes No

If Yes, please explain:

11. Does the applicant sell chemicals other than what they apply? Yes No
If Yes, please provide sales \$ _____
12. Are any chemical applications subcontracted to others? Yes No
13. Does the applicant do any aerial application? Yes No
14. Does the applicant subcontract any aerial application? Yes No

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify SECURA Insurance Companies of such change. I understand that completion of this questionnaire does not compel the company to provide coverage.

Applicant's Signature

Date

Agent's Signature

Date