



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

CONTRACT DIVISION - HARVESTERS (AGRICULTURAL) - SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable check boxes below

General Agent:

Date:

Insured:

Insured Mailing Address:

Insured's Web Address:

Insured Contact Name:

Phone Number:

QUOTE

New Business

Renewal

Expiring Policy Number: _____

OPERATIONS / EXPOSURES

Seasonal

Year Round

State(s) the insured operates in:

Types of crops harvested:

ANNUAL RECEIPTS

\$ _____ Farm Management or Consulting

\$ _____ Harvesting by Hand (to include pruning)

\$ _____ Harvesting by Machinery

Describe type(s) of equipment/machinery used:

Insured maintains the equipment and machinery

Insured owns equipment/machinery

Insured owns equipment/machinery

HARVESTERS (AGRICULTURAL) - APPLICATION

ANNUAL RECEIPTS (continued)

\$ _____ Spraying, Dusting, Fumigating, Pesticide or Herbicide Application

\$ _____ Other (describe): _____

LICENSING

Insured has all required licenses in states they operate in?

License Number(s): _____

SUBCONTRACTORS

Subcontractors used

Annual "Cost of Subs": \$ _____

What responsibilities are given to subcontractors?

WORKERS COMPENSATION

Applicant carries workers compensation

Carrier Name: _____

Policy Term: _____

Workers Compensation Policy covers all employees in all states the insured operates? If no explain below:

GENERAL FRAUD STATEMENT (Not applicable in all states.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- The answers are true, correct and complete to the best of his/her knowledge.*
- They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE