



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

CROP SPRYING, FERTILIZER AND HERBICIDE APPLICATION CONTRACTOR SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:	
Brokerage/Broker:	
Agency/Agent:	
Renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy Number:	
Effective Date:	
Website:	

2)

Current Carrier Information:

Carrier:	
Limit of Insurance:	
Deductible:	
Premium:	
Offering renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Claims made?	Yes <input type="checkbox"/> No <input type="checkbox"/> Retroactive date:

Please attach copies of the following:

- Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- MSDS sheets for **all** chemicals and products being applied
- Applicant's brochures or detailed description of operations if a website is not available
- Applicant's product catalog/inventory list, if applicable

3)

Mailing Address: _____
City: _____ State: _____ Zip Code: _____

4)

Your premise address (if different from above): _____
City: _____ State: _____ Zip Code: _____

5)

Audit/Inspection contact: _____
a. Phone number: _____
b. Email: _____

6) If any subsidiary, product or service is to be specifically excluded from coverage, please indicate: _____

Are these products or services covered elsewhere? Yes No

7) If you have operated under a different business name in the last ten years, please list: _____

8) Requested Coverages:

- Contractor's Pollution Liability General Liability
 Pollution Legal Liability from a Covered Location Professional Services Liability

OPERATIONS

9) Please complete the following for your breakdown of operations:

Operation:	Total Sales Last Term	Projected Sales Upcoming Term	Percentage of Total Sales	Percentage Subcontracted
Crop Spraying				
Herbicide Application				
Pesticide Application*				
Fertilizer Spreading/Application				
Tree Pruning, Dusting, Spraying, Repairing, Trimming or Fumigating				
Aerial Spraying/Dusting				
Lawn Care Services				
Treatment of Private Ponds, Lakes, Streams or any other naturally occurring or manmade body of water				
Other: _____				
Other: _____				
			100%	

**If you are performing pest control services, please complete the Kinsale Pest Control and Pesticides Supplemental Application*

10) What percentage of your work is:
a. Residential? _____
b. Commercial? _____
c. Industrial? _____

11) Do you utilize Unmanned Aerial Systems (UAS)/Drones in any of your operations? Yes No
a. If yes, are pilots your employees? Yes No
b. Do you own or lease the UAS/Drone devices? Yes No
c. If yes to b., are all devices registered with the FAA? Yes No

12) Do you use manned aircraft in any of your operations? Yes No

SUBCONTRACTING INFORMATION *(complete only if you utilize Subcontractors in any part of your operations)*

13) Are all subcontractors licensed? Yes No

- 14) Please list subcontracted services and applicable cost: _____

- 15) Is a standard written contract used with clients and subcontractors using a limitation of liability clause and hold harmless clause? (Please provide a copy.) Yes No
- 16) Are subcontractors required to have pollution liability insurance? Yes No
If required by trade only, please identify trades: _____
- 17) Do you collect certificates of insurance from all subcontractors? Yes No
How long do you retain those certificates? _____
- 18) Are you named as an additional insured on all subcontractors' policies? Yes No
- 19) How often and under what circumstances will you use uninsured subcontractors? _____

- 20) What general liability limits do you require your subcontractors to carry? _____
- 21) Does your contract require that your subcontractors have a Waiver of Subrogation endorsement in your favor on their General Liability and Worker's Compensation policies? Yes No

CROP SPRAYING INFORMATION (complete only if you have Crop Spraying operations)

- 22) Are your operations limited to spraying of specific crops? Yes No
If yes, please list the crops you will spray: _____

- 23) Do you have a valid applicator license in all states in which you operate? Yes No
a. If yes, please list your license numbers and states: _____

- b. If no, do you solely operate in states which do not require licensing? Yes No
- 24) What method(s) do you use to spray (backpack sprayer, motorized vehicle, aerial spraying, UAS, etc.)? _____

- 25) What method(s) do you use to control spread/limit spraying to specified areas? _____

HERBICIDE APPLICATION INFORMATION (complete only if you have Herbicide Application operations)

- 26) What class(es) of herbicide are you utilizing? Check all that apply:
- | | |
|---|--|
| <input type="checkbox"/> Anilides/Anilines (ex: propanil, dimethenamid) | <input type="checkbox"/> Aromatic Acids (ex: aminopyralid, dicamba, picloram) |
| <input type="checkbox"/> Arsenicals (ex: copper arsenate, Agent Blue, MSMA) | <input type="checkbox"/> HPPD Inhibitors (ex: mesotrione, leptospermone) |
| <input type="checkbox"/> Organophosphorus (ex: glyphosate, bensulide) | <input type="checkbox"/> Phenoxy (ex: 2,4-D, Agent Orange, fluazifop) |
| <input type="checkbox"/> Protox Inhibitors (ex: lactofen, butafenacil) | <input type="checkbox"/> Pyridines (ex: imazapyr, triclopyr) |
| <input type="checkbox"/> Quarternary (ex: paraquat, diquat) | <input type="checkbox"/> Triazines (ex: atrazine, prometon) |
| <input type="checkbox"/> Ureas (ex: DCMU, linuron, flazasulfron) | <input type="checkbox"/> Other Chemical (ex: metam sodium, aclonifen, clomazole) |
| <input type="checkbox"/> Animal Rental (ex: goats) | <input type="checkbox"/> Heat (ex: steam, controlled burn) |
| <input type="checkbox"/> Other: _____ | |

27) Do you utilize any herbicides which are part of the EPA Restricted Use Product (RUP) list or are subject to other special federal agency possession and usage restrictions (eg paraquat, atrazine, DDT)? If yes, please attach details about your usage of these products including approximate gallons used annually, storage and containment of these products, etc. Yes No

28) What method(s) do you use to control spread/limit application to specified areas? _____

29) If you are utilizing animals, does an employee remain present at all times for the duration of animal servicing? Yes No

a. If no, please attach details regarding your animal monitoring and location control procedures.

30) If you are utilizing heat-based herbicide methods or controlled burns, please attach details including emergency procedures, containment protocols, operational standards regarding weather conditions for servicing, etc.

FERTILIZER APPLICATION INFORMATION *(complete only if you have Fertilizer Application operations)*

31) What types of fertilizer do you apply? Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Single Nutrient – Nitrogen (N) | <input type="checkbox"/> Single Nutrient – Phosphorus/Phosphate (P) |
| <input type="checkbox"/> Single Nutrient – Potassium (K) | <input type="checkbox"/> Binary Nutrient – NP (MAP, DAP) |
| <input type="checkbox"/> Binary Nutrient – NK | <input type="checkbox"/> Binary Nutrient – PK |
| <input type="checkbox"/> Compound NPK | <input type="checkbox"/> Blended NPK |
| <input type="checkbox"/> Micronutrients | <input type="checkbox"/> Non-Nutrient (lime, cation amendments, peat, coir) |
| <input type="checkbox"/> Enzyme/Microbe Supplementation | <input type="checkbox"/> Organic – Plant-based |
| <input type="checkbox"/> Organic – Chitin-based (insect or crustacean) | <input type="checkbox"/> Organic – Natural Mineral/Rock-based |
| <input type="checkbox"/> Organic – Animal Waste-based | <input type="checkbox"/> Organic – Food Waste/Compost |
| <input type="checkbox"/> Other: _____ | |

32) Do you utilize any fertilizers which are explosive or highly flammable (ammonium nitrate, anhydrous ammonia, etc.)? If yes, please attach details about your usage of these products including approximate poundage used annually, maximum amount on-hand at any one time, inventory control and monitoring, storage and containment facilities of these products, etc. Yes No

DISTRIBUTION AND MANUFACTURING *(complete only if you manufacture, import, or distribute products)*

33) If you are manufacturing, importing, or distributing fertilizers or pesticides, please complete the Kinsale Fertilizer Manufacturing Supplemental Application or Kinsale Pest Control and Pesticides Supplemental Application, as applicable. If you do not manufacture, import, or distribute any other products, please skip the remainder of this section.

34) Do you sell any products which are on the EPA Restricted Use Product (RUP) list or are otherwise restricted by federal or state law to certain purchasers only? Yes No

a. If yes, how do you verify customer eligibility before completing a sale? _____

35) Do you have any product sales outside of the USA? Yes No

a. If yes, do you sell any products which are banned in the European Union? Yes No

36) Do you have a formal written quality control program? Yes No

If yes, attach details. If no, how do you assure the quality of your products? _____

37) Do you have any discontinued products? Yes No
If yes, please explain the reasons for discontinuing: _____

38) Do you maintain tracing records of component and raw material sources? Yes No
If yes, confirm how long these records are maintained: _____

39) Are batch or product records, serial numbers or copies of guarantee/warranty cards maintained that would facilitate tracing whereabouts of products? If yes, confirm how long these records are maintained: _____

40) In the event that it becomes necessary to recall a product, do you have a recall plan in place? Yes No
a. Do you have Product Recall insurance? Yes No
b. What means would be used to secure the return and disposal of the product? _____

41) Have you ever had a product recall event? Yes No
a. If yes, supply the following details: Date of recall(s): _____
b. Voluntary? Ordered? By what agency? _____
c. Product(s) involved: _____
d. Reason for recall and how discovered: _____
e. What was the remedy of the problem? _____
f. What percentage of recalled goods were returned/repaired? _____

42) Are there any present situations that might give rise to an incident causing a product recall? Yes No
If yes, please attach details.

43) Have you been cited by any regulatory agency for violations arising out of business activity involving your product, including any inquiries or investigations concerning the efficacy, adequacy of labeling, hazardous contents or safety of your product(s)? Yes No
If yes, please attach details and copies of all regulatory letters, bulletins, reports, inspections, and other pertinent documentation.

PREMISES INFORMATION

44) Is your premise located in area that is:
 Urban Rural Industrial Suburban
 Other: _____

45) Please clarify neighboring occupancies within 100 feet of your premise:

	North	South	East	West
Occupancy				
Distance				

46) Are any residential dwellings or schools located within such a distance that a chemical Yes No

discharge could create a life safety hazard?

a. If yes, please attach a copy of your written emergency incident procedures and protocols as well as any documentation provided to local emergency response squads or residents, shelter in place pamphlets, etc.

b. How frequently are discharge warning klaxons tested? _____

47) Are explosives or flammables stored on site? Yes No

a. If yes, please list product(s) and quantity: _____

b. Are explosive/flammable materials stored in NFPA/IFC compliant cabinets? Yes No

LOSS HISTORY

48) Have you had any Liability or Pollution claims that were or were not covered by insurance? Yes No

If yes, please attach an explanation.

49) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. **If yes, please attach an explanation.** Yes No

50) Has any lawsuit ever been filed, or any claim otherwise been made against you or or any other person proposed for this insurance, including any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability **If yes, please attach a description of details.** Yes No

51) Is your company aware of any occurrences, facts, circumstances, incidents, situations, act, error, omission or records request from an attorney which may result in a claim or suit? **If yes, please attach a description of details.** Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____