

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 Email:

Herbicide or Pesticide Applicators Coverage Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____
 _____ Inspection Contact _____
 _____ Phone Number for Inspection Contact: _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

List all states in which you perform operations: _____

Physical address (If multiple locations – list all addresses separately):

APPLICATOR INFORMATION:

Name of Applicator <small>Provide the name and license number of all applicators</small>	License Number	States Licensed

1. Do you allow others to use your license to apply herbicide or pesticide? Yes No
2. If yes, are they operating under your direct supervision? Yes No
3. Do you apply any product that is under an experimental permit or license? Yes No
4. Have you or any employee had a license suspended or revoked? Yes No
 Provide complete details:

5. Do you conduct safety meetings on a regular basis: Yes No

UNDERWRITING:

1. Years in Business under this Name: _____
2. Do you operate any other business entity or enterprise? Yes No
 Provide complete details:

3. Proposed Policy Period: _____ Effective: _____ Expiration: _____

4. Requested Limits of Insurance for coverage other than Herbicide or Pesticide Applicator Coverage:

- GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)** \$ _____
- PRODUCTS & COMPLETED OPERATIONS AGGREGATE** \$ _____
- PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION)** \$ _____
- EACH OCCURRENCE** \$ _____
- DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES)** \$ _____
- MEDICAL EXPENSE (ANY ONE PERSON)** \$ _____

PRIOR CARRIER HISTORY & LOSS INFORMATION:

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain. Yes No

PRIOR CARRIER INFORMATION:

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS INFORMATION

LOSS HISTORY (ATTACH SEPARATE SHEET IF NECESSARY)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

OPERATIONS

- Total number of acres sprayed during the past 12 months:..... _____
- Total estimated number of acres anticipated for the next 12 months: _____

A copy of your Herbicide/Pesticide log book may be required to verify

TYPE OF WORK PERFORMED	PERCENTAGE BY EMPLOYEES	PERCENTAGE BY SUBCONTRACTORS	TOTAL COST OF SUBCONTRACTED WORK
Aerial Application			
Anhydrous Ammonia			
Application by mobile equipment			
Application of hand held spraying			
Fertilizer Application			
Field Crops			
Right of Way			
Seed Treatment			
Polyurethane Tanks			
Stainless Steel Tanks			
Vineyards			

3. Do you sell, distribute, supply or apply any product under your own label? Yes No

Provide details:

4. Do you perform services on land owned by or leased to you? Yes No
5. Do you maintain written management procedures to address application Yes No
restrictions for controlling or preventing drift?
6. Do you perform herbicide or pesticide application operations in close proximity Yes No
where neighboring farms certify that their product is grown organically
7. Do you provide any operations other than the application of an herbicide or pesticide? Yes No

LIST ALL OPERATIONS BELOW IF NECESSARY USE A SEPARAGE SHEET	ANNUAL PAYROLL	ANNUAL GROSS RECEIPTS

8. Are you named as an additional insured on the subcontractors' policy? Yes No
9. How long are Certificates of Insurance kept? Until job ends One year Other
If other is checked, provide details:

CHEMICAL STORAGE – GENERAL INFORMATION

CHEMICAL NAME	TANK	OTHER THAN TANK	STORAGE CAPACITY
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

10. Do you discharge any product, by-product or waste product into a body of water or Yes No
sanitary sewer system, or on land whether on your own site or elsewhere?

FARM MACHINERY OR OTHER MOBILE EQUIPMENT – GENERAL INFORMATION

LIST EACH PIECE OF EQUIPMENT SEPARATELY – USE SEPARATE SHEET IF NECESSARY

YEAR	MAKE	MODEL	SERIAL NUMBER	(O)WNED OR (L)EASED	LOGGED OPERATING HOURS	VALUE	INLAND MARINE COVERAGE REQUESTED

11. Do you inspect all hoses, tanks and containers on a regular basis? Yes No
12. Are chemical contents clearly marked on all tanks? Yes No
13. Do you perform maintenance on your vehicles or farm equipment on customer's site? Yes No

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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.

Colorado: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: 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.

Maine, Tennessee, Virginia, Washington: 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 a denial of insurance benefits.

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

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: 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.

New York: 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

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

Producer's Signature

Date

Applicant's Signature

Date