

FARM SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

How many workers do they employ full-time?	How many workers do they employ part-time?	How many seasonal employees?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? ____ Yes ____ No If no, explain _____

3. Any Migrant labor? ____ Yes ____ No. If yes, housing furnished? _____

4. Total Acreage?

5. Major Crops?

6. Custom Farming?

7. Revenue from Custom Farming?

Livestock? _____ If yes, type of livestock: _____ Number of livestock _____

Equipment

8. What type of equipment is operated:

- a. Tractors? ____
- b. Combines/Harvesters? ____
- c. Forklift operated? ____
- d. Augers or elevators? ____
- e. Other types not mentioned? ____

9. Fire extinguishers available for equipment fires?

10. Appropriate training provided to equipment operators?

11. Personal protective equipment used?

12. Shields and guards in place when operating?

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Transportation Safety

13. Radius of Travel _____ How often? _____

14. What is being delivered? _____

15. Method used for loading and unloading product/materials? _____

16 Does company require Motor Vehicle Records (MVRs) for all drivers? _____ Yes _____ No

17. Does the company have a driver selection process? _____ Yes _____ No

18. Does the company have a driver safety program? _____ Yes _____ No

19. Do all drivers have two or more years of commercial driving experience? _____ Yes _____ No

20. Questions 14-17, please explain all "No" answers: _____

Pesticides and Other Chemicals

21. Manufacturers' recommendations and restrictions followed regarding use, precautions, protections and treatment for people and the environment exposed to pesticides? _____

22. Is personal protective clothing and equipment used when mixing or applying pesticides? _____ Yes _____ No

23. Are pesticides and chemicals stored in a structure with adequate ventilation? _____ Yes _____ No

Safety and Loss Control

24. Management or field supervision provided? _____ Yes _____ No

25. Safety program? _____ Yes _____ No

26. Employee training? _____ Yes _____ No

27. Equipment well maintained? _____ Yes _____ No

28. Vehicle maintenance? _____ Yes _____ No

29. Storage structures and farm premises well maintained? _____ Yes _____ No

30. First aid/emergency response available? _____ Yes _____ No

31. Procedures in place to report, investigate and analyze accidents? _____ Yes _____ No