FARM SUPPLEMENTAL INFORMATION

INSURED NAME: ____________________________ DATE: __________________________

AGENCY: _________________________________ AGENT NAME: _________________________________

1. About the insured’s employees:

<table>
<thead>
<tr>
<th>How many workers do they employ full-time?</th>
<th>How many workers do they employ part-time?</th>
<th>How many seasonal employees?</th>
<th>What are their ages?</th>
<th>What are their duties?</th>
<th>What are their experience levels?</th>
<th>What is their training?</th>
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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 ________

8. Equipment

   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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FARM SUPPLEMENTAL INFORMATION

INSURED NAME: ___________________________ DATE: __________________________

AGENCY: _________________________________ AGENT NAME: _________________________________

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
drugs 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