



ASA

Agri-Services Agency
Leaders in Agricultural Insurance

AGRI-SERVICES AGENCY GROUP

Implement Dealer Supplemental Application

| | | | |
|-------------------------------|---------------|-------|--------|
| Company Name: | | | |
| Contact Name: | | | |
| Address: | | | |
| City: | State: | Zip: | FEIN#: |
| Phone #: | Cell Phone #: | Fax#: | |
| Website and/or Email Address: | | | |

1. Have you had previous Workers' Compensation coverage? Yes No
 Have you ever been cancelled? Yes No
 If yes, explain: _____

2. Has any employee been injured while working for a previous employer? Yes No
 If yes, give full details: _____

3. Please give a detailed description of your entire operation: _____

4. Please indicate what type of equipment you sell and what % of sales applies to each:

| | | | | |
|--------------------------------|------------------------------|-----------------------------|--------------------------|---------|
| Farm Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <u>If yes, how much?</u> | _____ % |
| Construction Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <u>If yes, how much?</u> | _____ % |
| Landscaping Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <u>If yes, how much?</u> | _____ % |
| ATV's, Snowmobiles, Watercraft | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <u>If yes, how much?</u> | _____ % |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <u>If yes, how much?</u> | _____ % |

5. What % of your total revenue is from: Sales: _____% Leasing _____% Service/Repair: _____%

6. What % of your total sales is from: New Equipment: _____% Used Equipment _____% Parts Department: _____%

7. Do you pick up and deliver equipment to customers? Yes No
 If yes, what is the maximum mileage radius to available to customers? _____ miles
 Does your parts department deliver? Yes No
 If yes, do they offer a guarantee time frame for delivery? Yes No

8. **Service/Repairs:**
 Do you have roving repair crews for repairs or servicing at a customer's premises? Yes No
 What % of repairs/servicing is done on your premises? _____% Off-premises _____%
 Who does this work and what type of training/licensing do they receive? _____

 What type of work is performed off-premises and what precautions do mechanics take to promote safety? _____

9. Are mechanics required to wear safety shoes and eye protection when repairing machinery? Yes No

10. Are welders required to wear gloves and eye protection when welding? Yes No

11. Do you do any type of spraying painting? Yes No
 If yes, describe the spray painting process: _____

12. Do you employ a tire specialist? Yes No
 If yes, is a safety cage or restraining device used whenever oversized tires and inflated? Yes No

13. What type of equipment is used for heavy lifting? _____

14. Do you have a safety program? Yes No
 Please describe: _____

15. Please provide details of equipment demonstrations: _____
 On/Off Premises? _____
 Frequency? _____

16. Is there a proper machine guarding in place on all machinery? Yes No
 If a customer's equipment is being serviced and it does not have a proper shield guarding the PTO, what procedures are
 in place to protect your employees? _____

17. Please provide a list of all employees, their date of birth & license #s for those having **any** access to driving company
 vehicles or use their own personal vehicles for work: (attach additional page if necessary)

| Name of Driver | Date of Birth | License # | State Issued |
|----------------|---------------|-----------|--------------|
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18. Do you employ subcontractors, owner-operators, and/or independent contractors? Yes No
 If yes, do you maintain a file of certificates of insurance for each? Yes No

Requested date of coverage: _____

- A. *Coverage will become effective at 12:01 a.m. on the date stated above, subject to approval of this application and receipt of the deposit premium in our office. Signing of this application warrants that all of the above questions have been completely answered and have not been willfully misrepresented in order to obtain insurance with the Agri-Services Safety Group.*

- B. *The premium quoted will be based upon the nature of the operations and the estimated payroll disclosed by the employer in this application. The employer shall furnish the Agri-Services Safety Group with proper notice of any change in the nature of its operations or its estimated payroll; such changes may result in an increase or a decrease in the premium due under this policy. The employer agrees to keep an accurate record of employees and payroll expenditures, and to report injuries and occupational diseases to the Safety Group immediately.*

ALL INFORMATION SUPPLIED BY THE APPLICANT IS SUBJECT TO VERIFICATION

THE APPLICATION **MUST BE SIGNED** BY AN OWNER, A PARTNER, OR A CORPORATE OFFICER.

Signature: _____

Title: _____

Date: _____

Print Name of Signature: _____

AGENT SIGNATURE: _____