



# ASA

Agri-Services Agency  
Leaders in Agricultural Insurance

## **AGRI-SERVICES SAFETY GROUP** Custom Farming Supplemental Application

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

1. Does this farm involve an absentee owner?  Yes  No

If Yes, please give the name of the farm manager: \_\_\_\_\_

How long has this employee managed your operation? \_\_\_\_\_

2. Please provide a **complete, detailed** job description of all work performed, including the job duties of the corporate officers and/or owners. (Attach an additional sheet if necessary.)

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3. What type of experience is required and what type of training is offered to new employees? \_\_\_\_\_

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#### 4. Seasonal employees:

What are your hiring/training procedures? \_\_\_\_\_

Do you get the same seasonal EE's back every year?  Yes  No

If yes, do you pay unemployment benefits to EE's in the off season?  Yes  No

Do you employ Migrant labor?  Yes  No

Number of employees: \_\_\_\_\_

5. Are MVR's ordered?

Yes  No

**6. Transportation of equipment:**

Types of vehicles used to transport: \_\_\_\_\_

What is the mileage radius of customers? \_\_\_\_\_

Who is driving? \_\_\_\_\_

**7. Transportation of grain:**

Where – back to customer's farm? \_\_\_\_\_

Who is responsible for storage? \_\_\_\_\_

Any silo exposures?  Yes  No

**8. Equipment:**

Year, make, model? Owned or leased? Any repair warranties? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is maintaining? \_\_\_\_\_

Where are they maintaining? \_\_\_\_\_

Who is operating? \_\_\_\_\_

Maintenance – do they have a repair shop?  Yes  No

Do they also repair equipment for others?  Yes  No

Experience/training? \_\_\_\_\_

Do they use their own equipment or their customer's equipment? \_\_\_\_\_

Mechanics: experience/training? \_\_\_\_\_

**9. Chemicals:**

Do they apply pesticides/herbicides?  Yes  No

Are all employees involved certified to handle chemicals?  Yes  No

Types of chemicals? \_\_\_\_\_

Where and how are they stored? \_\_\_\_\_

Are they stored in a secure location?  Yes  No

What type of safety PPE's are used by EE's while applying chemicals?

Are warning signs posted at all entrance points of treated areas?  Yes  No

Do safety procedures include compliance with the EPA's Worker Protection Standard (WPS)?  Yes  No

**10. Your Customers:**

Number of customers: \_\_\_\_\_ Number of contracts per year: \_\_\_\_\_

Number of returning customers: \_\_\_\_\_ Number of acres agreed to farm: \_\_\_\_\_

% of custom work per acres contracted per services (i.e. manure spreading, planting, silo maintenance etc.) \_\_\_\_\_

What considerations are given to varying weather and/or pest conditions? \_\_\_\_\_

Do they allow extra time/days for weather and/or emergencies to reduce fatigue and the risk of late planting/harvesting?

If yes, explain this time frame. \_\_\_\_\_

Are you or the farm owner responsible for purchasing and delivery of supplies and chemicals?  Yes  No

**11. Location:**

What is the land inspection process? \_\_\_\_\_

12. Do you require current certificate of insurance from all subcontractors, owner-operators, and/or independent contractors?  Yes  No

**13. 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 Agri-Services Agency, LLC.
- 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 Agri-Services Agency, LLC 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 Agri-Services Agency, LLC appointed third party administrator.

**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:** \_\_\_\_\_