



ASA

Agri-Services Agency
Leaders in Agricultural Insurance

AGRI-SERVICES SAFETY GROUP Nursery Supplemental Application

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

1. Does this operation involve an absentee owner? Yes No
If yes, please give the name of the business manager: _____
How long has this person 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.)
3. What types of crops (plants/trees/shrubs etc.) and how many acres are you harvesting? _____

How many greenhouses do you have? _____
What is Square Footage of Each? _____
Do you also grow plants outside? Yes No
If yes, how many acres? _____
4. Do you sell your plants to wholesale or retail customers? _____

5. Are you open year round? Yes No
 If no, what are the months of operation? _____
 What % of your employees work year round? _____%
 If you have a retail location, what are the months, days, and hours of operation it is open? _____
 Do you offer landscaping services, including planting, lawn maintenance, tree/shrub removal? Yes No
 If yes, describe: _____
 If open year round, what type of services/operations sustain business during winter months? _____
6. Do you employ any seasonal or migrant labor? Yes No
 If yes, do you participate in the H-2A program? Yes No
 What percentage of your total payroll applies to the migrant labor? _____%
 a. Do you use a leasing firm to hire temporary migrant workers? Yes No
 b. If yes, please provide a copy of the contract to show if leasing company does or does not provide WC?
7. Please describe the type of safety training you provide for new and seasonal employees? _____

 (Attach additional documentation if necessary)
8. Are employees instructed on proper manual lifting techniques? Yes No
 Please describe: _____
 What is the maximum weight employees lift? _____
 What type of lifting aids do you provide to alleviate back strain when lifting? _____
9. Equipment:
 a. Who is responsible for maintenance of equipment? _____
 b. How many tractors do you have? _____
 c. How many tractors that travel on public roads have a slow moving vehicle (SMV) emblem mounted on them? _____
 d. How many of your tractors have ROPS & seatbelts? _____
 e. How many power take offs have shields? _____
 f. Do you have a "no rider" policy on tractors? Yes No
10. Do you offer or make deliveries to retail or wholesale customers? Yes No
 If yes, what is the mileage radius? 0-50 _____ 51-100 _____ Over 101 _____
 Do employees operate vehicles for delivery? Yes No
 Are current motor vehicle reports obtained on all drivers? Yes No

11. Are all ladders inspected and in good condition? Yes No

What is the maximum height that employees will work from? _____

What is the maximum height of plants/trees grown? _____

Do you do any tree or limb removal? Yes No

If yes, what is maximum tree height? _____

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

Please Print Name Here

Agent Signature