



# ASA

Agri-Services Agency  
Leaders in Agricultural Insurance

**"Safety Pays"**

## **AGRI-SERVICES AGENCY GROUP** Feed Manufacturing-Dealers 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. How is the grain/feed delivered to your location? \_\_\_\_\_  
 How do you store the feed/grain? \_\_\_\_\_  
 If you use silos, describe them and the type. \_\_\_\_\_  
 Who maintains/repairs the silo(s) and what safety procedures are in place? \_\_\_\_\_  
 How often are the silo(s) entered? \_\_\_\_\_  
 Are silo ladders equipped with safety cages?  Yes  No  
 Is a two person buddy system used?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 When climbing, is a harness worn?  Yes  No  
 Are all auger controls in lockout/tagout position before entering bin?  Yes  No
  
4. How is feed grain/grain moved from storage to mixing area? \_\_\_\_\_  
 \_\_\_\_\_  
 If containers – Provide weight capacity: \_\_\_\_\_
  
5. Describe what safety procedures are implemented for a confined space:  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Do employees use a 3 man buddy system when entering a confined space?  Yes  No
7. What do you do to protect employees from grain entrapment?  
\_\_\_\_\_
8. What type of respiratory devices/masks do you provide your employees?  
\_\_\_\_\_
9. Describe dust controls in the production and mixing areas:  
\_\_\_\_\_
10. What type of ventilation system do you use?  
\_\_\_\_\_
11. Do you operate a "hot mill" for palletizing grains?  Yes  No
12. Is there a proper machine guarding in place on all machinery?  Yes  No
13. Is there a lockout/tagout program in place?  Yes  No
14. Are all conveyors equipped with nip point guards?  Yes  No
15. Please describe your safety program:  
\_\_\_\_\_
16. Please describe your training program for proper lifting techniques:  
\_\_\_\_\_
17. Describe material handling devices used in your operation:  
\_\_\_\_\_
18. Describe employee training for use of forklifts:  
\_\_\_\_\_
19. Are deliveries made by common carrier or owned vehicles?  
If owned vehicles are used, describe fleet make up:  
Who maintains the fleet vehicles?  
\_\_\_\_\_
20. What percentage of your deliveries are: Bagged \_\_\_\_\_% Bulk \_\_\_\_\_%
21. Do you require a CDL for all drivers and review their motor vehicle reports annually?  Yes  No  
(Please provide a list of all your drivers with date of birth and license numbers: attach additional page if necessary)  
Name of Driver: \_\_\_\_\_ Date of Birth \_\_\_\_\_ License # \_\_\_\_\_ State Issued \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
22. Do you deliver diesel fuel or home heating oil?  Yes  No  
If yes, what is your percentage of oil sales to total? \_\_\_\_\_%
23. Do you require current certificates of insurance for all sub-contractors?  Yes  No
24. Do you operate a retail Store?  Yes  No  
If Yes, What is the percentage of retail sales to total? \_\_\_\_\_%

25. **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:** \_\_\_\_\_