

APPLICATION FOR GRAIN CUSTOM HARVEST INSURANCE

APPLICANT: _____
 ADDRESS: _____
 CITY/ST/ZIP _____

RETURN TO: CHI, LTD / P O BOX 1069
 HUTCHINSON, KS 67504
 FAX: 620-259-6994

TELEPHONE _____ CELL 1 _____ CELL 2 _____

E MAIL: _____ FEIN: _____ Sole Prop Partner L.L.C. Corp

COMPANY: _____ POL PERIOD: _____ to _____ POLICY NUMBER: _____

UNDERWRITING INFORMATION

1) **GENERAL OPERATION:** Describe your operation including all states in which you work and all crops harvested: _____

How many times do you move campsite? _____

2) **EMPLOYEES:** How many employees on average during the season? _____ Are employees personally known
 Unknown H2A at time of hiring?
 When hiring new employees do you require the following: application with references Yes No;
 MVR Yes No
 Do you provide employees with written job description/employee manual Yes No
 Provide copy.

LIST ALL EMPLOYEES WHO WILL DRIVE LICENSED VEHICLES

NAME	DRIVER'S LICENSE	ST	DATE OF BIRTH	YEARS DRIVING	YEARS W FIRM

Attach list for additional drivers

3) **CUSTOMERS:** What is the percentage of repeat customers of your total number of jobs each year 100% 90%
 80%
 On average, how many new customers do you add each year? _____
 How do you get new jobs? Cold Call Customer Referral Elevator operator or job placement service
 Other _____

4) **POLLUTION:** How many service vehicles do you operate with attached fuel bulk storage tanks to haul fuel to the field _____
 Do you empty fuel storage tanks when traveling in caravan between jobs? Yes No

5) SAFETY: Describe the company training program for new employees prior to leaving for harvest _____

Do you ride along with all new employees before allowing them to operate trucks and equipment alone? Yes No
Will you conduct a formal safety meeting with your crew at least once every month? Yes No

6) MANAGEMENT: What year did you begin working as a custom harvester? _____

On a typical harvest day how do you spend your time? Operate combine Operate Truck Operate Grain Cart
 Supervise field operations Look for additional work Maintenance of equipment

If you are not in the field, do you have a foreman that is in charge of field supervision? Yes No

Number of years foreman has worked in harvest business? _____

Number of years foreman has worked for you? _____

7) TRUCKS & EQUIPMENT: Do you have a written maintenance program for all power units? Yes No

Do you have a mechanic on staff? Yes No

Do you outsource: engine repair Yes No; transmission repair Yes No brake repair Yes No

Do you maintain fire extinguishers in all trucks and equipment? Yes No

Where are trucks & equipment stored in off-season? Inside Outside Lighted? Yes No

Fenced? Yes No

What is the average mileage from field to point of unloading for your harvest run? _____

8) HAULING FOR HIRE: Do you use your trucks for Non-Harvest Hauling for Hire? Yes No

if yes, do you maintain other commercial insurance for this exposure? Yes No

Products hauled commercially with percent of total annual hauling: ___ Grain ___ Fertilizer ___ Rock ___ Seed

___ Manure ___ Equipment Other _____

Radius: Average Single Trip _____ Maximum Single Trip _____ Months in which you haul _____ to _____

List All Units and Estimated Hauling miles used for hauling for hire:

9) INSURANCE: Has your insurance been cancelled in the prior 3 years? **MISSOURI APPLICANTS NEED NOT**

REPLY Yes No If so, for what cause? Non-payment of premium Loss Ratio Claims
frequency Underwriting criteria

10) Work Comp Carrier _____ Expiration Date: _____

11) COMPLIANCE: Do you purchase all required wide load, harvest or fuel permits prior to entry into a state for harvesting
work? Yes No

Do you maintain fire extinguishers in all trucks and combines? Yes No

Do you use flashing beacons while your operation is traveling in caravan? Yes No

Do you need filings made with either ICC or a State authority ?

Please list all filings needed:

DOT number: _____

ICC number: MC _____

12) LOSSES: Please describe all losses paid by insurance in the past four years: _____

A company loss run must accompany this application. Coverage cannot be bound without Prior Carrier Loss Run.

POLICY COMPONENTS REQUESTED

BUSINESS AUTO COVERAGE: YES NO

Standard Coverages:

Liability- \$1,000,000

Uninsured and Underinsured Motorist- State Minimum Statutory Bodily Injury Limit Only

Pip – Maximum Statutory Level up to \$50,000 (in states where available. May be deleted by signature in TX)

Med Pay - \$5,000 (in states where available)

Vehicle Schedule

	YEAR	MAKE/MODEL	SERIAL NUMBER	VALUE	Yes	No
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Please indicate Tractor/Truck or Box/Hoist in Make/Model box. If you want comp and collision coverage for the vehicle, please put an X in the Yes box. Mark No if you do not want the coverage.

Lienholder List

#	NAME	STREET/BOX NUMBER	CITY, STATE	ZIP	FAX NUMBER

Please indicate the vehicle to which lien holder status applies by using the line number from the top chart.

COMMERCIAL GENERAL LIABILITY COVERAGE: YES NO

Standard Coverage:

\$1,000,000 Occurrence \$2,000,000 Aggregate Limit
\$5,000 Medical Payments \$250,000 Fire in Field

Please list estimated total harvesting payroll: _____

___ I would like to apply for **EXCESS LIABILITY/UMBRELLA** Coverage

\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

INLAND MARINE COVERAGE: YES NO

Electronic Equipment: Description: _____ Total Value _____

Miscellaneous Tools and Parts: Total Blanket Value _____

Cargo: # of Units _____ Amount per Unit _____ Commodity hauled _____

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Mobile Agricultural Equipment:

YEAR	MAKE	ID NUMBER	VALUE	\$1000	2500
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Attach list for more items if needed.

FRAUD WARNINGS

(Last updated 6/15)

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEICVE ANY INSURER FILES A STATEMENT OR CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

I acknowledge that **Workers Compensation** coverage is not offered under any of the coverages herein applied for with this application. I may be offered **Workers Compensation** coverage under separate application if I qualify. If I do not meet the specific underwriting qualifications, I understand that it will be my responsibility to procure **Workers Compensation** coverage through a State Fund, Assigned Risk Pool or any other source available to me.

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I declare that the answers to all questions herein are complete and truthful. I agree that I have been offered everything on this application and except as indicated herein they are rejected. I request the Company to issue the policy and any renewals thereof, in reliance thereon. Because I am applying for insurance, I am aware that in compliance with Public Law 91-508, the 1997 Federal Drivers Privacy Protection Act (DPPA) and the 1999 Gramm-Leach-Bliley Act (GLBA), (1) an investigation may be made to my insurability, including, if applicable, information as to character, general reputation, personal characteristics, the Motor Vehicle Records of my employees and myself, and mode of living; and (2) additional information as to the nature and scope of any investigation requested will be furnished to me, upon my written request made a reasonable time after this notice.

Signed: _____

Agent: _____

Date: _____

License Number: _____

Title: _____
(must be signed by an authorized officer)

Address: _____
