



Americana Insurance Group Inc.

Agribusiness Custom Farming

Fact Finding Questionnaire

**** Please write N/A in spaces provided if Not Applicable to any questions**

**** If any lists can be provided instead of writing everything in that is encouraged.**

**** Please know that all these questions are important and any assumptions by Americana Insurance Group could jeopardize coverage.**

Category: Agribusiness Risk: Agribusiness Custom Farming

******(Please include extra sheets if more room is needed for any of the following questions)*

GENERAL INFORMATION

Legal business name(s)

Mailing address : _____

Physical Address of business if different then mailing:

Business Phone # _____ Cell # _____ Email _____

Type of entity:

Individual Corporation Sub-S Corp.

Partnership Joint Venture

Not-for-profit Limited Liability Company

UI Code (if you have employees): _____

Federal ID Number: _____

When did the applicant start business operations? _____

When did the present management assume control? _____

How many years experience does the owner have in this type of business? _____

Has the applicant ever been involved in a bankruptcy procedure? Yes No

If yes, explain including the type of bankruptcy and the filing date.

Names of subsidiary companies ,joint ventures or other companies owned by applicant that are not part of this application: _____

The applicant's primary operations are:

The applicant's secondary and incidental operations are:

Does the applicant have a disaster plan? ___ Yes ___ No If yes, Attach a copy of the disaster plan.

How many acres does the applicant Custom Farm? _____

What States does the applicant Custom Farm in? _____

Gross Receipts\$ _____

What percentage of total revenue does each represent? ___% Barley ___% Corn ___% Flax ___% Oats
___% Rice ___% Soybean ___% Summer Wheat ___% Winter Wheat ___% Other

Describe other: _____

How Many months of operation annually? _____

Important People Name Phone Number

Owner/Principal: _____

Other Decision Makers: _____

Financial: _____

Legal: _____

Claims: _____

Loss History

List and describe any losses you have had in the last 5 years.

_____ Amount Pd _____

_____ Amount Pd _____

_____ Amount Pd _____

PROPERTY – BUILDING(s)

Outbuilding#1

Premises # _____ Description _____ Year Built? _____

Does the applicant own the building? ___ Yes ___ No If no, answer the following:

Who owns the building? _____

If the building sustains a major loss, would the applicant replace it with the same type of structure? ___ Yes ___ No If no, what would the applicant do? _____

Any wood heat or other Solid Fuel Heat? ___ Yes ___ No Type? _____

_____ Fire extinguishers

When were the following systems last updated?

_____ Heating _____ Electrical _____ Roof _____ Plumbing _____

Outbuilding#2

Premises # _____ Description _____ Year Built? _____

Does the applicant own the building? ___ Yes ___ No If no, answer the following:

Who owns the building? _____

If the building sustains a major loss, would the applicant replace it with the same type of structure? ___ Yes ___ No If no, what would the applicant do? _____

Any wood heat or other Solid Fuel Heat? ___ Yes ___ No Type? _____

_____ Fire extinguishers

When were the following systems last updated?

_____ Heating _____ Electrical _____ Roof _____ Plumbing _____

INLAND MARINE – COMPUTERS & Equipment

ACV RCV

Owned computer hardware \$ _____ \$ _____

Owned and leased hardware in transit \$ _____ \$ _____

Purchased software

Software in transit \$ _____ \$ _____

Fax machinery \$ _____ \$ _____

Photocopiers \$ _____ \$ _____

Other Business Personal Property? *Example Office Furniture and supplies* _____

Other \$ _____ \$ _____

Describe other: _____

PROPERTY OF OTHERS

Does the applicant borrow equipment from others? ___ Yes ___ No

Item (s)	ACV value	or	RC Value
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____
Total PPO	\$ _____		\$ _____

Is any equipment loaned to others? ___ Yes ___ No

PROPERTY – INVENTORY

FARM PERSONAL PROPERTY INVENTORY

IPANY

APPLICANT/INSURED _____ POLICY NO. _____

SCHEDULED FARM PERSONAL PROPERTY

UNSCHEDULED FARM PERSONAL PROPERTY

LIVESTOCK

CATTLE	#	Value	Total
101 Dairy Cows	@	\$	_____
102 Heifers	@	\$	_____
103 Dairy Calve	@	\$	_____
104 Feeder Cattle	@	\$	_____
105 Stock Cattle	@	\$	_____
108 Bull	@	\$	_____
107 Registered Catll	@	\$	_____
SHEEP			
111 Ewes	@	\$	_____
112 Rams	@	\$	_____
113 Lamb	@	\$	_____
HOGS			
121 Sows	@	\$	_____
122 Boars	@	\$	_____
123 Feeder Pig	@	\$	_____
131 HORSES	@	\$	_____
1 TOTAL LIVESTOCK		\$	_____

POULTRY

201 Hen	@	\$	_____
202 Fryer	@	\$	_____
2 TOTAL POULTRY		\$	_____

HAY, STRAW AND FODDER

301 Hay	@	\$	_____
302 Straw	@	\$	_____
303 Fodder/Silage	@	\$	_____
3 TOTAL HAY, STRAW & FODDER		\$	_____

GRAIN, FEED AND SUPPLIES

401 Corn	@	\$	_____
402 Soybeans	@	\$	_____
403 Wheat	@	\$	_____
404 Oats	@	\$	_____
405 Sunflower	@	\$	_____
406 Farm Chemicals	@	\$	_____
411 Veterinary Supplies	@	\$	_____
420 Fuel, Oil & Greas	@	\$	_____
	@	\$	_____
	@	\$	_____
430 Commercial Fee	@	\$	_____
431 Ground Feed	@	\$	_____
4 TOTAL GRAIN, FEED & SUP.		\$	_____

FARM MACHINERY AND EQUIPMENT

501 Tractors	Value	552 Mower	\$	_____
No. 1	\$	553 Plows	\$	_____
No. 2	\$	Potato Digger	\$	_____
No. 3	\$	555 Rakes	\$	_____
No. 4	\$	556 Rotary Tiller/Hoe	\$	_____
502 Garden Tractor	\$	557 Row Cultivator	\$	_____
503 Skid Loader	\$	558 Silage Wagon	\$	_____
	\$	559 Silage Cutter/Blower	\$	_____
510 Combine No. 1	\$	560 Stalk Cutter	\$	_____
Combine No. 2	\$	561 Snow Blower	\$	_____
Combine Heads	\$	562 Spraying Tank	\$	_____
513 Swather	\$	563 Tractor Loader	\$	_____
514 Picker/Shellr	\$	564 Vaculator	\$	_____
515 Other Self Propelled:	\$			
	\$			
520 Port. Elevator	\$			
521 Port. Auger No. 1	\$			
Port. Auger No. 2	\$			

Policy provisions require individual scheduling of above items when not being used in Unscheduled Farm Personal Property. Following items may be optionally scheduled.

530 Bale Racks & Trailers	\$	_____
Beel Defolators	\$	_____
Beel Lifters	\$	_____
Beel Planters	\$	_____
Beel Thinners	\$	_____
535 Chisel Plow	\$	_____
536 Corn Planter	\$	_____
537 Crop Sprayer	\$	_____
538 Drill Seeder	\$	_____
539 Disc	\$	_____
540 Drag	\$	_____
541 Fert. Spreader	\$	_____
542 Field Cultivator	\$	_____
543 Grain Wagons	\$	_____
544 Grindar/Mixer/Mill	\$	_____
545 Hay Baler	\$	_____
546 Hay/Crimper/Blne	\$	_____
547 Hay Stacker Loader	\$	_____
548 Hay Stack Mover	\$	_____
549 Livestock Trailer (Unlicensed)	\$	_____
550 Mach. Trailer (Unlicensed)	\$	_____
551 Manure Spreader	\$	_____

TOOLS AND MISC. EQUIPMENT:

601 Electric Motors	\$	_____
602 Fuel Tanks	\$	_____
603 Port. Generator	\$	_____
604 Spare Parts	\$	_____
605 Power Tools	\$	_____
606 Hand Tools	\$	_____
607 Welder	\$	_____
608 Compressor	\$	_____
609 Bldg/Fencing Material	\$	_____
610 Misc. Tools & Equip	\$	_____
	\$	_____
	\$	_____
	\$	_____

5 TOTAL FARM MACHINERY AND EQUIPMENT \$ _____

INSTALLED EQUIPMENT

(Must be Scheduled if not included in building value)

Bulk Tank/Cooler	\$	_____
Milk House Equip.	\$	_____
Milking Mach. Equip.	\$	_____
Hog House Equip.	\$	_____
Poultry Equipment	\$	_____
Silo Unloader	\$	_____
	\$	_____
	\$	_____

6 TOTAL INSTALLED EQUIPMENT \$ _____

7 TOTAL SCHEDULED VALUE
(Add 1 through 6) \$ _____

8 TOTAL UNSCHEDULED VALUE
(Add 1 through 5) \$ _____

Comments:

LIABILITY – GENERAL LIABILITY

Describe all chemicals used in the applicants operations and how the applicant disposes of waste.

Does the applicant have signed contracts? ___ Yes ___ No

If Yes Explain _____

Are there any written waivers of subrogation? ___ Yes ___ No

Is there a written hold harmless agreements? ___ Yes ___ No

If Yes Attach a copy of each contract and/or agreement indicated above.

Custom Spraying:

Does the applicant do any Custom Spraying? ___ Yes ___ No

If Yes Explain _____

Estimated Number of acres this year: _____

What Certifications and training does the applicant have?

Do all operators read the Spray Equipment Operations manual before each season? ___ Yes ___ No

Do all operators read and follow the manufacturer’s label with respect to application and cleaning instructions for each product used? ___ Yes ___ No

What is the maximum number of hours an operator is allowed to work per day? ___ Per week? ___

What steps are taken to ensure that operators don’t get overly fatigued during peak spraying times?

What special precautions are followed to limit spray drift?

Are enquiries made regarding crops in neighboring fields and their tolerance to the chemical being used? _____

What special precautions are taken when organic land / crops are in the vicinity?

What procedures are followed to ensure the correct field is treated?

SUBCONTRACTORS

Does the applicant regularly use subcontractors? ___ Yes ___ No If yes, answer the following:

Describe the type of work the subcontractors perform.

Is there a written contract? ___ Yes ___ No

Is the applicant aware of any circumstances or situations that may result in any claim or lawsuit being made against the applicant? ___ Yes ___ No If Yes Explain: _____

Farm Premises/Locations

Location - Name/Description - Buildings? yes /no - Sec# - Twp # - Range # County - #Acres - owned/rented

Loc #1 - _____ - _____ - _____ - _____ - _____ - _____

Loc #2 - _____ - _____ - _____ - _____ - _____ - _____

TRUCKING/ BUSINESS AUTOMOBILE

Is the Trucking Business A Different Entity? If So Name _____

Type of entity:

___ Individual ___ Corporation ___ Sub-S Corp.

___ Partnership ___ Joint Venture

___ Not-for-profit ___ Limited Liability Company

UI Code (if you have employees): _____

Federal ID Number: _____

Types Owned or Leased Vehicles:

Type # Type # Type #

Private Passenger ___ Small trucks ___ Medium trucks ___

Heavy trucks ___ Extra Heavy ___ Bus ___ Trlrs _____

Are all Vehicles titled in Entities name? Yes _____ No _____

If No Explain _____

Are vehicles ever hired? ___ Yes ___ No

If yes, describe vehicles hired, annual cost and duration: _____

DRIVER INFORMATION

List the names of drivers who drive any of your vehicles:

Name _____ B-Date _____ SS# _____ Dr.Lic # _____

Name _____ B-Date _____ SS# _____ Dr.Lic # _____

Name _____ B-Date _____ SS# _____ Dr.Lic # _____

Name _____ B-Date _____ SS# _____ Dr.Lic # _____

Name _____ B-Date _____ SS# _____ Dr.Lic # _____

Name _____ B-Date _____ SS# _____ Dr.Lic # _____

Vehicle Information- Include Trlrs

Year ___ Make _____ Model _____ Type _____ Vin # _____

Year ___ Make _____ Model _____ Type _____ Vin # _____

Year ___ Make _____ Model _____ Type _____ Vin # _____

Year ___ Make _____ Model _____ Type _____ Vin # _____

Year ___ Make _____ Model _____ Type _____ Vin # _____

Year ___ Make _____ Model _____ Type _____ Vin # _____

Year ___ Make _____ Model _____ Type _____ Vin # _____

Are any officers, partners or employees furnished an automobile for their personal use? ___ Yes ___ No

Do individuals who are furnished an automobile also purchase automobile insurance on personally owned autos? ___ Yes ___ No

Are owned vehicles used for towing special equipment (air compressors, concrete mixers, etc.)? Yes No

Are any automobiles used in parades or other events? Yes No

Are operations periodic or seasonal, resulting in the lay-up of any vehicles for 30 consecutive days or more? Yes No

Are any automobiles equipped with cellular telephones, two-way radios, citizens band radios or similar devices? Yes No

How many automobiles are parked at one location overnight?

Location	# of Vehicles	Value
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Location	# of Vehicles	Value
----------	---------------	-------

Describe any lot protection: _____

Does the applicant lease/rent vehicles to others with operators? Yes No

Does the applicant lease/rent vehicles to others without operators? Yes No

Does the applicant travel to Canada or Mexico? Yes No

Do vehicles have theft alarms? Yes No

How often do drivers receive refresher courses? _____

Is there a set procedure to be followed in case of accident? Yes No

Are drivers trained in cleanup procedures? Yes No

What the maximum radius of operation? _____

What is the average radius of operation? _____

Does the applicant transport chemicals? Yes No

If yes, answer the following questions:

Are all drivers required to have Haz-Mat licenses? Yes No

Is transportation at restricted times of the day? Yes No

Are trucks marked clearly? Yes No

GOODS IN TRANSIT

Describe any owned property or property of others not described elsewhere that is transported

Is there any transport of live animals? ___ Yes ___ No

If yes, describe animals and method of transport: _____

Does the applicant transport any explosives or blasting caps? ___ Yes ___ No

If yes, describe in detail the precautions taken to insure safe passage:

Does applicant transport chemicals in own vehicles? ___ Yes ___ No

Does applicant use refrigerated trucks to transport goods? ___ Yes ___ No

What is the furthest a refrigerated truck would travel? _____

Are there alarms in the truck to notify the driver of temperature fluctuation? ___ Yes ___ No

HIRED/NONOWNERSHIP

Number of volunteers ___ Number of partners ___ Number of employees ___

What percentage of employees regularly use their vehicles in the applicant's business ___%

Describe the type of vehicles normally hired/borrowed and the reason for the hire/borrow:

WORKERS COMPENSATION/ EMPLOYERS' LIABILITY

Does the applicant purchase workers compensation coverage? ___ Yes ___ No

Number of Employees by state:

State # State # State #

List out job description and payroll per job description:

Job _____ Payroll _____

Job _____ Payroll _____

Job _____ Payroll _____

Total annual payroll: _____

Does the applicant have a safety program? ___ Yes ___ No If yes, Attach a copy of the safety program.

Are all potential employees screened prior to employment? ___ Yes ___ No

Are references required and verified? ___ Yes ___ No

Does applicant contract with another firm to lease employees? ___ Yes ___ No

Does applicant lease employees without using an outside agency? ___ Yes ___ No

Does applicant use volunteers? ___ Yes ___ No

Does the applicant employ migrant laborers? ___ Yes ___ No

If yes, describe the operation, the duties performed and the length of time employed.

Is all of the machinery and equipment properly guarded and secured? ___ Yes ___ No

Are employees trained prior to operating any machinery and equipment? ___ Yes ___ No

Are employees trained in the proper cleaning techniques for machinery and equipment? ___ Yes ___ No

Are first aid kits provided? ___ Yes ___ No

Are workers given written information regarding all chemicals? ___ Yes ___ No

Do employees work at other companies owned by applicant ? ___ Yes ___ No If Yes Explain:

Are all employees required to be trained prior to using any machinery? ___ Yes ___ No

LIABILITY – EMPLOYEE BENEFITS

Does the applicant provide benefits to employees? ___ Yes ___ No

If yes, describe the benefits offered.

___ Health ___ Life ___ Disability ___ Stock purchase

___ Pension ___ 401(k) ___ Other

Describe other. _____

Are the benefits available to all employees? ___ Yes ___ No

If no, who qualifies and how are the qualifications published?

Who administers the benefit programs? _____

LIABILITY – EPLI

of employees _____ ___ Full time ___ Seasonal ___ Leased ___ Part time ___ Temporary

Has the applicant ever had a lawsuit against them for any type of employment-related practice such as discrimination (sexual, racial, gender-orientation, religious), sexual harassment or wrongful termination?

___ Yes ___ No

UMBRELLA/Excess Liability

List all policies that provide liability coverage for the applicant.

Insurance coverage

Primary carrier

Limits

Previous Insurance

Has insurance ever been denied, nonrenewed or cancelled? ___ Yes ___ No

If yes, explain. _____

MANAGEMENT PHILOSOPHY QUESTIONNAIRE

What would the applicant state is his or her style of business?

What is the applicant's philosophy regarding insurance?

What does the applicant want insurance to do for it?

What would be the maximum uninsured claim the applicant would be willing to afford?

With small property claims, does the applicant have personnel who can repair the damage?

What is the applicant looking for from an insurance adviser or risk manager?

What has been the best insurance company the applicant has worked with and why?

What was the worst insurance company the applicant has worked with and why?

What other information would help the insurance company know about your operation that would make them want your business? _____

Other Information Needed

- ____ Copy of current Farm coverage
- ____ Copy of current Property Coverage
- ____ Copy of Personal Automobile coverage
- ____ Copy of current Truck/Business Auto coverage
- ____ Copy of current Umbrella/Excess coverage
- ____ Copy of current Workman's Comp Coverage
- ____ Loss runs from your Workman's Comp Coverage (3Yrs)
- ____ Copy of any other insurance coverage's you would like us to quote

Very Helpful Items to have

- ____ Photo Copies of all title work
- ____ List of all Farm Personal Property with values
- ____ List of all vehicles and types

At Americana Insurance Group we take pride in providing coverage and insurance solutions that best fits our customer's needs. With you answering these questions this will help us in doing just that. Without knowing the answer too many of these questions it could jeopardize your coverage. If we were to assume some of these answers it could also jeopardize coverage. Thanks for taking the time in filling out this questionnaire.

All statements and information are true and accurate to the best of my knowledge.

X _____

Signature

NOTES: