

**INSURANCE APPLICATION**  
for  
**DRY MANURE HAULING OPERATORS**

APPLICANT: \_\_\_\_\_ RETURN TO: CHI, LTD / P O BOX 1069  
 ADDRESS: \_\_\_\_\_ HUTCHINSON, KS 67504  
 CITY/ST/ZIP \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 TELEPHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_  
 FEIN: \_\_\_\_\_ DOT NUMBER: \_\_\_\_\_ POLICY PERIOD: \_\_\_\_\_ TO \_\_\_\_\_

- 1) Please describe your business operation(s): \_\_\_\_\_  
 \_\_\_\_\_
- 2) CUSTOMERS: Number of firms for whom you work: \_\_\_\_\_ What type of firms are included in this number:  Cattle  
 Feed Lot  Dairy  Confined Feeding Operation  Other \_\_\_\_\_  
 What is the longest distance that manure will be hauled? \_\_\_\_\_ What is the average distance manure is hauled? \_\_\_\_\_  
 How do you deliver the manure?  Spread it on the field  Dump it in a pile  
 Who loads the manure?  Lot owner or employee  You or one of your employees
- 3) 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 proper 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
- 4) HAULING FOR HIRE: : Do you use your trucks for Hauling for Hire?  Yes  No If yes, do you maintain separate  
 commercial insurance (in addition to this harvest insurance policy) for this exposure?  Yes  No **If you desire coverage  
 for this exposure under this policy, an additional application must be completed.**
- 5) SAFETY: Do you have a specific training plan for new employees?  Yes  No  
 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  
 DOT number: \_\_\_\_\_ ICC number: MC \_\_\_\_\_  
 Has your insurance been cancelled in the prior 3 years?  Yes  No If so, for what cause?  Non-payment of premium  
 Loss Ratio  Claims frequency  Other underwriting criteria not met
- 6) MANAGEMENT: How many years have you been working with manure hauling and spreading? \_\_\_\_\_  
 Please list the owner's primary duties: \_\_\_\_\_  
 Do you operate as a  Sole Proprietor  Partnership  L.L.C.  Corporation
- 7) EMPLOYEES: Total number of employees \_\_\_\_\_ Please list all employees who will operate trucks:

NAME	LICENSE NUMBER	ST	DATE OF BIRTH	DRIVING EXPERIENCE	YEARS WITH FIRM

9) ATTACHMENTS: **The following documents must be attached or submitted before coverage can be granted:**

- Company Loss Runs for prior three years of insurance coverage
- Copy of vehicle registrations or titles for all power units

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

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**POLICY TYPES REQUESTED**

**BUSINESS AUTO COVERAGE:**

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	Phys Damage	
					Yes	No
1						
2						
3						
4						
5						
6						

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:**

Standard Coverage:

\$1,000,000 Occurrence

\$2,000,000 Aggregate Limit

\$5,000 Medical Payments

Please list wages paid for all employees: \_\_\_\_\_

\_\_\_ I would like to apply for Excess Liability Coverage:

\_\_\_ \$1,000,000

\_\_\_ \$2,000,000

\_\_\_ \$3,000,000

\_\_\_ \$4,000,000

\_\_\_ \$5,000,000

**INLAND MARINE COVERAGE:**

YES

NO

Mobile Radios: # of Radios \_\_\_\_\_ Value of each radio \_\_\_\_\_ Total Value \_\_\_\_\_

Miscellaneous Tools and Parts: Total Blanket Value \_\_\_\_\_

Cargo: # of Units \_\_\_\_\_ Amount per Unit \_\_\_\_\_ Commodity hauled \_\_\_\_\_

Cargo: # of Units \_\_\_\_\_ Amount per Unit \_\_\_\_\_ Commodity hauled \_\_\_\_\_

Mobile Agricultural Equipment:

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

**MUST BE SIGNED BY ALL CUSTOM HARVEST INSURANCE POLICY HOLDERS**

I select **State Minimum Statutory** Uninsured Motorist Bodily Injury Limit and I select **Non-Stacked** Uninsured Motorist Limit.

Signature: \_\_\_\_\_

I acknowledge that **Workers Compensation** coverage is **not** offered under any of the coverages herein applied for with this application. I understand that it is my responsibility to procure **Workers Compensation** coverage through any other source available to me.

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.

Signature of Insured: \_\_\_\_\_

Date: \_\_\_\_\_