

INSURANCE APPLICATION
for
CITRUS & VEGETABLE HARVESTING OPERATORS

APPLICANT: _____ RETURN TO: CHI, LTD / P O BOX 1069
ADDRESS: _____ HUTCHINSON, KS 67504
CITY/ST/ZIP _____ FAX: (620) 259-6994
TELEPHONE (____) _____ CELL 1 (____) _____ CELL 2 (____) _____
E MAIL: _____ FEIN: _____ Sole Prop Partnership L.L.C. Corp
COMPANY: _____ POL PERIOD: _____ to _____ POLICY NUMBER _____

UNDERWRITING INFORMATION

- 1) Please describe your business operation(s) and crops harvested: _____

- 2) CUSTOMERS: Number of firms for whom you work: _____ If these firms require Certificate of Insurance, list name and full address. If these firms require Additional Insured Endorsement to your policy, check the box.
- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| _____ | _____ | _____ |
| _____ <input type="checkbox"/> | _____ <input type="checkbox"/> | _____ <input type="checkbox"/> |
- 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
Are any vans/buses insured under this policy used in any state other than Florida? Yes No If yes, what states and for what purpose? _____
How many goats do you operate? _____
- 4) HAULING FOR HIRE:
This Program only insures trucks that move produce from the field to the first point of processing. Is all your trucking from field to processing center Yes No If yes what is the average distance from field to processing center: _____
Longest distance from field to processing center: _____
- If your trucking also involves hauling that is not from field to processing center, what percent of annual mileage constitutes this non-harvesting hauling: ____% What do you haul: _____ To whom do you haul: _____
How many trips per year _____
Average One Way Mileage _____ Maximum Single Trip One Way Miles _____
Annual Non-Harvest Miles per Truck _____ List Major Cities entered _____
- 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
Do you need filings made with either ICC or a State authority ? Please list all filings needed: _____
DOT number: _____ ICC number: MC _____

6) MANAGEMENT: What year did you begin working as a custom operator? _____
 Please list the owner's primary duties: _____
 If you are not in the field, how many foremen are in charge of field supervision? ____ Foreman years experience in Industry ____ Years Foreman has worked for you ____

7) EMPLOYEES: Total number of employees _____ Please list all employees who will operate trucks:

NAME	DRIVERS LICENSE	ST	DATE OF BIRTH	EXPERIENCE DRIVING	EXPERIENCE WITH FIRM

Do you own or lease housing that you rent to employees of your business? Yes No In what name is this housing titled or leased, and if rent is paid, to what name is the rent paid? _____
 Please check all items that apply to housing provided for employees: Fire Extinguishers present Smoke alarms First floor occupancy only 4 or less per room Cooking on premises Yes No

8) CARETAKING: Does your business operation provide any caretaking services? Yes No What services do you perform?
 Mowing Unrestricted Label Chemical Spraying Restricted Label Chemical Spraying Tree nursery services
 Hedging/Topping Other _____

How do you move equipment from one job site to another? Stored at each grove, no moving Road equipment on public roads Move equipment on lowboy trailers with tractor truck
 How many service vehicles do you operate with attached fuel bulk storage tanks to haul fuel to field? _____ Do you empty fuel storage tanks when traveling in caravan between jobs? Yes No

9) INSURANCE: **MISSOURI APPLICANTS NEED NOT REPLY.** 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

Name of agent or company that provides Workmen's Compensation for your employees _____
 What is the rule concerning coverage of new workers? Not covered until reported to company Covered from moment of job offer, five days to report Covered when employee sets foot on bus or van

10) 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.

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

- **Company Loss Runs for prior three years of insurance coverage**
- **Workmen's Compensation Certificate or Form 3111 proving Work Comp coverage. (AIG Company) must receive a certificate from your Workmen's Compensation carrier**
- **Copy of vehicle registrations or titles for all power units**
- **Copy of Crew Leader Certification with Migrant Labor Transportation authority**
- **Copy of Certificate of Annual Inspection of all Vans and Buses**
- **Copy of Chemical Applicators License and Certification of Continuing Education Update**

POLICY TYPES REQUESTED

BUSINESS AUTO COVERAGE: YES NO

Standard Coverages:

Liability- \$1,000,000

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

Pip – \$10,000 in FL; 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						
13						

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

Please list estimated total harvesting sales receipts: _____ From caretaking operations: _____

EXCESS LIABILITY/UMBRELLA COVERAGE: YES NO

\$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 _____

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

Mobile Agricultural Equipment:

YEAR	MAKE	ID NUMBER	VALUE	\$1000	\$2500

FRAUD WARNING

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 DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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, the undersigned, declare that the answers to all questions herein are complete and truthful. I agree that I have been offered every insurance product represented 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.

I, the undersigned, agree that if the information supplied on this application changes between the date of this application and the effective date of the insurance, I, the undersigned, will immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations, authorization or agreement to bind the insurance.

Because I, the undersigned, 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 into 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: _____ Address: _____

(must be signed by an authorized officer)