



Fertilizer/Chemical Supplemental Questionnaire

Type of Crops Applied	Est. Percent of Total	Type of Crops Applied	Est. Percent of Total
Corn		Fruits	
Soybeans		Vegetables	
Wheat		Cotton	
Alfalfa		Nuts	
Vineyards		Other:	
Operations			
Does the insured sell or distribute any products or components purchased or acquired directly from a foreign manufacturer or supplier?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the insured provide any advice on the use and/or application of any fertilizers/pesticides products that they sell? (Other than that included on the label or manufacturer's instructions.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you hire any person or company to apply any fertilizers or pesticides for you?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:			
Is there a Certified Crop Advisor on Staff?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pesticide Operations			
All employees who apply pesticides have a current spray applicators license?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All chemical tanks contained per state regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Do repackage, re-label or otherwise alter any fertilizer or agricultural chemical products?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Do you package bulk pesticides into smaller containers?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Estimated percentage of pesticides mixed in the field?		%	
Estimated percentage of pesticides mixed at the plant?		%	
Are pesticides ever applied outside the product label's recommendations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If pesticides are applied outside the product labels recommendations is this done by the advisement of a 3 rd party with documentation?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Do updated field maps accompany the applicator for each application?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are spray logs per minimum requirements required by the state operated in?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are procedures in place for flushing applicator tanks, lines, nozzles, piping, nurse tanks, and etc. of residues when changing to a different chemical?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Drift retardants used?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are partially used pesticide containers properly stored and labeled?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

What procedures are performed to prevent damaged to adjacent non-targeted property?	
Is GPS used for application of chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you apply Methyl Bromide to vegetable crops?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aerial Application	
Do you hire aerial applicators to apply any product to a customer's field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemicals billed to the aerial applicator or farm customer?	<input type="checkbox"/> Applicator <input type="checkbox"/> Farmer
Is the aerial applicator advised and given a field map for which field to apply?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are chemicals mixed for the applicator?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there any hold harmless agreement signed by the aerial applicator if hired to apply chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If aerial applicator is hired are certificates of insurance obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Fertilizer Operations	
Do you apply organic fertilizers to fruits and vegetables?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
All bulk fertilizer tanks contained per state regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there a bagging operation of fertilizers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are fertilizers blended and bagged for other companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Scale equipment checked annually for accuracy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there a program to calibrate the fertilizer spreaders at least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is GPS equipment used in the application of some fertilizers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Ammonium Nitrate (AN)	<input type="checkbox"/>
Is (AN) stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If AN is stored, what is the maximum tons stored at one time?	tons
% of Bagged AN _____ % of Bulk AN _____	
If AN is stored, is access to the ammonium nitrate secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If AN is stored are any other items stored in the same building?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, please provide a brief description of what is being stored:	
What locations currently store AN?	
Has a CSAT report been filed with Homeland Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are sales records kept along with a copy of a photo ID?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Anhydrous Ammonia (NH3)	
Is safety information regarding hazards of NH3, operating instructions and emergency procedures provided to customers and documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are operation and safety instruction labels applied to NH3 nurse tanks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the customer provided PPE, such as, rubber gloves & goggles?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there a risk management plan for the anhydrous ammonia plant and updated as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Estimated percentage of anhydrous ammonia equipment picked up by the customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are there procedures in place to deter theft of anhydrous ammonia from bulk and nurse tank storage tanks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are full NH3 nurse tanks ever left in a customer's field unattended at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there any custom application of anhydrous ammonia?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are anhydrous ammonia nurse tanks with missing data plates tested in accordance to the DOT-SP 13554 requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Inland Marine (Forklifts, front end loaders, NH3 nurse tanks/tool bars, etc)	
Is there a documented training program for operation of powered industrial trucks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there a maintenance program for all equipment and documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are slow moving vehicle signs affixed to the rear of dry fertilizer carts and self-propelled applicators that are required to travel 30 mph or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are safety chains available for all mobile equipment and attached to the towing vehicle before leaving the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Any equipment such as applicators delivered by flat bed trailers to the fields?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you drive across any private customer bridges?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If you drive across private bridges are they evaluated and documentation received by the customer as to the weight rating?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Property	
Diagram of buildings/tanks with age and capacity provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the electrical wiring, breaker boxes, outlets and switches in the dry fertilizer warehouse enclosed in plastic conduit to reduce corrosion from the fertilizer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are wooden pallets stored outside stored at least 30' away from buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are bucket elevator legs guyed to separate supports and not the building itself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are storage tanks valves locked when the plant is unattended?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
All fertilizer and chemical bulk tanks secured/locked when unattended?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
All sight gauge valves secured/locked when unattended?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there surge protection for the scale equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are packaged chemicals kept in a heated room to keep from freezing in the winter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there secondary containment for packaged chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there secondary containment for bulk chemicals that meets state requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there secondary containment for liquid fertilizers that meets state requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Safety Programs	
New employee and annual documented training for OSHA standards, including, hazard communication, confined space, bin entry, lock out/tag out, Hot Work, fire extinguishers, emergency action plans, and etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
All appropriate employees comply with hazardous materials training within 90 days of employment and every 3 years thereafter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificates of insurance received from contractors to perform service on property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificates of insurance received from trucking companies hired to transport products to or from your facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fleet/Auto	
Motor vehicle reports obtained annually for all drivers of company vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written company auto policy addressing responsibilities, personal use and disciplinary actions for moving violations and/or accidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUD NOTICE

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 INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND 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 Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares 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 materially 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 KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK 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 insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents and warrants that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

PRODUCER INFORMATION:

Producer Name (Printed)

Producer Signature*

Agency Name

Agency Code

License Number

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.