



Agriculture WC Supplemental

Please complete, sign and return to your Falls Lake Underwriter.

General Information

| | | | |
|------------------------|--|-----------------------|--|
| Named Insured: | | Date Form Completed: | |
| Entity Type: | | Form Completed By: | |
| Years of Operation: | | Safety Manager: | |
| State(s) of Operation: | | Safety Manager Email: | |
| DOT Number: | | Safety Manager Phone: | |
| Website: | | | |

General Exposures - required to be completed

| Type of Operation | Devoted Acreage (#) | Description of Operation |
|-----------------------|---------------------|--------------------------|
| Row Crops | | |
| Orchards | | |
| Vineyards | | |
| Livestock (List Type) | | |
| Other | | |
| Total | | |

| | | |
|--|-----|----|
| Does the applicant operate a retail store? | Yes | No |
| Does the applicant package harvested crops for others? | Yes | No |
| Do employees train, breed, or ride horses? | Yes | No |
| Does the applicant grow and/or distribute cannabis or hemp products? | Yes | No |
| Does the applicant operate a cotton gin? | Yes | No |
| Does the applicant have confined space exposure? | Yes | No |
| Does the applicant provide personal protective equipment to employees? | Yes | No |
| Does the applicant have an established procedure for reporting claims? | Yes | No |
| Does the applicant maintain a formal accident investigation program? | Yes | No |



H2A Exposure - if applicable

What is the maximum number of H2A employees on staff at any point in the year? _____

What is the annual H2A payroll amount? _____

What is the approximate radius between the work location and housing location? _____

Is the rental value of H2A housing included in payroll amounts? Yes No

Grain Milling Exposure - if applicable

Do employees work inside grain bins? Yes No

- If yes, describe confined space controls: _____

Max height of grain milling work? _____ ft.

Describe fall protection program. _____

What protocols are in place to prevent grain dust explosions? _____

Custom Harvesting/Planting Exposure - if applicable

Does the insured perform harvesting or planting services for others? Yes No

- If so, what percent of operations includes harvesting or planting for others? _____

- If so, what is the applicant harvesting? _____

Transportation Exposure - if applicable

Does insured transport their own products? Yes No

Number of transport vehicles: _____

Average radius of transportation: _____ miles

Is group transportation exposure present? Yes No

- If yes, please describe the nature of the group transportation _____

- If yes, approximately how many times per month does group transportation occur? _____

Does the insured transport animals? Yes No

- If yes, what type of animals and what is the average radius? _____



Risk Management – *required to be completed*

| | | | | | |
|------------------------------------|-----|----|--|-----|----|
| Written applications used at hire? | Yes | No | Written safety program? | Yes | No |
| Formal Training/Orientation? | Yes | No | Regular documented safety meetings? | Yes | No |
| Pre-employment drug screenings? | Yes | No | Formal fall protection program? | Yes | No |
| Post-accident drug testing? | Yes | No | Early return to work program? | Yes | No |
| Cell phone policy? | Yes | No | Heat-related illness prevention program? | Yes | No |
| Pre-hire physical exams? | Yes | No | Accident investigation program? | Yes | No |

Representation

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME and VA, insurance Benefits may also be denied.)

THIS DOCUMENT MUST BE SIGNED

Date of Completion: _____

Applicant Signature: _____

Applicant Title: _____

Agent Signature: _____