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Agriculture / Farming - Industry Supplemental Questionnaire

Applicant Information:

Proposed Effective Date:	Legal Name:	Application ID:

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Application completed by: Broker: ☐ Employer: ☐

Please provide (*first, last*) name: _____ Date: _____

Business operations include:
☐ Custom Harvester ☐ Grower ☐ Packer
☐ Labor Contractor ☐ Other: _____

Please select all that apply:
☐ Alfalfa/Hay/Cereal Grains ☐ Citrus
☐ Cotton ☐ Dairy Farm
☐ Deciduous fruit ☐ Livestock
☐ Melons/pumpkins ☐ Nut crops
☐ Potatoes/Sugar Beets ☐ Strawberries/Bush berries
☐ Truck Farm ☐ Vineyard
☐ Other: _____

Farm Operations:
Manually Harvested ____ %
Mechanical Harvesting ____ %
Harvested by Others ____ %
Total: 100 %

Are pruning operations performed by employees? Yes ☐ No ☐
Any crop-dusting operations? Yes ☐ No ☐
Any crops/orchards located on hillsides or slopes? Yes ☐ No ☐

Pesticides/Fertilizers are applied by:
Employees: ☐ Outside Vendor: ☐

If the business operates a Dairy Farm, please answer the following, or check: ☐ My business does not operate a dairy farm.

Size of dairy herd: _____
Does risk grow own feed? Yes ☐ No ☐

Milking barn is: Flat ☐ Elevated ☐
Average # of milking's per day: _____

Are proper safety procedures in place for near stem pipes, lagoons or sump pumps? Yes ☐ No ☐ N/A ☐

Vehicle exposure: N/A ☐ If applicable, please answer the following;

Group transportation? No ☐ Yes: Avg. # of employees per vehicle: _____
Please explain reason for group transportation:

Does the risk deliver any products? Yes ☐ No ☐

Total # of Vehicles: _____ Number of employee drivers: _____
Do employees take the vehicle home overnight? Yes ☐ No ☐

Radius in miles: _____ mi. GPS tracking system installed? Yes ☐ No ☐
MVR's Checked: Yes ☐ No ☐ Company Owned Vehicles: Yes ☐ No ☐

PUC Filing: N/A ☐ Yes: _____ MCP Filing: N/A ☐ Yes: _____

Is housing provided? Yes ☐ No ☐
If yes, # of employees who are provided with housing: _____

Are ATVs used? Yes ☐ No ☐
If yes, how many ATVs are used? _____

Are any of the employees relatives of the business owner: Yes ☐ No ☐
Number of employees who are relatives: _____

If yes: Are the relatives included in the payroll estimates?
Yes ☐ No ☐

General Classification Evaluation:

1) Maximum Height exposure: _____ Ft. ☐ N/A
If applicable - Method of reaching height exposures: (*Check all that apply)*
Ladder ☐ Scaffolding ☐ Scissor Lifts ☐ Other: ☐ _____
If scaffolding is used, does the insured build their own? Yes ☐ No ☐

2) Maximum Weight lifted: _____ lbs. ☐ N/A
If applicable: Manual Lifting ☐ Employee(s) lifts with assistance: ☐ Please explain: _____
Please list the typical types of items lifted: _____

3) Any Out of State, International, or Overnight Travel: No ☐ If Yes, please provide the following:
Number of employees traveling: _____
Method of transportation: _____ Location(s): _____
Frequency of travel: _____

4) CPR Training provided: Yes ☐ No ☐ **If Yes -** Number of employees certified: _____

Claims Handling:

1) Is there a set procedure for reporting claims? Yes ☐ No ☐
2) Is there a formal written accident investigation report? Yes ☐ No ☐
3) Do you currently participate in an MPN program to control claim costs? Yes ☐ No ☐

Personnel Practices:

1) New hire orientation program: Yes ☐ No ☐ Is the orientation documented? Yes ☐ No ☐
2) Owner is active in daily operations: Yes ☐ No ☐
3) Employee Handbook: Yes ☐ No ☐
4) Post-accident drug testing: Yes ☐ No ☐
5) Job specific training: Yes ☐ No ☐
6) Performance Appraisals: Yes ☐ No ☐
7) Wellness program in place: Yes ☐ No ☐
8) Are any of the following benefits provided?
   - Medical: No ☐ Yes: Employer contribution: ____% Percentage of employees enrolled: ____%
   - Retirement: No ☐ Yes: Employer contribution: ____% Percentage of employees enrolled: ____%
9) Any other information in regard to employee benefits? If so, please provide those details:

Employer-Employee Relationship:

1) Employee Turnover Rate (Annually): ____% Average Tenure of Employees (in # of years): ____
2) Number of employees hired:
   - Full Time (annual): ____ Payroll Estimate: $____
   - Part Time/Seasonal: ____ Payroll Estimate: $____
   - No. of seasonal Employees: ____ Seasonal Employee Period (From Month: ____ to Month: ____)

Safety Program/Practices which are implemented and enforced:

1) Fall Protection Plan: Yes ☐ No ☐ N/A ☐
2) Heat and illness prevention program: Yes ☐ No ☐ N/A ☐
3) Do you maintain a Workplace Violence Prevention Plan? Yes ☐ No ☐ N/A ☐
4) Extreme temperature program meets Cal OSHA Requirements: Yes ☐ No ☐ N/A ☐
5) Respiratory program: Yes ☐ No ☐ N/A ☐
6) Driver safety training plan: Yes ☐ No ☐ N/A ☐
7) Forklift training & safety plan: Yes ☐ No ☐ N/A ☐
   If Yes – Annual Certification required: Yes ☐ No ☐ N/A ☐
8) MSDS available for all chemicals/products used: Yes ☐ No ☐ N/A ☐
9) Written Lockout/Tag out/Block out Procedures: Yes ☐ No ☐ N/A ☐
10) Hazardous chemicals safety plan: Yes ☐ No ☐ N/A ☐
11) Confined spaces plan: Yes ☐ No ☐ N/A ☐
12) Active safety incentive program for all employees: Yes ☐ No ☐ N/A ☐
13) Are supervisors held accountable for a safe work environment? Yes ☐ No ☐ N/A ☐
14) Is there a dedicated full time safety manager? Yes ☐ No ☐ N/A ☐
    If Yes – Please provide:
    Name: ____ Title: ____
15) Safety meetings are conducted: ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Does not conduct safety meetings
    Are safety meetings documented? Yes ☐ No ☐
16) Personal Protective equipment provide to all employees: No ☐ Yes, please list types: ____
17) Employee to Supervisor ratio: ____ / ____
18) What loss prevention recommendations has the insured implemented? ☐ Loss control service has not been performed.

Year implemented: ____	Please explain...

Machinery and Equipment:

1) Please list the types of machinery/equipment used: ____ N/A ☐
2) Are all equipment operators certified? Yes ☐ No ☐
3) Are all machineries/equipment properly guarded: Yes ☐ No ☐
4) Age of equipment in years: ☐ 0-5 ☐ 5-10 ☐ 10-20 ☐ 20+
5) Condition of the equipment: ☐ Excellent ☐ Good ☐ Average ☐ Poor
6) Who is responsible for maintaining machinery? ☐ Insured ☐ Contractor ☐ Other: ____

Is there any other information about your company, operations, or practices you have implemented which could have an impact on mitigating injuries?