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P.O. Box 4439 Sandy, UT 84091
877-678-7342 • Fax 800-478-9880

AGRICULTURAL CHEMICAL LIABILITY

1. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Producer's Name: _____

Producer's E-mail: _____ Telephone Number: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture

Other (please describe): _____

Annual Payroll: \$ _____

Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

2. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?

Yes No

If the standard markets are declining placement, please explain why: _____

3. Desired Insurance

Limit of Liability:

Per Accident/Aggregate

Per Person/Per Accident/Aggregate

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="radio"/> \$50,000 /\$100,000 <input type="radio"/> \$150,000/\$300,000 <input type="radio"/> \$250,000/\$1,000,000 <input type="radio"/> \$500,000/\$1,000,000 <input type="radio"/> Other: _____ | <ul style="list-style-type: none"> <input type="radio"/> \$25,000/\$50,000/\$100,000 <input type="radio"/> \$75,000/\$150,000/\$300,000 <input type="radio"/> \$100,000/\$250,000/\$1,000,000 <input type="radio"/> \$250,000/\$500,000/\$1,000,000 <input type="radio"/> Other: _____ |
|--|---|

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

4. Business Activities

1. Number of Total Staff: _____ Full-time: _____ Part-time: _____

	Estimated Annual Payroll	Gross Payroll
A. Licensed Applicators		
B. Other Service Personnel		
C. Office Employees		
D. Salesmen		
E. All Other Service Employees		

2. How many service vehicles operated last year? _____ How many operated this year? _____
 How many vehicles owned by Business other than Service Vehicles? _____

3. Please specify the dollar amount and percentage relative to all services performed:

	Annual Dollar Amount	Percentage
A. Agricultural Chemical Application (Non-Edible) NO AERIAL APPLICATION COVERAGE PROVIDED		
1. Ground Application of Insecticides	\$	%
2. Ground Application of Fertilizers	\$	%
3. Ground Application of Herbicides	\$	%
4. Other: explain: _____	\$	%
B. Agricultural Chemical Application (Edible) NO AERIAL APPLICATION COVERAGE PROVIDED		
1. Ground Application of Insecticides	\$	%
2. Ground Application of Fertilizers	\$	%
3. Ground Application of Herbicides	\$	%
4. Other: explain: _____	\$	%
C. Fumigation:		
1. Tenting, Building (Commercial / Residential)	\$	%
2. Commodities (Products, Agriculture)	\$	%
3. All Other – explain:	\$	%
D. Pest Control Operations		
1. Insect Control	\$	%
2. Rodent Control	\$	%
3. Termite Control	\$	%
4. Termite Pre-treatment	\$	%
5. Odor & Moisture Control	\$	%
6. Radon Inspection Service	\$	%
7. Mosquito Control (if over 10% see separate questionnaire)	\$	%
E. Tree Service Operations		
1. Tree Spraying	\$	%
2. Tree Injection	\$	%
3. Tree Trimming	\$	%
4. Tree Removal	\$	%
5. Stump Removal	\$	%
6. Tree Planting	\$	%
7. Shrub Planting	\$	%
8. Brush & Lot Clearing	\$	%
9. Chipping	\$	%

	Annual Dollar Amount	Percentage
F. Vegetation Management Operations		
1. Tree Spraying	\$	%
2. Tree Injection	\$	%
3. Tree Trimming	\$	%
4. Tree Removal	\$	%
5. Stump Removal	\$	%
6. Tree Planting	\$	%
7. Shrub Planting	\$	%
8. Brush & Lot Clearing	\$	%
9. Chipping	\$	%
10. Lawn & Shrub Chemical Service	\$	%
11. Weed Control Chemical Service	\$	%
12. Fertilizer Chemical Service	\$	%
13. Right of Way Chemical Service	\$	%
14. Mowing and Raking Lawn Care	\$	%
15. Core Aeration	\$	%
16. Nursery Operations	\$	%
G. Wildlife Management Operations		
1. Wild Bird Trapping & Control	\$	%
2. Wild Animal Trapping & Control	\$	%
3. Control & Prevention Services (Screening & Venting)	\$	%
4. Wildlife Inspections	\$	%
5. Domestic and/or Suburban Animal Control	\$	%
H. Sales Services		
1. Wholesale Sales of Chemical Products	\$	%
2. Wholesale Sales of Equipment	\$	%
3. Retail Sales of Chemical Products	\$	%
4. Retail Sales of Equipment	\$	%
5. Firewood Sales	\$4	%
6. All Other Sales – explain: _____	\$	%

	Annual Dollar Amount	Percentage
I. All Other Contract Services		
1. Snow Removal – explain: _____	\$	%
2. Roof Cleaning – explain: _____	\$	%
3. Carpet Cleaning – explain: _____	\$	%
4. Janitorial Services – explain: _____	\$	%
5. Window Cleaning – explain: _____	\$	%
6. Septic Tank Cleaning – explain: _____	\$	%
7. Chimney Cleaning – explain: _____	\$	%
8. All Other – explain: _____	\$	%
J. TOTAL ANNUAL GROSS INCOME	\$	%

NOTE: A Coverage Contract, which might be issued pursuant to this questionnaire, will not cover liability arising out of the use of pesticides or chemicals not approved by the EPA and/or not authorized in the state of application.

5. Any sales of Manufactured chemical you produce that are not pre-mixed formulas? Yes No
6. Any use of 1080 Compounds? Yes No
If Yes, explain: _____
7. Is any mechanical or contractors equipment left unattended at any job site? Yes No
8. NOTE: Should a child be injured, the attractive nuisance doctrine may be applied and strict liability would be imposed. In an accident involving a minor contributory negligence is not available as a defense.
9. Do you ever rent or borrow equipment from others or loan to others? Yes No
If Yes, explain: _____
10. Do you sell any products to the public? Yes No
If Yes, explain: _____
11. Are all employees given regular thorough physical examinations? Yes No
If No, would you be willing to require? Yes No
12. Do you operate beyond a 50-mile radius? Yes No
If Yes, how far? _____
13. Are adequate records obtained and maintained of bid orders, work orders, release agreements, billings reports of accidents or problems on a job, etc.? Yes No
14. Please identify the locations and square footage of any space you occupy in association with your business:

Locations:	Square Footage:
Office:	
Warehouse:	
Garage:	
Parking:	

15. Please provide a list of the equipment in use relating to your "on the job" business operations: _____

16. Do you drill underground Foundation, Concrete or Pavement that exceeds 2 ft. below the surface?

Yes No

If Yes, explain: _____

17. If Public Utilities (Power, Gas, Phone, Water) are available, do you use their customer service for assistance and to identify Underground Fixtures prior to work?

Yes No

If No, explain why: _____

18. Are Primary Chemicals sold?

Yes No

If Yes, note **Retail** or **Wholesale** and list manufacturer and amount of sales:

	Manufacturer:	Amount of Sales:
Retail / Wholesale		
Retail / Wholesale		
Retail / Wholesale		

19. Does your state require licensing of all Landscape Companies?

Yes No

20. Does your state require licensing of Tree Service Companies?

Yes No

21. Does your state require licensing of all Applicators?

Yes No

22. Indicate the chemical and manufacturer of each used for the following:

	Chemical Used	Manufacturer
A. Agricultural Chemical Application: 1. _____ 2. _____ 3. _____		
B. Lawn, Shrubs and other Vegetation or Land Mgmt. Services: 1. _____ 2. _____ 3. _____		
C. Fumigation: 1. _____ 2. _____ 3. _____		

	Chemical Used	Manufacturer
D. Exterminating Insects, Rodents, Termites: (you may provide a separate list) 1. _____ 2. _____ 3. _____		
E. Aquatic Chemical Application: 1. _____ 2. _____ 3. _____		
F. Janitorial / Window Cleaning Services: 1. _____ 2. _____ 3. _____		
G. Carpet Cleaning Services: 1. _____ 2. _____ 3. _____		
H. Other – explain: 1. _____ 2. _____		

23. List principal Owners and Operators of business:

Name:	Duties:	Years Experience:

24. Provide a copy of your Training Program, Bid and Job Contract, Work Order Form, Customer Release of Liability Form, and a copy of your Yellow Page Ad, and any sales brochures or pertinent material.

25. Do you sub-contract out work? Yes No

If Yes, explain: _____

26. Do you request certification of liability from Sub-Contractors? Yes No

27. Indicate the percentage of the type of services you provide:

A. Commercial Clients	%	F. Residential	%
B. Industrial Clients	%	G. Restaurant, Bar, Tavern	%
C. Municipal Clients	%	H. Office Building	%
D. Religious Clients	%	I. U.S. Government	%

E. Hospital or Health Care	%	J. Schools or Arenas	%
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28. Has any prior carrier cancelled insurance for reasons other than non-payment of premium or because they no longer write your type of business? Yes No

If Yes, explain: _____

29. Do you operate from your home and use chemicals? Yes No

If Yes, answer the following questions?

A. Are all chemicals stored in a separate building? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please describe in detail your storage of chemicals, containers, etc. (Use separate sheet titled "Storage and Manufacturing of Chemicals". _____ _____
B. How are chemicals protected and secured? (Use separate sheet titled "Locked, Alarm System, etc.". _____ _____
C. What is the form of heating used in your chemical storage area? _____ _____

30. Do you rent equipment out for "Do It Yourself" clients? Yes No

If Yes, what are the gross receipts? \$ _____

31. Explain or outline your equipment maintenance and service program: _____

32. Claims and Loss History:

A. Have any claim involving professional services ever been made against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe each claim on a separate sheet of paper.
B. Have you ever been subject of a complaint to or disciplinary action by authorities as a result of your professional activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe on a separate sheet of paper.
C. Has any employee or independent contractor been injured or had cause or reason to lose work or seek medical care due to his occupation and related activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe on a separate sheet of paper.

33. Are you a member of any Association or Group? Yes No

How Long? _____

Name of Association: _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial

institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name