



ASA

Agri-Services Agency
Leaders in Agricultural Insurance

AGRI-SERVICES AGENCY GROUP

Livestock Farm Supplemental Application

Company Name:			
Contact Name:			
Address:			
City:	State:	Zip:	FEIN#:
Phone #:	Cell Phone #:	Fax#:	
Website and/or Email Address:			

- Do you own or rent farm? Own Rent # of acres owned/rented _____ # years in business _____

Please provide us with a complete description of operation: _____

Type of livestock (beef cattle, hogs, etc.) _____ # in each herd _____

Give brief description of your herd health program: _____

- Does this farm involve an absentee owner? Yes No

If yes, please give the name of the farm manager? _____
- If children work on the farm, provide their ages & duties:

_____ Family Member Yes No

_____ Family Member Yes No

_____ Family Member Yes No
- Describe new hire and training program _____

- Describe your safety program. _____

- Do you have bull(s) on the premises? Yes No How many? _____ Do they wear bells? Yes No

Do they wear nose rings? Yes No

Are warning signs posted to alert employees to take extra caution? Yes No

How are they housed? _____

What are your bull handling procedures? _____

7. Equipment:
 Who is responsible for maintenance of equipment? _____
 How many tractors do you have? _____
 How many tractors do you have on public roads have slow moving vehicle (SMV) mounted on them? _____
 How many of your tractors have ROPS & seatbelts? _____
 How many power take offs have shields? _____
 Does your farm have a "no rider" policy on tractors? Yes No
 Does anyone under the age of 18 operate tractors? Yes No
 If yes, what type of training have they received? _____

8. If silo(s) are on the premises, please provide the number of silos and construction type. _____

What is your safety program in maintaining/repairing the silos? _____

How often is the silo(s) entered? _____ Are silo ladders equipped with safety cages? Yes No
 Is a two-buddy system used? Yes No
 If yes, please describe: _____

When climbing, is a harness worn? Yes No
 If service or repair is contracted out, do you require current certificates of insurance? Yes No

9. Describe your manure disposal operation along with safety precautions. _____

Are warning and/or no entry signs posted? Yes No
 Are pits/lagoons fenced in? Yes No

10. Do you have a silage bunker on the premises? Yes No
 If yes, what is the height of the wall? _____
 What type of equipment is used to unload silage? _____

What safety precautions are implemented to prevent under undercutting and collapse? _____

Requested date of coverage: _____

- A. Coverage will become effective at 12:01 a.m. on the date stated above, subject to approval of this application and receipt of the deposit premium in our office. Signing of this application warrants that all of the above questions have been completely answered and have not been willfully misrepresented in order to obtain insurance with the Agri-Services Safety Group.
- B. The premium quoted will be based upon the nature of the operations and the estimated payroll disclosed by the employer in this application. The employer shall furnish the Agri-Services Safety Group with proper notice of any change in the nature of its operations or its estimated payroll; such changes may result in an increase or a decrease in the premium due under this policy. The employer agrees to keep an accurate record of employees and payroll expenditures, and to report injuries and occupational diseases to the Safety Group immediately.

ALL INFORMATION SUPPLIED BY THE APPLICANT IS SUBJECT TO VERIFICATION

THE APPLICATION **MUST BE SIGNED** BY AN OWNER, A PARTNER, OR A CORPORATE OFFICER.

Signature: _____ Title: _____ Date: _____

Print Name of Signature: _____

AGENT SIGNATURE: _____