

AGRI-SERVICES AGENCY GROUP

Milk Hauling Supplemental Application

Contact Name:							
Address:							
City:	State:		Zip:			FEIN#:	
hone #: Cell Phone #:		#:	Fax#:				
Website and/or Email	Address:						
Have you had previous Workers' Compensation coverage? Have you ever been cancelled? If yes, explain:							
Has any employee been injured while working for a previous employer? If yes, give full details:							
Radius of operation 0-50 miles	n in miles:%, 51-200 miles roundtrip haul by one	%, 20	1-500 miles	%, 501 or		%	
Radius of operation 0-50 miles	n in miles:%, 51-200 miles roundtrip haul by one o	%, 20 driver?	1-500 miles miles	%, 501 or	more miles _		
Radius of operation 0-50 miles	n in miles:%, 51-200 miles roundtrip haul by one of the ment Operated: Private	%, 20 driver?	1-500 miles	%, 501 or		% Trailers]
Radius of operation 0-50 miles	n in miles:%, 51-200 miles roundtrip haul by one o	%, 20 driver?	1-500 miles miles Medium	%, 501 or	more miles _		
Radius of operation 0-50 miles What is the longest Schedule of Equipm Owned Leased w/o	n in miles:%, 51-200 miles roundtrip haul by one of the ment Operated: Private Passenger Drivers	%, 20 driver?	1-500 miles miles Medium	%, 501 or	more miles _		
Radius of operation 0-50 miles What is the longest Schedule of Equipm Owned Leased w/o Owner Operation	n in miles:%, 51-200 miles roundtrip haul by one of the ment Operated: Private Passenger Drivers rators	%, 20 driver?	1-500 miles miles Medium	%, 501 or	more miles _		
Radius of operation 0-50 miles what is the longest Schedule of Equipm Owned Leased w/o	n in miles:%, 51-200 miles roundtrip haul by one of the ment Operated: Private Passenger Drivers rators	%, 20 driver?	1-500 miles miles Medium	%, 501 or	more miles _		
Radius of operation 0-50 miles What is the longest Schedule of Equipm Owned Leased w/o Owner Operation 0-50 miles Total Number	n in miles:%, 51-200 miles roundtrip haul by one of the ment Operated: Private Passenger Drivers rators er	%, 20 driver? Light Trucks	1-500 miles miles Medium Trucks	%, 501 or Heavy Trucks	more miles _	Trailers	□ Yes □ N
Radius of operation 0-50 miles. What is the longest Schedule of Equipm Owned Leased w/o Owner Oper Total Number Do you back haul pure of the component o	roundtrip haul by one of ment Operated: Private Passenger Drivers rators er products? mmodities hauled and	%, 20 driver? Light Trucks the percentage	1-500 miles miles Medium Trucks	%, 501 or Heavy Trucks ceipts:	more miles _	Trailers	

9.	Do you have a driver incentive program? If yes, please describe:			☐ Yes	□ No						
10.	Drivers: Do all drivers have a CDL? Do you maintain a driving record on all drivers Do you obtain MVR's for all new hires?	□ Yes □ Yes □ Yes	□ No								
11.	Driver Information: List below all drivers ar										
	Name of Driver	Date of Birth	License #	State Issued							
2.	Are drivers responsible for loading & unloading	g (including any backhauling)?	•	☐ Yes	□ No						
3.	Do you have a drug & alcohol testing program If yes, please describe:			☐ Yes	□ No						
4.	Who performs maintenance and repairs on yo	ur equipment?									
5.	Do you employ subcontractors, owner-operate If yes, do you maintain a file of certificates of in	□ Yes □ Yes									
	Requested date of coverage:										
A.	Coverage will become effective at 12:01 a.m. the deposit premium in our office. Signing of answered and have not been willfully misrepre	this application warrants that esented in order to obtain insu	all of the above quest rance with the Agri-Se	tions have been compervices Safety Group.	oletely						
В.	The premium quoted will be based upon the nature of the operations and the estimated payroll disclosed by the employer this application. The employer shall furnish the Agri-Services Safety Group with proper notice of any change in the nature its operations or its estimated payroll; such changes may result in an increase or a decrease in the premium due under to policy. The employer agrees to keep an accurate record of employees and payroll expenditures, and to report injuries a occupational diseases to the Safety Group immediately.										
	ALL INFORMATION SUPPLIED BY THE APPLICANT IS SUBJECT TO VERIFICATION										
	THE APPLICATION <u>MUST BE SIGNED</u> BY AN OWNER, A PARTNER, OR A CORPORATE OFFICER.										
	Signature:	Title:		Date:							
	Print Name of Signature:										
					_						
	AGENT SIGNATURE:										