

## **AGRI-SERVICES AGENCY GROUP**

Vegetable/Grain Crops Supplemental Application

	pany Name:						
Conta	act Name:						
Addr	ess:						
City:		State:	Zip:	FEIN#:			
Phon	e #:	Cell Phone #:	Fax#:				
Webs	site and/or Email Addre	ss:					
		ve an absentee owner? he name of the farm manage	r?		☐ Yes ☐ No		
	How long has this person managed your operation?						
	Please provide a complete, detailed job description of all work performed, including the duties of the corporate officers and/or owners.						
	/ A tto a la page de la tipo a la la tipo	I also at if managemy)					
	(Attach an additional	i sneet ii necessary)					
	140						
	What types of crops	and/or produce and how ma	any acres are you harvesting?_				
•	What types of crops	and/or produce and how ma	ny acres are you harvesting?_				
•	(Attach an additional		ny acres are you harvesting?_				
	(Attach an additional				I □ Wholesale		
	(Attach an additional	I sheet if necessary) u operate a retail or wholesa					
	(Attach an additional Please indicate if you Do you employ migralf yes, do you particip	I sheet if necessary) u operate a retail or wholesa ant labor? pate in the H-2A program?	le operation.	□ Retai	I □ Wholesale		
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	(Attach an additional Please indicate if you Do you employ migralf yes, do you participlif yes, what percental	I sheet if necessary) u operate a retail or wholesa ant labor? pate in the H-2A program? age of your employees is mig	le operation.	□ Retail	I □ Wholesale		
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8.	-	ur employees instructed on proper manual lifting techniques? describe:	☐ Yes ☐ No				
		s the maximum weight employees lift? lbs.  ype of lifting aids do you provide to alleviate back strain when lifting?					
9.	Equipment: Who is responsible for maintenance of equipment?						
	How m						
	How m						
	How m	any of your tractors have ROPS & seatbelts?					
		any power take offs have shields?					
	Do yοι	have a "no rider" policy on tractors?					
10.	Do wo	kers transport produce to stores or make deliveries to customers? what is the mileage radius? 0-50 51-100 over 101	☐ Yes ☐ No				
	Are cu	rrent motor vehicle reports (MVR) obtained on all drivers?	☐ Yes ☐ No				
11.		ladders inspected and in good condition? s the maximum height that employees will work from?	☐ Yes ☐ No				
12.	Do you	require current certificates of insurance from all subcontractors, owner-operators, independent contractors?	□ Yes □ No				
	Pogu	ested date of coverage:					
B.	questi insura 3. The p emplo chang decre	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.  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	ALL INFORMATION SUPPLIED BY THE APPLICANT IS SUBJECT TO VERIFICATION					
	THE	THE APPLICATION MUST BE SIGNED BY AN OWNER, A PARTNER, OR A CORPORATE OFFICER.					
	Signa	ture: Title: D	Pate:				
	Print	Print Name of Signature:					
	AGE	NT SIGNATURE:					