



# ASA

Agri-Services Agency  
Leaders in Agricultural Insurance

## **AGRI-SERVICES SAFETY GROUP** Dairy Farm Supplemental Application

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

1. Do you own or rent farm?       Own    Rent      # of acres owned/rented: \_\_\_\_\_  
 # Years in business: \_\_\_\_\_      Milk shipped to: \_\_\_\_\_      # of milking cows: \_\_\_\_\_  
 Herd Average: \_\_\_\_\_ (lbs per cow)      How many times a day do you milk? \_\_\_\_\_  
 Give a brief description of your herd health program: \_\_\_\_\_

2. Does this farm involve an absentee owner?       Yes    No  
 If Yes, please give the name of the farm manager: \_\_\_\_\_  
 How long has this employee managed your farm? \_\_\_\_\_

3. If children work on the farm, provide their ages & duties:

<b>Children's Names:</b>	Family Member
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Describe new hire and training program: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Describe your safety program: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Who is responsible for maintenance of equipment? \_\_\_\_\_  
 How often if equipment inspected for safety/pto shields? \_\_\_\_\_  
 How many tractors do you have? \_\_\_\_\_  
 Do all tractors that travel on public roads have a slow moving vehicle (SMV) emblem mounted on them?  Yes  No  
 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? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Do you have a 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? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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-person buddy system used?  Yes  No  
 If yes, 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  
 Do employees climb/enter the silos?  Yes  No  
 If yes, describe training/experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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? \_\_\_\_\_

**11. 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 Agri-Services Agency, LLC.
- 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 Agri-Services Agency, LLC 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 Agri-Services Agency, LLC appointed third party administrator.

**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:** \_\_\_\_\_