

**APPLICATION FOR AGRICULTURAL CUSTOM SPRAYING (LIMITED LIABILITY COVERAGE)**

Policy Number _____ Agent Number _____

Insured _____

Address _____ City _____ State _____ Zip _____

Section _____ Township _____ Range _____ County _____

Grinnell Mutual Member Property Policy Number _____

COMPLETE THE FOLLOWING QUESTIONS:1. Is the sprayer licensed? ☐ No ☐ Yes

2. What is the sprayer's experience?

3. What is the sprayer's loss experience?

4. What are the sprayer's application procedures?

5. What are the sprayer's standards or logging procedures?

6. Does the sprayer verify the location to be sprayed and have the owner verify the location as well? ☐ No ☐ Yes

If no, please explain.

7. What kind of testing and sampling of the product is performed?

8. Is the equipment properly cleaned after each application? ☐ No ☐ Yes

9. What is the age and condition of the sprayer's equipment?

10. What are the gross receipts from custom spraying?

NON-BOUND: COVERAGE IS NOT BOUND UNTIL THE APPLICATION IS APPROVED BY THE COMPANY._____
Signature of Applicant_____
Signature of Agent