

CLEAR FORM

APPLICANT NAME AND MAILING ADDRESS:	EFFECTIVE DATE:	☐ NEW	☐ RENEWAL	☐ CHANGE
	ATTACH TO POLICY NO.:			
APPLICANT PHONE NO.:	FARM MUTUAL PROPERTY POLICY NO.:			
APPLICANT E-MAIL:	AGENT NO.:			

☐ FARM MUTUAL	☐ GRINNELL MUTUAL REINSURANCE COMPANY
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☐	SEED SALES – LIMITED LIABILITY COVERAGE (GMRC/GMA 4311) (Must complete Section A <u>and</u> Section B)
☐	AGRICULTURAL EXCAVATION AND TILING COVERAGE (GMRC/GMA 4312) (Must complete Section A <u>and</u> Section C)
☐	CUSTOM MANURE CONTRACTORS LIMITED LIABILITY COVERAGE (No Suffocation Cov. For Livestock Or Poultry) (GMRC/GMA 4313) (Must complete Section A <u>and</u> Section D)
☐	CUSTOM MANURE CONTRACTORS LIMITED LIABILITY COVERAGE (With Cov. for Livestock or Poultry Incl. Suffocation) (GMRC/GMA 4314) (Must complete Section A <u>and</u> Section D)

SECTION A – THIS SECTION <u>MUST</u> BE COMPLETED FOR <u>ALL</u> COVERAGE FORMS		
PLEASE EXPLAIN ALL “YES” RESPONSES TO SECTION “A” IN THE REMARKS SECTION OF THIS APPLICATION.		
1) IS THE REVENUE GENERATED BY THE INDICATED ACTIVITY (ABOVE) 20% OR MORE OF YOUR TOTAL OVERALL FARMING REVENUE?	☐ YES	☐ NO
IF NO, WHAT ARE YOUR ANNUAL TOTAL RECEIPTS OR COMMISSIONS RELATED TO THIS BUSINESS ACTIVITY?		
2) DO YOU HAVE EMPLOYEES ASSISTING WITH THIS OPERATION?	☐ YES	☐ NO
IF YES, HOW MANY? YEARS OF EXPERIENCE/EMPLOYEE:		
3) ANY EMPLOYEE UNDER AGE 18 OR OVER AGE 65?	☐ YES	☐ NO
4) DO YOU SUB-CONTRACT ANY PART OF THE WORK ASSOCIATED WITH THE ACTIVITY?	☐ YES	☐ NO
5) IS THIS BUSINESS LOCATED IN A BUILDING THAT IS NOT PART OF YOUR FARM OPERATION?	☐ YES	☐ NO
6) IS ANY OF THE EQUIPMENT ASSOCIATED WITH THE AGRICULTURAL BUSINESS ACTIVITY NOT OWNED BY YOU?	☐ YES	☐ NO
7) PROVIDE LOSS INFORMATION ASSOCIATED WITH AGRICULTURAL ACTIVITY FOR WHICH YOU ARE APPLYING (LAST 5 YEAR HISTORY):		
Date	Amount	Type of Loss

1) TYPE OF OPERATION: (CHECK ALL THAT APPLY)				
☐	SALES OF PRE-PACKED BAG SEED		☐	SALES OF BULK SEED
☐			☐	PROCESSING/MIXING OF SEED
☐	OTHER (EXPLAIN):			
2) IF THE APPLICANT PROCESSES SEED:				
a)	DO YOU EVER PROCESS MORE THAN ONE VARIETY OF A GIVEN KIND OF SEED AT THE SAME TIME?		☐	YES
			☐	NO
			☐	NA
b)	DO YOU EVER MIX MORE THAN ONE TYPE OF CHEMICAL APPLICATION TO SEED?		☐	YES
			☐	NO
			☐	NA
c)	DO YOU KEEP A REPRESENTATIVE SAMPLE FROM THE SEED SOLD, AND STORE THE SAMPLE UNDER STORAGE CONDITIONS EQUIVALENT TO THOSE FOR YOUR SEED INVENTORY STORAGE UNTIL A YEAR AFTER THE LOT HAS BEEN ENTIRELY SOLD OR DISPOSED OF?		☐	YES
			☐	NO
			☐	NA
d)	DO YOU HAVE EQUIPMENT TO CONTROL DUST DURING THE MIXING/PROCESSING OPERATION?		☐	YES
			☐	NO
3) DOES THE APPLICANT PACKAGE ANY SEED UNDER THEIR OWN NAME?			☐	YES
			☐	NO
4) DOES THE APPLICANT MAKE LOCAL DELIVERIES?			☐	YES
			☐	NO
IF YES, WHAT IS THE RADIUS OF DELIVERY?				

SECTION C – AGRICULTURAL EXCAVATION AND TILING COVERAGE (GMRC/GMA 4312)			
1) WHAT IS THE RADIUS OF OPERATION FROM THE NAMED INSURED'S RESIDENCE PREMISES?			
2) HOW MANY YEARS OF EXPERIENCE DO YOU HAVE PERFORMING TILING AND/OR EXCAVATION? IS ANY WORK PERFORMED FOR MUNICIPALITIES?			
		☐ YES	☐ NO
3) WHAT PERCENTAGE OF WORK PERFORMED IS ASSOCIATED WITH THE FOLLOWING: FARM TILING: FARM TERRACING CONSTRUCTION: POND CONSTRUCTION: LAND CLEARING/GRADING: OTHER:			
4) DOES APPLICANT USE EXPLOSIVES?		☐ YES	☐ NO
5) ARE ALL EXCAVATION AND TILING ACTIVITIES STRICTLY AGRICULTURALLY RELATED?		☐ YES	☐ NO
6) DOES APPLICANT IDENTIFY EXISTING UTILITY PIPES AND LINES, PRIOR TO ANY DIGGING?		☐ YES	☐ NO
7) DOES APPLICANT DO ANY DAM, LEVEE OR DIKING CONSTRUCTION?		☐ YES	☐ NO
8) IS ALL SELF-PROPELLED MOBILE EQUIPMENT TRANSPORTED TO JOB SITES BY TRAILER?		☐ YES	☐ NO
9) DOES APPLICANT HAVE SUFFICIENT SIGNS, BARRICADES AND FENCES TO KEEP OTHERS AT A SAFE DISTANCE FROM JOB SITES AND EQUIPMENT?		☐ YES	☐ NO

SECTION D – CUSTOM MANURE CONTRACTORS LIMITED LIABILITY COVERAGE (GMRC/GMA 4313 or GMRC/GMA 4314)			
1) WHAT IS THE RADIUS OF OPERATION FROM THE NAMED INSURED'S RESIDENCE PREMISES?			
2) HOW MANY YEARS HAS APPLICANT PERFORMED MANURE REMOVAL/APPLICATION FOR OTHERS?			
3) HOW MANY OWNER/OPERATORS IS THE APPLICANT HIRED BY?			
4) HOW MANY UNITS (BUILDINGS OR PITS) DOES THE APPLICANT REMOVE MANURE FROM ANNUALLY?			
5) WHAT PERCENTAGE OF MANURE IS SURFACE APPLIED AS OPPOSED TO INJECTED?			
6) DOES THE OWNER OF BUILDINGS/PITS WHERE THE MANURE IS BEING REMOVED OWN THE PROPERTY WHERE THE MANURE IS BEING SPREAD? (IF NO, EXPLAIN IN "REMARKS" SECTION.)		☐ YES	☐ NO
7) DOES APPLICANT HAUL ANY MANURE BY SEMI-TRACTOR OR FARM TRUCK LICENSED FOR ROAD USE?		☐ YES	☐ NO
8) DOES APPLICANT STORE OR TREAT MANURE? (IF YES, EXPLAIN IN "REMARKS" SECTION.)		☐ YES	☐ NO
9) DOES APPLICANT SELL MANURE? (IF YES, EXPLAIN IN "REMARKS" SECTION.)		☐ YES	☐ NO
10) HAS APPLICANT DEVELOPED AN ODOR CONTROL PROGRAM/PROCEDURE TO REDUCE POTENTIAL COMPLAINTS WHERE MANURE IS APPLIED?		☐ YES	☐ NO
11) DOES APPLICANT CLEAN AND SANITIZE EQUIPMENT BEFORE STARTING AT A DIFFERENT LOCATION?		☐ YES	☐ NO
12) HAS APPLICANT CONDUCTED A REVIEW OF ALL STATE AND LOCAL RULES/REGULATIONS RELATED TO LIVESTOCK MANURE APPLICATION?		☐ YES	☐ NO ☐ NA

REMARKS:

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SIGNATURE:

1) COVERAGE IS NOT BOUND UNTIL THE APPLICATION IS APPROVED BY FARM CASUALTY UNDERWRITING.		
2) THIS POLICY DOES NOT PROVIDE WORKERS COMPENSATION INSURANCE AS STATED IN THE WORKERS COMPENSATION EXCLUSION IN YOUR POLICY.		
_____	_____	_____
DATE	APPLICANT	AGENT