



GROWERS' SERVICES PROGRAM

HAZARD GROUP 3B
FARM MANAGER SUPPLEMENTAL APPLICATION

A. PROPOSED APPLICANT

1. Name of Applicant: _____
2. Principal Business Address: _____

B. SERVICE ACTIVITIES AND SPECIALTY

1. a. Contractor License Number: _____
- b. Pest Control Business License Number: _____
- c. Other License Numbers and Description: _____

2. a. Professional Staffing:
 - i. Owners and Partners: # _____
 - ii. Employees That Are Licensed Applicators: # _____
 - iii. Unlicensed Employees: # _____
- b. Are all Licensed Staff current on their Continuing Education requirements? Yes No

3. Are you licensed to Spray Pesticides and Herbicides? Yes * No
- * **If yes**, please complete the Pest & Weed Control Spraying Supplemental Application

4. Estimated percentage **Past Fiscal Year Gross Receipts** from the following categories:

a. Management of Owned Farm Property:	_____ %
b. Management of Leased or Tenant Farm Operations:	_____ %
c. Livestock Care:	_____ %
d. Commercial Spraying for Pests and Weeds:	_____ %
e. Pest Control:	_____ %
f. Crop Sales:	_____ %
g. Bush Burning &/or Stump Removal (other than grinding):	_____ %
h. Other(s), List: _____	_____ %
TOTAL	<u>100</u> %

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6. Is the Applicant a current member of a Trade Group or Professional Association? Yes * No

* **If yes**, list the name of the group: _____

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

It is hereby understood and agreed that the information provided above is true and correct, as it is material to the Insurer in deciding whether to issue its policy to the Applicant. Further, if such information is false or incomplete, it may constitute a misrepresentation that will: (a) permit the Insurer to modify the terms and conditions of the policy issued to the Applicant (including without limitation to excluding any claim arising from or relating to the false information or non-disclosure): or, (b) void the policy.

Must be signed and dated by owner, partner or senior officer.

(Applicant Signature)

(Date: Mo/Day/Yr)

(Print or Type Name & Title)