

LABOR CONTRACTOR SUPPLEMENTAL APPLICATION

(Must accompany completed Acord application)

APPLICANT: _____

1. Are you involved in the day to day operations? Yes No
2. Do you carry Workers Compensation Insurance? Yes No
If yes, provide carrier and policy number _____
Number of year's coverage has been carried _____
Agent _____
3. Do you provide any type of transportation of employees? Yes No
If yes describe in detail _____
4. Does anyone transport people or products on your behalf? Yes No
If yes, do you require them to provide you with Certificates of Insurance for Automobile Liability? Yes No
5. How does owner obtain employees?

6. Do you provide housing for employees? Yes No
If yes describe in detail _____
7. Do you do any spraying dusting or fumigating? If yes, what percentage? _____
8. Do you have the same clients year to year? Yes No
9. Are your operations seasonal year round or other, explain _____
10. Approximate percent of your work that is:
Harvesting by machine _____% Pruning _____% Chemical application _____%
Harvesting by hand _____% Row Crop _____% Planting _____%
11. Is any of your work subcontracted out? Yes No
If yes, please explain _____
12. Do you carry a bond? Yes No Bond Number: _____
13. Are you licensed by the State to apply or advise on chemical application?
 Yes No License Number: _____ Expiration date: _____
14. Do you have either a Public Utilities Permit (P.U.C.) or a Department of Motor Vehicles Carrier Permit (M.C.P.)? Yes No
15. Have you ever been involved in any litigation regarding your works as a farm labor contractor? Yes No If yes, list the current status and describe the details of the litigation on separate sheet of paper.
16. Total sales for the last three (3) years:
\$ _____ \$ _____ \$ _____
17. Total annual payroll for the last three (3) years:
\$ _____ \$ _____ \$ _____

Insured's Signature

Date