

**AGRI-SERVICES PROGRAM**  
**FARM LABOR CONTRACTOR**  
**SUPPLEMENTAL APPLICATION**

**A. PROPOSED APPLICANT**

1. Name of Applicant: \_\_\_\_\_
2. Principal Business Address: \_\_\_\_\_
3. Discription of Operations: \_\_\_\_\_

**B. SERVICE ACTIVITIES AND SPECIALTY**

1. a. Farm Labor Contractor License Number: \_\_\_\_\_
- b. Pest Control License Number: \_\_\_\_\_
- c. Other License Numbers and Description: \_\_\_\_\_
2. a. Staffing: Total Annual Payroll: \$ \_\_\_\_\_ Total Sales: \$ \_\_\_\_\_
  - 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. Is the Applicant a current member of a Trade Group or Professional Association?    Yes\*    No  
 \* **If yes,** list the name of the group: \_\_\_\_\_
5. Do you carry Workers Comp? Carrier & Pol.# \_\_\_\_\_    Yes    No
6. Do you Transport Employees? Explain: \_\_\_\_\_    Yes    No
7. Do you provide Housing? # of Units: \_\_\_\_\_    Yes    No
8. Is any of your work subcontracted out? \_\_\_\_\_    Yes\*    No  
 \* **If yes,** Please explain: \_\_\_\_\_
9. List Additional Insured(s) or include Acord App: \_\_\_\_\_

**FARM MANAGER, FARM LABOR CONTRACTOR, FARM MACHINERY  
OPERATION by CONTRACTOR and HAY BAILING  
SUPPLEMENTAL APPLICATION**

5. Estimated percentage **Past Fiscal Year Gross Receipts** from the following categories:
- |   |                     |
|---|---------------------|
| a. Management of Farms You Own or Lease: .....                  | _____ %             |
| b. Management of Farms Not Owned or Leased by You: .....        | _____ %             |
| 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. Farm Laborer Management .....                                | _____ %             |
| i. Farm Machinery Operation .....                               | _____ %             |
| j. Hay Baling .....   | _____ %             |
| k. Other(s), List: _____  | _____ %             |
| <b>TOTAL</b>  | <b><u>100</u> %</b> |

**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)*