



AGRI-SERVICES PROGRAM
AGRICULTURAL ADVISOR
FARM MANAGER
SUPPLEMENTAL APPLICATION

A. PROPOSED APPLICANT

1. Name of Applicant: _____
2. Principal Business Address: _____
3. Description of Business Services Provided: _____

B. PROFESSIONAL SERVICE ACTIVITIES AND SPECIALTY

1. a. Pest Control Business License Number: _____
- b. Other License Numbers and Description: _____
2. a. Staffing: Total Annual Payroll: \$ _____ Total Sales: \$ _____
 - i. Owners and Partners: # _____
 - ii. Employees That Are Licensed Advisors: # _____
 - iii. Unlicensed Employees: # _____
- b. Are all Licensed Staff current on their Continuing Education requirements? Yes No
3. Are 50% or more of the Applicant's **Past Fiscal Year Gross Receipts** derived from a single client or contract? Yes No
4. Does the Applicant have access to updated labels from the chemical companies? Yes * No
* **If yes**, list the service or source (CDMS, JILL, etc): _____
5. Is the Applicant a current member of a Trade Group or Professional Association? Yes * No
* **If yes**, list the name of the group: _____
6. Has the Applicant ever had a complaint registered against you or any of your employees with CAL-EPA or any Local County Agricultural Commissioner during the past five (5) years? Yes * No
* **If yes**, explain or attach additional information: _____

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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)