



January 4, 2010

Specialists in Ag-Insurance

Vol 4, No 1

## The New Year

Around here Midnight on New Year's Eve arrived about 9:30 PM. Never really thought I could stay up to midnight, but I really thought I could last a little longer. Oh well, I got a good start on this new decade when I woke up at my usual 6 AM.

So Merry Christmas, and a wish for a prosperous, Happy New Year for each of you. We are so excited to start 2010 around here. We are thrilled to begin 2010 by rolling out our new **Work Comp Program**. It has been an eight year struggle to get our own program, so the excitement is extremely high.

We look forward to seeing all of you sometime this year, either at the various trade shows that we attend, at your home when we stop by for our annual renewal visit, or when you delight us by stopping by our office for a cup of coffee. You have become like family to us, so we don't want to miss any of the reunion parties.

*Random Thought: Was learning cursive really necessary?*

## 2009—the Good, Bad and Ugly

CHI enjoyed some outstanding moments in 2009. Our big news was the reaching and surpassing of our business growth goals. Our number of clients and total amount of insurance premium reached the highest mark in the 28 year history of the program. Most of our business growth must be credited to our wonderful brokers. The merging of the Rogers and Associates book of business gave a giant boost to our program growth and stability.

On the less glamorous side of the ledger, we set a new loss payment total with Star Insurance Company. In 2009 we paid a whopping total of \$4,800,000 in claims. We must express our appreciation to the fantastic claims staff at Meadowbrook—hopefully you don't know them by name, but it appears many of you do--Steve, Troy, Susan, Cheri, Charles, and David all gave us grand service in your crisis moments.

And around here, where we used to change staff like Hollywood changes wives, it is nice to report that it's still the same people providing service for you—Mike, Dolores, Curt, Doug, Janice and Larry are still answering the phones and doing the work.

*Random Thought: Map Quest really needs to start their directions at #5. I am pretty sure I know how to get out of my neighborhood.*

## Work Comp

I have attached an application to the end of this newsletter. We are ready to move forward with this huge improvement in our program.

Four bullet points to encourage you to take advantage of this work comp product:

1. **Multi-state Coverage.** If the state is listed on the policy declaration page, you can hire people from that state, eliminating the “must be hired in state of residence” issue.
2. **One Company.** The insuring company is a part of the Meadowbrook Insurance Group. Therefore, the same people that understand your business insurance will be helping you with your work comp. Your agent knows the claims manager, the assistant manager, the claims representative, and has a direct phone line to the president of the company. You will not be dealing with people that you do not know. Meadowbrook began as a work comp company and is known throughout the industry as a leader in this field.
3. **Convenient Audits.** All audits will be accomplished in April while you are still at home with your records. A simple form will be provided to track your payroll by state so that the audit will be accomplished without much pain and suffering.
4. **Single Payment.** Premium can be rolled into business insurance financing so that you only have one check to write for insurance.

## Final Word

Tis the season to be jolly....so make the most of your down time.

Sales Agents		
Jay Copeland 785-485-2101	Sonny Walker 800-375-8441	Richard Nickel 620-947-3911
Jim Lyssy 505-355-2436	Larry Minner & Mike Esau 800-537-2594	Becky White 561-996-5800
Lonnie Wells 863-465-7155	Tracy Beach 800-569-0118	

**SUPPLEMENTAL APPLICATION FOR WORKMEN'S COMPENSATION**

NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_

POLICY PERIOD: \_\_\_\_\_ to \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ FEIN: \_\_\_\_\_

Select the organizational structure of your business:

Sole Proprietorship     Partnership     Corporation     Limited Liability

List by percentage the source of your employees.

- Local persons known to owner prior to employment
- Referred by other employees or other contractors
- Provided by a Labor Contractor/Broker including H2A
- Hired with reference but unknown to owner before hiring

What is the percentage of employees that returned to your crew this year that worked for you last year? \_\_\_\_\_

Over the past 5 years, what is the average percentage of employees that worked for you more than one year?  
\_\_\_\_\_

Please list drivers of all vehicles over 12,000 pounds GVW by first name, current age and years of driving experience.

\_\_\_\_\_  
\_\_\_\_\_

Please list by name each family member who will work for any length of time in your business. (Family coverage rules vary by state and by company organization, ie corporation, partnership, sole proprietorship. Family members who are stockholders or owners will be treated under rules applicable to the state of residency.) Discuss all family coverage desires with your agent!!

Name	Date of Birth	% of Ownership	Wage	Inc	Exc
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The following document must be attached to this application:  
 \_\_\_NCCI or company experience modification work sheet or company loss history

**PREMIUM COMPUTATION**

Please list all States in which you will be working and a payroll estimate for the work in that state (coverage may be limited in Wyoming):

State	Estimated Payroll	Premium Estimate	State	Estimated Payroll	Premium Estimate
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list Off Season Payroll for farming or local or long haul trucking:

\_\_\_\_\_ Category: \_\_\_\_\_

Subtotal Premium \_\_\_\_\_  
 Estimated Experience Rating (\_\_\_\_\_) \_\_\_\_\_  
 State Expense Constant (\_\_\_\_\_) \_\_\_\_\_  
 Estimated Annual Premium \_\_\_\_\_

**Proper coverage for N Dakota work must be purchased from North Dakota Workers' Compensation Insurance through the state of North Dakota.**

My signature below attests to my desire for Custom Harvest Insurance, Ltd through its represented company to provide workmen's compensation coverage based on the information contained in this application. In addition, I acknowledge that this policy is an audited policy and it is my responsibility to furnish the company with appropriate records regarding payroll and labor used by my company during the year of coverage for which I making application.

\_\_\_\_\_  
 Insured Signature

\_\_\_\_\_  
 Date

\_\_\_ P/C L Ratio \_\_\_\_\_

\_\_\_ W/C 3 Yr L/R \_\_\_\_\_

\_\_\_ P/C L Run attached