

Look for additional work Maintenance of equipment

If you are not in the field, do you have a foreman that is in charge of field supervision? Yes No

Do you operate as a Sole Proprietor Partnership L.L.C. Corporation FEIN: _____

6) HAULING FOR HIRE: Do you use your trucks for Non-Harvest Hauling for Hire? Yes No if yes, do you maintain separate commercial insurance (in addition to this harvest insurance policy) for this exposure? Yes No Products hauled with percent of total annual hauling: ___Grain ___Fertilizer ___Rock ___Seed ___Manure ___Milk Other_____

Radius: Average Single Trip_____ Maximum Single Trip _____ Months in which you haul_____ List Units used for hauling for hire:_____

7) INSURANCE: Has your insurance been cancelled in the prior 3 years? Yes No If so, for what cause? Non-payment of premium Loss Ratio Claims frequency Other underwriting criteria List current workmen's compensation carrier: _____

8) Please describe all losses paid by insurance in the past four years:

A company loss run must accompany this application. Coverage cannot be bound without Prior Carrier Loss Run.

POLICY TYPE REQUESTED

BUSINESS AUTO COVERAGE: YES NO

Standard Coverages:

- Liability- \$1,000,000
- Uninsured and Underinsured Motorist- State Minimum Statutory Bodily Injury Limit Only
- Pip – Maximum Statutory Level up to \$50,000 (in states where available. May be deleted by signature in TX)
- Med Pay - \$5,000 (in states where available)

Please attach either a list of all vehicles and trailers you wish to insure or the declarations pages of your current insurance policy. Please include the following information: **YEAR** (2005) **MAKE** (Kenworth) **MODEL** (T600) **TYPE** (tractor truck, bobtail, passenger van, pickup) **IDENTIFICATION NUMBERS** (17 digits) **NEW COST** (what it sold for brand new from dealer). Please indicate either liability only or liability and physical damage coverage for each vehicle and trailer. Please indicate all vehicles or trailers that should list a loss payable on the policy and include **LENDER'S NAME** and **MAILING ADDRESS**.

POLICY TYPES REQUESTED

I declare that the answers to all questions herein are complete and truthful. I agree that I have been offered everything on this application and except as indicated herein they are rejected. I request the Company to issue the policy and any renewals thereof, in reliance thereon. Because I am applying for insurance, I am aware that in compliance with Public Law 91-508, the 1997 Federal Drivers Privacy Protection Act (DPPA) and the 1999 Gramm-Leach-Bliley Act (GLBA), (1) an investigation may be made to my insurability, including, if applicable, information as to character, general reputation, personal characteristics, the Motor Vehicle Records of my employees and myself, and mode of living; and (2) additional information as to the nature and scope of any investigation requested will be furnished to me, upon my written request made a reasonable time after this notice.

Signature of Insured:

Date:

CH New Biz Application- 01/10