

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 TYPES 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)

Vehicle Schedule

	YEAR	MAKE/MODEL	SERIAL NUMBER	VALUE	Yes	No
1						
2						
3						
4						
5						
6						
7						
8						
9						

10						
11						
12						
13						
14						
15						

Please indicate Tractor/Truck or Box/Hoist in Make/Model box. If you want comp and collision coverage for the vehicle, please put an X in the Yes box. Mark No if you do not want the coverage.

Lienholder List

#	NAME	STREET/BOX NUMBER	CITY, STATE	ZIP	FAX NUMBER

Please indicate the vehicle to which lien holder status applies by using the line number from the top chart.

COMMERCIAL GENERAL LIABILITY COVERAGE: YES NO

Standard Coverage:

\$1,000,000 Occurrence \$1,000,000 Aggregate Limit
 \$5,000 Medical Payments \$100,000 Fire in Field

Please list estimated total harvesting sales receipts: _____

___ I would like to apply for Excess Liability Coverage

INLAND MARINE COVERAGE: YES NO

Mobile Radios: # of Radios _____ Value of each radio _____ Total Value _____

Miscellaneous Tools and Parts: Total Blanket Value _____

Cargo: # of Units _____ Amount per Unit _____ Commodity hauled _____

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Mobile Agricultural Equipment:

YEAR	MAKE	ID NUMBER	VALUE	\$1000	\$2500
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MUST BE SIGNED BY ALL CUSTOM HARVEST INSURANCE POLICY HOLDERS

I select **State Minimum Statutory** Uninsured Motorist Bodily Injury Limit and I select **Non-Stacked** Uninsured Motorist Limit.

Signature: _____

I acknowledge that **Workers Compensation** coverage is not offered under any of the coverages herein applied for with this application. I may be offered **Workers Compensation** Coverage from this program under separate application if I qualify. If I do not meet the specific underwriting qualifications, I understand that it will be my responsibility to procure **Workers Compensation** coverage through a State Fund, Assigned Risk Pool or any other source available to me.

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: _____