

APPLICATION FOR CUSTOM HARVEST INSURANCE

APPLICANT: _____

RETURN TO: CHI, LTD / P O BOX 1069
HUTCHINSON, KS 67504
FAX: (620) 259-6994

ADDRESS: _____

CITY/ST/ZIP _____

POL PERIOD: _____ TO _____

TELEPHONE (____) _____ FAX (____) _____ CELL (____) _____

E MAIL ADDRESS: _____ FEIN: _____

1) Will there be any changes in your operation this year? Yes No _____

2) EMPLOYEES: Are your employees personally known referred H2A unknown at time of hiring?
When hiring new employees do you require the following: application with references Yes No; MVR Yes No
Do you provide employees with written job description/employee manual Yes No

NAME	DRIVER'S LICENSE	S T	DATE OF BIRTH	YEARS DRIVING	YEARS W FIRM

3) CUSTOMERS: What is the percentage of repeat customers of your total number of jobs each year 100% 90% 80%
On average, how many new customers do you add each year? _____ How do you get new jobs? Cold Call Customer
Referral Elevator operator or job placement service Other _____

4) EQUIPMENT: List year and make of all combines/cutters:

Do you harvest sunflowers? Yes No Where is equipment stored in off-season? Inside/biz address Outside/biz address
Inside at other location Outside at other location

5) SAFETY: Do you have a specific training plan for new employees prior to leaving for harvest? Yes No
Do you ride along with all new employees before allowing them to operate trucks and equipment alone? Yes No
Will you conduct a formal safety meeting with your crew at least once every month? Yes No

6) MANAGEMENT: How many years have you been working as a custom harvester? _____
 On a typical harvest day how do you spend your time? Operate combine Operate Truck Operate Grain Cart
 Supervise field operations 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

7) 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 al 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:

Unit Name	Odometer Reading	Est Hauling Miles	Unit Name	Odometer Reading	Est Hauling Miles
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8) 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 Underwriting criteria
 Work Comp Carrier _____ Expiration Date: _____

9) COMPLIANCE: Do you purchase all required wide load, harvest or fuel permits prior to entry into a state for harvesting work? Yes No Do you maintain proper fire extinguishers in all trucks and combines? Yes No
 Do you use flashing beacons while your operation is traveling in caravan? Yes No

10) 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)

POLICY TYPES REQUESTED

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**.

COMMERCIAL GENERAL LIABILITY COVERAGE: YES NO

Standard Coverage:

\$1,000,000 Occurrence \$2,000,000 Aggregate Limit
\$5,000 Medical Payments \$100,000 Fire in Field

Please list estimated total harvesting payroll: _____

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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Special Coverages:

Accept Decline

Limited Ingestion Coverage (\$5,000 per combine, per loss)

Combine Rental Reimbursement Coverage (\$50 per hour, up to 100 separator hours)

STATES IN WHICH YOU CONDUCT HARVESTING OPERATIONS:

AZ CO IA KS MN MO NE NM ND OK TX WY _____

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 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: