

**INSURANCE APPLICATION**  
**for**  
**CITRUS & VEGETABLE HARVESTING OPERATORS**

APPLICANT: \_\_\_\_\_ RETURN TO: CHI, LTD / P O BOX 1069  
 ADDRESS: \_\_\_\_\_ HUTCHINSON, KS 67504  
 CITY/ST/ZIP \_\_\_\_\_ FAX: (620) 259-6994  
 TELEPHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_  
 FEIN: \_\_\_\_\_ POLICY PERIOD: \_\_\_\_\_ TO \_\_\_\_\_

1) Please describe your business operation(s): \_\_\_\_\_  
 \_\_\_\_\_

2) CUSTOMERS: Number of firms for whom you work: \_\_\_\_\_ If these firms are to receive additional insured status on your policy, please list name and address. Check the box if only a certificate is required.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) TRUCKS & EQUIPMENT: Do you have a written maintenance program for all power units? Yes No  
 Do you have a mechanic on staff? Yes No  
 Do you outsource: engine repair Yes No; transmission repair Yes No brake repair Yes No  
 Do you maintain proper fire extinguishers in all trucks and equipment? Yes No  
 Where are trucks & equipment stored in off-season? Inside Outside Lighted? Yes No Fenced? Yes No  
 Are any vans insured under this policy used in any state other than Florida? Yes No If yes, what states and for what purpose? \_\_\_\_\_  
 \_\_\_\_\_ How many goats do you operate? \_\_\_\_\_

4) 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: \_\_\_Vegetables in bulk crates \_\_\_Citrus in bulk crates \_\_\_Boxed vegetables \_\_\_Citrus boxed \_\_\_Sod  
 \_\_\_ 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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5) SAFETY: Do you have a specific training plan for new employees? Yes No



- Company Loss Runs for prior three years of insurance coverage
- Workmen's Compensation Certificate or Form 3111 proving Work Comp coverage. Star must receive a certificate from your Workmen's Compensation carrier
- Copy of vehicle registrations or titles for all power units
- Copy of Crew Leader Certification with Migrant Labor Transportation authority
- Copy of Certificate of Annual Inspection of all Vans and Buses
- Photo of all vans that are older than 10 years (manufacture date of 1995 or earlier)
- Sample of maintenance record for all Tractor/Trucks, Buses or Vans
- Copy of Chemical Applicators License and Certification of Continuing Education Update

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

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**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:

Citrus New Biz Application-01/10