

**INSURANCE APPLICATION  
for  
DRY MANURE HAULING OPERATORS**

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

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

2) CUSTOMERS: Number of firms for whom you work: \_\_\_\_\_ What type of firms are included in this number: Cattle Feed  
 Lot Dairy Confined Feeding Operation Other \_\_\_\_\_  
 What is the longest distance that manure will be hauled? \_\_\_\_\_ What is the average distance manure is hauled?  
 \_\_\_\_\_  
 How do you deliver the manure? Spread it on the field Dump it in a pile  
 Who loads the manure? Lot owner or employee You or one of your employees

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

4) HAULING FOR HIRE: : Do you use your trucks for 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 **If you desire coverage for this exposure under this policy, an additional application must be completed.**

5) SAFETY: Do you have a specific training plan for new employees? 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  
 DOT number: \_\_\_\_\_ ICC number: MC \_\_\_\_\_  
 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 not met

6) MANAGEMENT: How many years have you been working with manure hauling and spreading? \_\_\_\_\_  
 Please list the owner's primary duties:  
 \_\_\_\_\_

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

7) EMPLOYEES: Total number of employees \_\_\_\_\_ Please list all employees who will operate trucks:

NAME	LICENSE	ST	DATE OF	DRIVING	YEARS


9) ATTACHMENTS: The following documents must be attached or submitted before coverage can be granted:

- Company Loss Runs for prior three years of insurance coverage
- Copy of vehicle registrations or titles for all power units

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

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**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**.

**COMMERCIAL GENERAL LIABILITY COVERAGE:** YES                      NO

**POLICY TYPES REQUESTED**

Standard Coverage:

\$1,000,000 Occurrence  
\$5,000 Medical Payments

\$1,000,000 Aggregate Limit

Please list wages paid for all employees: \_\_\_\_\_

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 \_\_\_\_\_

Cargo: # of Units \_\_\_\_\_    Amount per Unit \_\_\_\_\_    Commodity hauled \_\_\_\_\_

Mobile Agricultural Equipment:

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

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

**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: \_\_\_\_\_

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:

Manure Hauling New Biz Application-01/10