

**INSURANCE APPLICATION**  
for  
**DRY MANURE HAULING OPERATORS**

APPLICANT: \_\_\_\_\_ RETURN TO: CHI, LTD / P O BOX 1069  
 ADDRESS: \_\_\_\_\_ HUTCHINSON, KS 67504  
 CITY/ST/ZIP \_\_\_\_\_ FAX: (620) 259-6994  
 TELEPHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ CELL(\_\_\_\_) \_\_\_\_\_  
 E MAIL: \_\_\_\_\_ FEIN: \_\_\_\_\_  Sole Prop  Partner  L.L.C.  Corp  
 COMPANY: \_\_\_\_\_ POL PERIOD: \_\_\_\_\_ to \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

- 1) Please describe your business operations: \_\_\_\_\_  
\_\_\_\_\_
  
- 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 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  LLC  Corporation
  
- 7) EMPLOYEES: Total number of employees: \_\_\_\_\_ Please list all employees who will operate trucks:

| NAME | DRIVER'S LICENSE | ST | DATE OF BIRTH | YEARS DRIVING | YEARS W FIRM |
|------|------------------|----|---------------|---------------|--------------|
|      |                  |    |               |               |              |
|      |                  |    |               |               |              |
|      |                  |    |               |               |              |
|      |                  |    |               |               |              |

8) 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

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

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**POLICY TYPES REQUESTED**

**BUSINESS AUTO COVERAGE:**

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 - \$5000 (in states where available)

**Vehicle Schedule**

|   | YEAR | MAKE/MODEL | SERIAL NUMBER | VALUE | Yes | No |
|---|------|------------|---------------|-------|-----|----|
| 1 |      |            |               |       |     |    |
| 2 |      |            |               |       |     |    |
| 3 |      |            |               |       |     |    |
| 4 |      |            |               |       |     |    |
| 5 |      |            |               |       |     |    |
| 6 |      |            |               |       |     |    |

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:**

Standard Coverage:  
 \$1,000,000 Occurrence      \$2,000,000 Aggregate Limit      \$5000 Medical Payments

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

\_\_\_ I would like to apply for **Excess Liability Coverage**.  
 \_\_\_ \$1,000,000      \_\_\_ \$2,000,000      \_\_\_ \$3,000,000      \_\_\_ \$4,000,000      \_\_\_ \$5,000,000

**INLAND MARINE COVERAGE:**  YES  NO

Mobile Radios: # of Radios \_\_\_\_\_ Value of each radio \_\_\_\_\_ Total Value \_\_\_\_\_

Miscellaneous Tools and Parts: Total Blanket Value: \_\_\_\_\_

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

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

Mobile Agricultural Equipment:

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

**FRAUD WARNING**

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

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 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, the undersigned, declare that the answers to all questions herein are complete and truthful. I agree that I have been offered every insurance product represented 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.

I, the undersigned, agree that if the information supplied on this application changes between the date of this application and the effective date of the insurance, I, the undersigned, will immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations, authorization or agreement to bind the insurance.

Because I, the undersigned, 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 into 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.

Signed: \_\_\_\_\_

Agent: \_\_\_\_\_

Date: \_\_\_\_\_

License Number: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

(must be signed by an authorized officer)

\_\_\_\_\_