

The following documents must be attached to this application:

___ Company loss history and NCCI experience modification work sheet

PREMIUM COMPUTATION

Please list all States in which you will be working and a payroll estimate for the work in that state (coverage may be limited in Wyoming):

State	Estimated Payroll	Premium Estimate	State	Estimated Payroll	Premium Estimate
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list Off Season Payroll for farming or local or long haul trucking:

___ _____ Category: _____

Please list a physical address (minimum list city, state, zip) for each state in which you expect to work:

Proper coverage for N Dakota work must be purchased from North Dakota Workers' Compensation Insurance through the state of North Dakota.

My signature below attests to my desire for Custom Harvest Insurance, Ltd through its represented company to provide workmen's compensation coverage based on the information contained in this application. In addition, I acknowledge that this policy is an audited policy and it is my responsibility to furnish the company with appropriate records regarding payroll and labor used by my company during the year of coverage for which I making application.

Insured Signature

Date

___ P/C L Ratio ___

___ W/C 3 Yr L/R ___

___ P/C L Run attached