



Pesticide/Herbicide Applicators Supplemental Application

APPLICANT INFORMATION

NAMED INSURED _____

SOCIAL SECURITY NUMBER _____

FEIN _____

WEB ADDRESS _____

UNDERWRITING INFORMATION

1. Are your employees licensed to apply pesticides/ herbicides for any of the following?
 - a. Turf..... YES NO
 - b. Trees..... YES NO
 - c. Cropland..... YES NO
 - d. Water..... YES NO

2. Please list employees' names, license numbers and license expiration dates:

3. Do you use licensed independent contractors for application?. YES NO
 If yes, do you obtain certificates of insurance that show evidence of general liability coverage, including products and completed operations? YES NO

4. Describe all pollution or environmental damage claims, including unpaid claims, which have occurred in the past five years. If none, then indicate so:

5. Have you received any clean-up orders in the last five years? YES NO

6. Which of the following methods are used for the application of the herbicides/pesticides?
 - a. Handsprayer YES NO
 - b. Tank on a tractor..... YES NO
 - c. Trucks..... YES NO
 - d. Other _____

7. What percentage of the overall receipts is derived from the application of chemicals? _____ %

8. Please answer the following questions concerning the storage building:
 - a. Construction is
 - frame masonry non-combustible
 - other _____
 - b. Floor is
 - poured concrete wood dirt
 - c. Are there any floor drains in the room? YES NO
 If yes, where do they drain to? _____
 - d. Is the storage enclosed by a 4-inch sill? YES NO
 - e. Is the building used for any of the following?
 - Permanent or temporary residence?..... YES NO
 - Rest area? YES NO
 - Food preparation? YES NO

f. How is the storage area secured and seperated from other building areas?

g. Is the storage area secured at all times with lock and key? YES NO

h. Are warning signs posted? YES NO

i. Are pesticides stored on
Ground floor? YES NO
Wood? YES NO
Pallets? YES NO
Metal shelves?..... YES NO
Wood racks? YES NO
Other _____

9. Are you in compliance with all local, state and federal statues, standards or regulations?..... YES NO

N.J. Law P.L. 1995, c. 132: Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

For PA Submissions:

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 insurance act which is a crime and subjects such person to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief. not intended to be covered under this policy?

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

Owner or Officer's Name

Title

Owner or Officer's Signature

Date

Agent's Name

Agent's Signature

Date

Expiring Policy Number, If Applicable