



Agricultural Chemical Dealers Survey

Commercial Insurance Survey (Not an application for insurance)

The following contains an accurate description of all pertinent details and hazards known by the applicant to exist on date of this application and those likely to exist at some time during the policy period.

Date: _____ Broker: _____

Name of Applicant: _____

Mailing Address: _____

Principals of Business: _____

Principals Phone Number(s): _____

Current Insurer: _____

Policy Period to be from _____ 20____ to _____ 20____

Description of Business Operations and Locations:

1. (A) Describe in full detail:

(B) Any U.S. Exposure/Sales Yes No **(This policy excludes U.S. exposure)**

2. How long in business? _____

3. (A) What type of dealer (Agrium, Independent, Esso, Other)? Circle applicable or state if other:

(B) Does the dealer need to be added as additional interest with Cross Liability? Yes No

4. Is the Insured a good standing, certified member of the AWSA? Yes No

5. Has the Insured had any fines or penalties assessed against them by the AWSA in the past 5 years?

Yes No If Yes, Explain

LOCATIONS INCLUDING LEASED SITES, STORAGE NH₃, ETC:

Note: Please place an asterisk beside the building number, if heated.

Loc 1 Legal Address _____

Protected

Semi Protected

Unprotected

Bldg#	Use	Age	Construction	Building Repl. Cost	Equipment Limit	Total Value

Loc 2 Legal Address _____

Protected

Semi Protected

Unprotected

Bldg#	Use	Age	Construction	Building Repl. Cost	Equipment Limit	Total Value

Loc 3 Legal Address _____

Protected Semi Protected Unprotected

Bldg#	Use	Age	Construction	Building Repl. Cost	Equipment Limit	Total Value

Loc 4 Legal Address _____

Protected Semi Protected Unprotected

Bldg#	Use	Age	Construction	Building Repl. Cost	Equipment Limit	Total Value



LIQUID STOCK

Loc #	Stock Peak Limit	Average Stock Value

LOSS PAYABLE SCHEDULE FOR LIQUID STOCK

Loc #	Bldg #	Loss Payable (Including Mailing Address)

STOCK (OTHER)

Loc #	Bldg #	Stock Peak Limit	Average Stock Value

LOSS PAYABLE SCHEDULE FOR STOCK

Loc #	Bldg #	Loss Payable (Including Mailing Address)

EQUIPMENT (OTHER)

Loc #	Bldg #	Maximum Equipment Limit	Describe

LOSS PAYABLE SCHEDULE FOR EQUIPMENT

Loc #	Bldg #	Loss Payable (Including Mailing Address)

Tools, Radios, Parts, Small Equipment	Limit
Total Values under \$2,500	

*Tools/Radios over \$2,500 each should be specifically scheduled below.

Loc #	Bldg #	Office Equipment/Computer Equipment	Limit

Fertilizer Bins And Tanks Not Included with or tied to a Blending Plant		Total Limit
Total Values \$		
Schedule fixed locations which form part of the above values below:		
Loc #	Fertilizer Bins and Tanks permanently situated at specific locations	Sub-Limit

BUSINESS INTERRUPTION COVERAGE	Limit
Gross Earnings Form	
Profits Form	

ACCOUNTS RECEIVABLES (INCREASED LIMITS)

Loc #	Bldg #	Limit	Storage Receptacle

VALUABLE PAPERS (INCREASED LIMITS)

Loc #	Bldg #	Limit	Storage Receptacle

MOTOR TRUCK CARGO

Veh #	Type of goods being hauled:	Limit

Liability – Survey of Hazards

For the purpose of this insurance, the term “Agricultural Chemicals” includes fertilizers, herbicides, insecticides and pesticides (unless specifically excluded), but does not include bales of any type of forage material (including cereal grain straw) into which Anhydrous Ammonia (NH₃) or any chemical has been injected or added.

1. (A) Is property situated on railroad siding or serviced by a spur track? Yes No
 (B) Is there an adequate supply of water available? Yes No

Source: _____

- (C) Number of Anhydrous Ammonia storage tanks and the capacity of each (if not listed in property insurance):

- (D) Are all safety precautions taken in the unloading, storage, sale or distribution of Anhydrous Ammonia?

Describe:

- (E) Are NH₃ tanks or any other tanks used for any other purpose than transportation and application of fertilizer or agricultural chemicals? Yes No

If yes, describe in detail:

- (F) Does the Insured do application of Anhydrous Ammonia? Yes No

2. Contractual: List all lease agreements where possible:

3. If you rent equipment to others, is there a formal maintenance program in place to check equipment when returned? Yes No

4. Contractor’s Protective:

- (A) Cost of sublet work, if any: \$ _____

- (B) Are subcontractors required to carry Liability Insurance? Yes No
 Do you ask subcontractors so submit Liability Insurance

- (C) Certificates? Yes No
 Do you enter into formal contract agreements with

- (D) subcontractors? Yes No

- (E) If so, do you include a Hold Harmless clause in your favour? Yes No

Submit a copy of usual contract form.

RECEIPTS/GROSS SALES

OPERATION	RECEIPTS
Dry/Liquid Fertilizer, NH ₃ and Agricultural Chemicals Sales.	\$
Custom Application.	\$
Product Recommendations; Number of Advisors _____	\$
Small Machinery & Equipment Sales.	\$
Direct Product Sales from manufacturer to customer	\$
Retail Pre-Packaged Seed Sales	\$
Seed Sales	\$
Seed Cleaning/Treating	\$
Retail Pre-Packaged Feed Sales	\$
Feed Sales	\$
Parts and Related Hardware Sales	\$
Equipment & Machinery Repairs	\$
Trucking (Hauling for others)	\$
Custom Farming – Canada only	\$
Custom Combining – Canada only	\$
Fuel Sales	\$
Other (Describe in detail)	\$
Other (Describe in detail)	\$



Complete For Custom Application Operations

Number of years experience: Custom _____ Farming _____

Number of owners and/or employees operating spray equipment: _____

Are all operators licensed commercial applicators? _____

Do ALL operators have at least 2 years spraying experience using similar equipment? Yes No

Number of spray units: _____ Number of floaters: _____

Do you lease/loan spray units to others? If yes, please provide details. Yes No

If so, do you have a lease/rental agreement? Please attach a copy. Yes No

Please provide details of your equipment maintenance program.

Number of acres sprayed: _____

Is any expansion in operations expected within the next 12 months? Yes No

If so, please provide an estimate of additional anticipated gross receipts and number of additional acres.

Gross Receipts: _____ # Additional Acres: _____

CLAIMS HISTORY

List all losses during the past five years.

Date (M/D/YR)	Type of Loss	Reserve Outstanding	Amount Paid	Deductible	Insured	
					Yes	No

Details of Loss(es):

Applicant's Signature: _____ Broker's Signature: _____

Date: _____ Date: _____