

## Application for Insurance - Custom Applicators

<b>Name of Insured/Applicant:</b>			
<b>Business Address:</b>			
<b>Number of years in business:</b>		<b>Number of years of related experience:</b>	
<b>Name(s) of Principal(s) and Phone Number(s):</b>			
<b>Number of owners and/or employees operating spray equipment:</b>			
<b>Are all operators licensed commercial applicators?</b>			<b>Yes      No</b>
<b>Do ALL operators have at least 2 years spraying experience using similar equipment?</b>			<b>Yes      No</b>
<b>Number of spray units:</b>			
<b>Do you lease/loan spray units to others? If yes, please provide details.</b>			<b>Yes      No</b>
<b>If so, do you have a lease/rental agreement? Please attach a copy.</b>			<b>Yes      No</b>
<b>Please provide details of your equipment maintenance program.</b>			
<b>Current Insurance Carrier:</b>		<b>Policy Number:</b>	
<b>If no prior insurance, why is application being made now?</b>			
<b>Have there been any prior claims or losses (insured/uninsured) in the past 5 years?</b>			<b>Yes      No</b>
<b>Please provide details of the cause and actual pay out.</b>			
<b>Gross annual receipts:</b>	\$		<b>Number of acres sprayed:</b>
<b>Is any expansion in operations expected within the next 12 months?</b>			<b>Yes      No</b>
<b>If so, please provide an estimate of additional anticipated gross receipts and number of additional acres.</b>			
<b>Gross Receipts:</b>	\$		<b># Additional Acres:</b>
<b>Name of Broker:</b>			
<b>Signature of Applicant:</b>			
<b>Please print name:</b>			
<b>Title:</b>			
<b>Date:</b>			