

Employer Name: _____

Website: _____ Phone Number: _____

Primary Contact: _____ Email: _____

Description of Operations: _____

Payroll, Premium & Experience Mod History

Please fill in the correct amount for each of the following:

Category	Expiring Year	Prior (1)	Prior (2)	Prior (3)	Prior (4)
Payroll					
Premium					
Experience Mod					

General

1. Hiring Practices: Enter the percentage of employees hired in the past twelve months through:

Agricultural Work Agreements (H-2A): _____ %	Job Applications without Reference Check: _____ %
Job Applications with Reference Check: _____ %	Informal Interviews: _____ %

2. Enter the percentage _____ % and number _____ of non-English speaking employees.

Are safety instructions communicated to all employees in their native language? Yes No

3. Is pre-employment drug testing done for all employees operating power equipment? Yes No

4. What qualifications determine who may operate power equipment?

5. Indicate the number of farm tractors equipped with rollover protective structures _____ and without rollover protective structures _____.

6. Does the employer enforce a rule to turn off engines and power take-offs (PTOs) prior to unclogging, adjusting, and servicing power equipment? Yes No
Are all tractor PTOs and PTO drive shafts covered? Yes No
-
7. Are employees that spray crops and apply chemical certified and licensed? Yes No
-
8. Are material data safety sheets available for all chemicals? Yes No
-
9. Does the employer provide and require the use of OSHA-approved personal protective equipment by employees that apply "restricted use" chemicals? Yes No
-
10. Does the employer operate a self-inspection program that includes:
- Machinery guarding? Yes No
- Provision of ample drinking water for workers? Yes No
- Storage of compressed gasses such as propane? Yes No
-
11. Does the employer contract with an aerial chemical application contractor? Yes No
-
12. Does the employer provide motorized transportation for workers? Yes No
If yes, are seat belts always used? _____
-
13. Are written instructions provided to report work-place injuries? Yes No
-
14. Are first aid kits provided at work locations? Yes No
-
15. Will the employer make transitional (light) duty work available to convalescent workers if it is available and medically approved? Yes No
-
16. Does the employer own or manage any other business? Yes No
If yes, provide the name and type of business:

-
17. Has the employer received any violations, penalties, or sanctions by the Wage and Hour Division of the Employment Standards Administration of the U.S. Department of Labor or from OSHA? Yes No
If yes, provide details on as separate sheet.

Field Crop Farming Only

1. Indicate crops grown, percentage of acreage devoted to each and percentage of harvesting that is done manually:

Name of Crop	Percentage of Total Acreage Devoted to This Crop	Percentage of Manual Harvesting of this Crop
		%
		%
		%
		%
		%

Tree Farming Only

1. Check all of the following that are used:

- | | |
|---|---|
| <input type="checkbox"/> Chain saws | <input type="checkbox"/> Pole mounted circular saws |
| <input type="checkbox"/> Tractors | <input type="checkbox"/> Brush cutters |
| <input type="checkbox"/> Stump grinders | <input type="checkbox"/> Dollies |
| <input type="checkbox"/> Manual or electric hoists | <input type="checkbox"/> Portable heaters |
| <input type="checkbox"/> Planting/harvesting implements | <input type="checkbox"/> Tree shaking equipment |
| <input type="checkbox"/> Machetes | <input type="checkbox"/> Wood chippers |
| <input type="checkbox"/> Hand trucks | <input type="checkbox"/> Chemical application tools |
| <input type="checkbox"/> Other power equipment (describe) _____ | |

2. Describe how trees are removed from the field, loaded and transported to markets:

3. If employer owns a fleet of vehicles to ship trees to market, attach a separate sheet with a list of: (1) the drivers' names and dates of birth; and (2) the year, make and model of vehicles.

Employee Census Information

1. Click here for [Employee Census Information Form](#).



Agricultural Workers Compensation Supplemental Application

Applicant Signature

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to provide the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the Company reserves the right to modify or withdraw any offer for insurance.

Fraud Warning: 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.

Applicant Name: _____

Title: _____

Applicant Signature: _____

Date: _____