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Agriculture / Farming - Industry Supplemental Questionnaire

Applicant Information:

Proposed Effective Date:	Legal Name:	Application ID:

Application completed by: Broker: ☐ Employer: ☐

Please provide (*first, last)* name: Date:

Business operations include:
☐ Custom Harvester ☐ Grower ☐ Packer
☐ Labor Contractor ☐ Other:

Please select all that apply:
☐ Alfalfa/Hay/Cereal Grains ☐ Citrus
☐ Cotton ☐ Dairy Farm
☐ Deciduous fruit ☐ Livestock
☐ Melons/pumpkins ☐ Nut crops
☐ Potatoes/Sugar Beets ☐ Strawberries/Bush berries
☐ Truck Farm ☐ Vineyard
☐ Other:

Farm Operations:
Manually Harvested %
Mechanical Harvesting %
Harvested by Others %
Total: 100 %

Are pruning operations performed by employees? Yes ☐ No ☐
Any crop dusting operations? Yes ☐ No ☐
Any crops/orchards located on hillsides or slopes? Yes ☐ No ☐

Pesticides/Fertilizers are applied by:
Employees: ☐ Outside Vendor: ☐

If the business operates a Dairy Farm, please answer the following, or check: ☐ My business does not operate a dairy farm.

Size of dairy herd:
Does risk grow own feed? Yes ☐ No ☐

Milking barn is: Flat ☐ Elevated ☐
Average # of milking's per day:

Are proper safety procedures in place for near stem pipes, lagoons or sump pumps? Yes ☐ No ☐ N/A ☐

Vehicle exposure: N/A ☐ If applicable, please answer the following;

Group transportation? No ☐ Yes: Avg. # of employees per vehicle:
Please explain reason for group transportation:

Does the risk deliver any products? Yes ☐ No ☐

Total # of Vehicles: Number of employee drivers:
Do employees take the vehicle home overnight? Yes ☐ No ☐

Radius in miles: mi. GPS tracking system installed? Yes ☐ No ☐
MVR's Checked: Yes ☐ No ☐ Company Owned Vehicles: Yes ☐ No ☐

PUC Filing: N/A ☐ Yes: MCP Filing: N/A ☐ Yes:

Is housing provided? Yes ☐ No ☐
If yes, # of employees who are provided with housing:

Are ATV's used? Yes ☐ No ☐
If yes, how many ATV's are used?

Are any of the employees relatives of the business owner: Yes ☐ No ☐
Number of employees who are relatives:

If yes: Are the relatives included in the payroll estimates?
Yes ☐ No ☐

General Classification Evaluation:

1) Maximum Height exposure: Ft. ☐ N/A
If applicable - Method of reaching height exposures: (*Check all that apply)*
Ladder ☐ Scaffolding ☐ Scissor Lifts ☐ Other: ☐
If scaffolding is used, does the insured build their own? Yes ☐ No ☐

2) Maximum Weight lifted: lbs. ☐ N/A
If applicable: Manual Lifting ☐ Employee(s) lifts with assistance: ☐ Please explain:
Please list the typical types of items lifted:

3) Any Out of State, International, or Overnight Travel: No ☐ If Yes, please provide the following:
Number of employee's traveling:
Method of transportation: Location(s):
Frequency of travel:

4) CPR Training provided: Yes ☐ No ☐ **If Yes -** Number of Employees certified:

Claims Handling:

1) Is there a set procedure for reporting claims? Yes ☐ No ☐
2) Is there a formal written accident investigation report? Yes ☐ No ☐
3) Do you currently participate in a MPN program to control claim costs? Yes ☐ No ☐

Personnel Practices:

1) New-hire orientation program: Yes ☐ No ☐ Is the orientation documented? Yes ☐ No ☐
2) Owner is active in daily operations: Yes ☐ No ☐
3) Employee Handbook: Yes ☐ No ☐
4) Post-accident drug testing: Yes ☐ No ☐
5) Job specific training: Yes ☐ No ☐
6) Performance Appraisals: Yes ☐ No ☐
7) Wellness program in place: Yes ☐ No ☐
8) Are any of the following benefits provided?
   - Medical: No ☐ Yes: Employer contribution: ____% Percentage of employees enrolled: ____%
   - Retirement: No ☐ Yes: Employer contribution: ____% Percentage of employees enrolled: ____%
9) Any other information in regard to employee benefits? If so, please provide those details:

Employer-Employee Relationship:

1) Employee Turnover Rate (Annually): ____% Average Tenure of Employees (in # of years): ____
2) Number of employees hired:
   - Full Time (annual): ____ Payroll Estimate: $____
   - Part Time/Seasonal: ____ Payroll Estimate: $____
   - No. of seasonal Employees: ____ Seasonal Employee Period (From Month: ____ to Month: ____)

Safety Program/Practices which are implemented and enforced:

1) Fall Protection Plan: Yes ☐ No ☐ N/A ☐
2) Heat and illness prevention program: Yes ☐ No ☐ N/A ☐
3) Extreme temperature program meets Cal OSHA Requirements: Yes ☐ No ☐ N/A ☐
4) Respiratory program: Yes ☐ No ☐ N/A ☐
5) Driver safety training plan: Yes ☐ No ☐ N/A ☐
6) Forklift training & safety plan: Yes ☐ No ☐ N/A ☐
   If Yes – Annual Certification required: Yes ☐ No ☐ N/A ☐
7) MSDS available for all chemicals/products used: Yes ☐ No ☐ N/A ☐
8) Written Lockout/Tag out/Block out Procedures: Yes ☐ No ☐ N/A ☐
9) Hazardous chemicals safety plan: Yes ☐ No ☐ N/A ☐
10) Confined spaces plan: Yes ☐ No ☐ N/A ☐
11) Active safety incentive program for all employees: Yes ☐ No ☐ N/A ☐
12) Are supervisors held accountable for a safe work environment? Yes ☐ No ☐ N/A ☐
13) Is there a dedicated full time safety manager? Yes ☐ No ☐ N/A ☐
    If Yes – Please provide:
    Name: ____ Title: ____
14) Safety meetings are conducted: ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Does not conduct Safety Meetings
    Are safety meetings documented? Yes ☐ No ☐
15) Personal Protective equipment provide to all employees: No ☐ Yes, please list types: ____
16) Employee to Supervisor ratio: ____ / ____
17) What loss prevention recommendations has the insured implemented? ☐ Loss control service has not been performed.

Year implemented: ____

Please explain...

Machinery and Equipment:

1) Please list the types of machinery/equipment used: ____ N/A ☐
2) Are all equipment operators certified? Yes ☐ No ☐
3) Is all machinery/equipment properly guarded: Yes ☐ No ☐
4) Age of equipment in years: ☐ 0-5 ☐ 5-10 ☐ 10-20 ☐ 20+
5) Condition of the equipment: ☐ Excellent ☐ Good ☐ Average ☐ Poor
6) Who is responsible for maintaining machinery? ☐ Insured ☐ Contractor ☐ Other: ____

Is there any other information about your company, operations, or practices you have implemented which could have an impact on mitigating injuries?