

SFM Farm Supplemental Application

Named Insured: _____

Type of Farm or Agribusiness:

Field Crop Livestock Combination Crop/Livestock Poultry Truck Farm (including Fruit, Tree nut, Vegetable) Other: _____

Number of head of livestock _____; Number of swine or poultry houses _____; Number of small animal (rabbit, fox, mink, etc) coops _____.

If a dairy farm, number of cows milked? _____. # of milkings per day _____.

If a field crop farm, # of total acres _____, # of owned acres _____, # of rented or leased acres _____

Please specify the type of crop, poultry, or livestock raised or other farming, ranching or agribusiness operations performed: _____

Is harvesting mechanized or manual? _____; Is contracted labor used? Yes No | if yes, % of use _____. Any custom farming operations performed? Yes No | Any non-farming activities such as excavation, snow removal or other non farming pursuits? Yes No | if yes, please explain _____

Any seasonal workers used for operations? Yes No | if yes, provide details of when season begins and ends, # of seasonal employees hired and if same employees used each season: _____

Is housing provided to employees? Yes No | if yes, # of employees housed _____. Are any employees transported by vehicles on or off the premises? Yes No | if yes, please explain the circumstances and type of transportation _____

Any use of pesticides or fertilizers? Yes No | if yes applications by Employees Outside Vendor
Any crop dusting operations? Yes No | if yes, services provided by Employees Outside Vendor
Is there a formal chemical management plan in place for chemical emergencies or spills? Yes No N/A

Does all farm machinery & equipment have safety guards in place? Yes No | Is all machinery on a scheduled maintenance plan? Yes No | Is training provided for skid steers and forklifts Yes No N/A

Any work performed off premises? Yes No | if yes, please explain _____

Do family members work in the operation? Yes No | if yes, please explain _____

Any workers compensation claims in the past three years? Yes No | if yes, please list: _____

Is there General Liability coverage in place? Yes No | if yes, carrier _____

Written safety program in place? Yes No | Safety training performed? Yes No | What personal protective equipment is provided or required? _____
Is there an employee who is the designated first responder and trained in first aid? Yes No | If yes, who _____

Is the sorting of animals done by drivers or by the use of crowd gates? Yes No N/A

Any confined space exposure? Yes No | If yes, please describe and identify safety procedures, practices and training _____

Insured Contact Name: _____ Phone Number: _____