



## 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 NH<sub>3</sub>, 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 (NH<sub>3</sub>) 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 NH<sub>3</sub> 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 to 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 <sub>3</sub> 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: \_\_\_\_\_