

Application for Insurance - Custom Applicators

Name of Insured/Applicant:			
Business Address:			
Number of years in business:		Number of years of related experience:	
Name(s) of Principal(s) and Phone Number(s):			
Number of owners and/or employees operating spray equipment:			
Are all operators licensed commercial applicators?			Yes No
Do ALL operators have at least 2 years spraying experience using similar equipment?			Yes No
Number of spray units:			
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.			
Current Insurance Carrier:		Policy Number:	
If no prior insurance, why is application being made now?			
Have there been any prior claims or losses (insured/uninsured) in the past 5 years?			Yes No
Please provide details of the cause and actual pay out.			
Gross annual receipts:	\$		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:
Name of Broker:			
Signature of Applicant:			
Please print name:			
Title:			
Date:			