

INSTRUCTIONS:

- 1. PLEASE ANSWER ALL QUESTIONS, LEAVING NO BLANK SPACES
- 2. IF SPACE IS INSUFFICIENT TO ANSWER FULLY ANY QUESTIONS, ATTACH SEPARATE SHEET
- 3. APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER

**AGROLOGISTS / CROP CONSULTANTS
PROFESSIONAL AND GENERAL LIABILITY INSURANCE
APPLICATION FORM**
(THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY)

NOTE: *In applying for the coverage, the applicant understands that in the event of an insured loss, the limit of liability and deductible shall be inclusive of the loss payment and the claim expenses as defined in the policy.*

1. Name of Applicant:
 Individual Partnership Corporation Other

2. Address:
 Web Site:

3. A) Are you a Certified Agrologist? Yes No
 Are you a Certified Crop Consultant? Yes No
 If "Yes" when did you qualify?

4. Number of years served as a Certified Agrologist or Crop Consultant:

5. Other work experience:

6. A). Are you currently engaged in any other occupation? Yes No
 If Yes, state occupation *and* percentage of income derived from it:

B). Do you recommend any products for which you are a representative/distributor? Yes No
 If Yes, please give details

7. Do you use a limitation of liability limiting your liability as to the outcomes that will be achieved? (Please attach copy of typical limitation that would be used) Yes No
 If No, please explain

8. Are you currently a member in good standing with the Agricultural Institute of Canada or any other Agrologist Association or Crop Consultant Association? Yes No Not Applicable

If "Yes", please specify the organisation:

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If "No" or "Not Applicable", please explain:

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9. Number of employees:	Payroll:	
A. Full time	A.	Professionals: \$
B. Part time	B.	Support Staff: \$
Estimated Fees next 12 months \$		

10. A) Please list the types of Agrology work on which you give advice, give the approximate percentage of fees:
- | | |
|----------------------------------|--------------------------------------|
| _____ % Crop Consulting | _____ % Oil & Gas Consulting |
| _____ % Land Reclamation | _____ % Manure Management |
| _____ % Land Remediation | _____ % Financial Management |
| _____ % Forestry Consulting | _____ % Strategic Planning |
| _____ % Environmental Consulting | _____ % Other, Please specify: _____ |

- B) Please confirm that you are only involved in dealing with Agrology work/advice in respect of the Topsoil (the first 1 meter of soil) Yes No

If "No", please explain:

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11. Please identify the Crop Consultant Services which you offer, and give the approximate percentage of fees:
- | | |
|---|---|
| _____ % Fertility Recommendations | _____ % Contract Research |
| _____ % Crop Inspection and Scouting | _____ % Whole Farm Planning |
| _____ % Pest Management Recommendations | _____ % Equipment Selection/Management |
| _____ % Integrated Crop Management | _____ % Regulatory Compliance Recommendations |
| _____ % Seed Variety Recommendations | _____ % Crop Marketing |
| _____ % Irrigation Scheduling | _____ % Other, Please specify: _____ |
| _____ % Precision Farming Recommendations | _____ |

12. Do you employ any sub-contractors? Yes No
 If Yes, do all sub-contractors that you employ carry their own Professional and Comprehensive General Liability? Yes No

13. Have any Professional Liability or Combined General Liability claims been made against you in the past five (5) years which resulted in payment or legal expenses? Yes No

If "Yes" please give details and the amounts paid and split between Professional and Combined General Liability Claims:

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14. Are you aware, after enquiry, of any circumstances which may result in any claims being made against you or any predecessors in business? Yes No

If "Yes" please give details:

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15. A) Previous carrier for Professional Liability:

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Policy Period:	Retroactive Date:

- B) Previous carrier for Combined General Liability:

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Policy Period:	

16. Section I: Professional Limits of liability requested:

\$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000
 Deductible requested: \$2,500 \$5,000 \$10,000

Section II: Commercial General Limits of liability requested:

\$1,000,000/\$1,000,000 with \$1,000 bi/pd deductible
 \$2,000,000/\$2,000,000 with \$2,500 bi/pd deductible

Section III: Directors & Officers Limits of liability requested:

\$100,000 \$200,000 \$500,000 \$1,000,000

Subject to: Check if Yes – In order to offer cover all must be checked

Solvent No Claims Profitable Current Assets > Current Liabilities

Section IV: Property

Description	Package Limits	or	Limits Requested
Office Contents	\$10,000	or	_____
EDP – Hardware	\$5,000	or	_____
EDP – Laptops	\$5,000	or	_____
EDP – Software	\$2,500	or	_____
EDP – Extra Expense	\$5,000	or	_____
Miscellaneous Articles	\$10,000	or	_____

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MIS-STATED ANY MATERIAL FACTS AND I/WE AGREE THAT THIS APPLICATION FORM SHALL BE THE BASIS OF THE CONTRACT WITH THE UNDERWRITERS, AND THAT I/WE UNDERSTAND THAT THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY.

DATE: _____

SIGNATURE OF APPLICANT: _____