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Herbicide or Pesticide Applicators Coverage Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Inspection Contact _____

_____ Phone Number for Inspection Contact: _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

List all states in which you perform operations: _____

Physical address (If multiple locations – list all addresses separately):

APPLICATOR INFORMATION:

Name of Applicator <small>Provide the name and license number of all applicators</small>	License Number	States Licensed

1. Do you allow others to use your license to apply herbicide or pesticide? Yes No

2. If yes, are they operating under your direct supervision? Yes No

3. Do you apply any product that is under an experimental permit or license? Yes No

4. Have you or any employee had a license suspended or revoked? Yes No

Provide complete details:

5. Do you conduct safety meetings on a regular basis: Yes No

UNDERWRITING:

1. Years in Business under this Name: _____

2. Do you operate any other business entity or enterprise?..... Yes No

Provide complete details:

3. Proposed Policy Period: _____ Effective: _____ Expiration: _____

4. Requested Limits of Insurance for coverage other than Herbicide or Pesticide Applicator Coverage:

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____
PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____
PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____
EACH OCCURRENCE \$ _____
DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____
MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

PRIOR CARRIER HISTORY & LOSS INFORMATION:

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain. Yes

PRIOR CARRIER INFORMATION:

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS INFORMATION

LOSS HISTORY (ATTACH SEPARATE SHEET IF NECESSARY)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

OPERATIONS

- Total number of acres sprayed during the past 12 months: _____
- Total estimated number of acres anticipated for the next 12 months:..... _____

A copy of your Herbicide/Pesticide log book may be required to verify

TYPE OF WORK PERFORMED	PERCENTAGE BY EMPLOYEES	PERCENTAGE BY SUBCONTRACTORS	TOTAL COST OF SUBCONTRACTED WORK
Aerial Application			
Anhydrous Ammonia			
Application by mobile equipment			
Application of hand held spraying			
Fertilizer Application			
Field Crops			
Right of Way			
Seed Treatment			
Polyurethane Tanks			
Stainless Steel Tanks			
Vineyards			

3. Do you sell, distribute, supply or apply any product under your own label?..... Yes No
Provide details:

4. Do you perform services on land owned by or leased to you?..... Yes No
5. Do you maintain written management procedures to address application..... Yes No
restrictions for controlling or preventing drift?
6. Do you perform herbicide or pesticide application operations in close proximity..... Yes No
where neighboring farms certify that their product is grown organically
7. Do you provide any operations other than the application of an herbicide or pesticide? Yes No

LIST ALL OPERATIONS BELOW IF NECESSARY USE A SEPARAGE SHEET	ANNUAL PAYROLL	ANNUAL GROSS RECEIPTS

8. Are you named as an additional insured on the subcontractors' policy? Yes No
9. How long are Certificates of Insurance kept? Until job ends One year Other
If other is checked, provide details:

CHEMICAL STORAGE – GENERAL INFORMATION

CHEMICAL NAME	TANK	OTHER THAN TANK	STORAGE CAPACITY
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

10. Do you discharge any product, by-product or waste product into a body of water or Yes No
sanitary sewer system, or on land whether on your own site or elsewhere?

FARM MACHINERY OR OTHER MOBILE EQUIPMENT – GENERAL INFORMATION

LIST EACH PIECE OF EQUIPMENT SEPARATELY – USE SEPARATE SHEET IF NECESSARY

YEAR	MAKE	MODEL	SERIAL NUMBER	(O)WNED OR (L)EASED	LOGGED OPERATING HOURS	VALUE	INLAND MARINE COVERAGE REQUESTED

11. Do you inspect all hoses, tanks and containers on a regular basis? Yes No
12. Are chemical contents clearly marked on all tanks? Yes No
13. Do you perform maintenance on your vehicles or farm equipment on customer's site? Yes No

Producer's Signature

Date

Applicant's Signature

Date