



**COLONY INSURANCE COMPANY
AGRICULTURAL HARVESTERS
SUPPLEMENTAL APPLICATION**

General Agent Name _____

Applicant: _____ Date: _____

Please describe applicant's operation: _____

Please check the box for each of the operations which the applicant will be involved in during the coming year.

- | | |
|--|---|
| <input type="checkbox"/> Harvesting by hand \$ _____ | <input type="checkbox"/> Spraying \$ _____ |
| <input type="checkbox"/> Harvesting by Machinery \$ _____ | <input type="checkbox"/> Dusting \$ _____ |
| <input type="checkbox"/> Farm Management/Consulting \$ _____ | <input type="checkbox"/> Fumigating \$ _____ |
| <input type="checkbox"/> Pruning \$ _____ | <input type="checkbox"/> Pesticide/Herbicide application \$ _____ |
| <input type="checkbox"/> Other _____ \$ _____ | |

Please describe applicant's relevant experience: _____

Geographic area of applicant's operation: _____

Are operations Seasonal Year-round

Type of crops which are being harvested _____

Is any work subcontracted? Yes No If yes, what is the cost: \$ _____

What are their responsibilities? _____

Does the applicant carry workers compensation? Yes No

If yes, please provide carrier name: _____ and policy term: _____

Does the applicant's policy cover employees in all states in which the applicant operates? Yes No

Is applicant licensed by the State? Yes No If "yes", please provide number _____

Is applicant involved with any Machine Harvesting? Yes No If yes, please describe the type of harvesting: _____

Also, provide the machinery used in this harvesting _____

Does the applicant maintain or repair any equipment or machinery? Yes No

If "yes", who owns the equipment? Applicant Customer

Please describe experience and training of employees who operate and maintain? _____

Describe all losses in the past 3 years: _____

Has insurance been canceled or non-renewed in the past year for non compliance of recs? Yes No

If "yes" please explain _____

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____