



**Grain Insurance and Guarantee Company
Custom Agricultural Sprayers Application**

2010 Edition

COMPLETE IN FULL

Application for: Issuance Quotation

Name of Broker: _____
Full Name of Insured: _____
Mailing Address of Insured: _____

Operators Name(s)	1.	2.
Age	_____	_____
Experience	_____	_____
Courses Taken	_____	_____
Loss Experience	_____	_____

**Attach a current copy of the Pesticide Applicators Licence for each operator.
Provide this information for all operators (use separate page if necessary.)**

Provide name and policy number of previous Insurer. _____

How long has this business been operating? _____

What is the Loss Experience for this business? _____

Receipts last year \$ _____ Expected Receipts this year \$ _____

Do all operators read the Spray Equipment Operations manual before each operating season? _____

Do all operators read and follow the manufacturers label with respect to application and cleaning instructions for each product used? _____

What is the maximum number of hours an operator is allowed to work per day? _____ Per week? _____

What steps are taken to ensure that operators don't get overly fatigued during peak spraying times? _____

What special precautions are followed to limit spray drift? _____

Are enquiries made regarding crops in neighbouring fields and their tolerance to the chemical being used? _____

What special precautions are taken when organic land / crops are in the vicinity? _____

What procedures are followed to ensure the correct field is treated? _____

Is any of the water used with the chemicals drawn from sources that could be contaminated with sediment? _____

Does the Insured perform or arrange for any aerial application? _____ (Grain Insurance is not able to insure clients who are involved with aerial application).

Attach a copy of last years Pesticide Applicators Operations Record or a copy of any internal forms used to record conditions at time of application. (A copy of a record for a single job is required, not a copy of every record).

Complete the following to summarize the coverages required.

COVERAGES

<input type="checkbox"/>	Commercial General Liability	\$2,000,000	\$500. Property Damage Deductible
	General Aggregate Limit	\$5,000,000	
	Occurrence Limit	\$2,000,000	
	Personal & Advertising Injury Limit	\$2,000,000	
	Products & Completed Operations Aggregate	\$2,000,000	
	Tenants Legal Liability	\$ 100,000	\$500. Deductible
	Medical Payments	\$ 10,000	
	Non Owned Automobile	\$2,000,000	
	Crop Damage Endorsement (Spray Drift / Misapplication / Failure of Rental Equipment)		
	Limit per Occurrence	\$ 250,000	\$5,000 Deductible
	Aggregate Limit	\$ 250,000	

Operations - Ground Application of Agricultural Fertilizer, Herbicide, Fungicide and Insecticide.

<input type="checkbox"/>	Equipment Floater	Deductible: 2% of loss, minimum \$1,000.00
	Object	Manufacturer
	Year	Serial #
	3 or 4 wheels	Value
Loss Payables:		

<input type="checkbox"/>	Extra Expense - Rental Replacement Cover (loss due to Insured Damage)
	Limit \$1,500.00 day / \$25,000.00 Aggregate
<input type="checkbox"/>	Stock Broad Form including while in Transit and at Temporary Locations
	Limit \$10,000.00 \$500.00 Deductible
<input type="checkbox"/>	Other

<input type="checkbox"/>	Limited Pollution (separate application needed)
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Broker Recommendation	
<input type="checkbox"/>	New business to this office.
<input type="checkbox"/>	Currently insured through this office.
	If currently insured through this office, why is account being re-marketed?

Is applicant known to selling broker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has marketing broker seen this risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, condition of risk?	<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> fair <input type="checkbox"/> poor
If No, attach photo.	
Any visible damage to property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, explain: _____
Financial situation of applicant:	<input type="checkbox"/> not known
	<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> fair <input type="checkbox"/> poor
Marketing broker's overall opinion of risk:	<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> fair <input type="checkbox"/> poor

Completed by: _____	Agency / Brokerage: _____	Date: _____
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CONSENT in accordance with the Act Respecting the Protection of Personal Information

If it should be necessary for the purpose of my file, I, undersigned, the applicant specifically consent that my broker and my insurers, for the time required to fulfill their functions:

- (A) Gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, government records establishing driving experience, prevention, detection, or repression of crime agencies and institutions that gather and compile data on insurance risks and losses.
 - for the purpose of establishing the premium and the assessment of risk; and, (if you would like to consent now)
 - for the purpose of verification, assessment and the settlement of losses;

Furthermore, I authorize my broker to sign on my behalf any request or form that may be necessary in order to gather information concerning me.

- (B) Disclose, in the case of my broker, the information obtained to insurers with whom he is doing business; when it is my insurers, to institutions that gather and compile data on insurance risks and losses and prevention, detection or repression crime agencies. Solely the employees, mandatories or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.

Furthermore, I consent that holders of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or representatives.

I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected, if need be.

Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my broker and/or my insurers, their employees, trainees or representatives.

This insurance application is considered to include all provisions for all forms to be issued in accordance with this contract. The total estimated policy premium is subject to adjustment.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO APPLICANT	DATE
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