



**SEED PROGRAM APPLICATION**

1. **Name of Broker:** \_\_\_\_\_  
 2. **Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  
 3. **Name of Insured:** \_\_\_\_\_  
     **Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
 4. **Mailing Address:** \_\_\_\_\_  
 5. **Location of Risk:** \_\_\_\_\_  
 6. **Occupancy – list all operations on site for each location:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 7. **Other Occupancy(ies):** \_\_\_\_\_  
 8. **Website:** \_\_\_\_\_  
 9. **Loss Payee / Mortgagee** \_\_\_\_\_  
 10. **Policy Term:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
 11. **Expiry date of prior coverage if different from effective date listed above:** \_\_\_\_\_

1) **PROPERTY**     **Broad Form**     **Named Perils**     **Fire Only**  
 Please indicate how property limits were arrived at: \_\_\_\_\_

**LOCATION 1 – Legal Address:** \_\_\_\_\_

<b>Property Coverage:</b>	<b>Limit:</b>
Building(s): If more than one building, include a schedule and site plan.	\$ _____
Equipment:	\$ _____
Grain Stock:	\$ _____
Stock of Chemicals:	_____
Storage Bins:	\$ _____
Weigh Scale(s):	\$ _____
Business Interruption:	_____
<input type="checkbox"/> Profits;	\$ _____
<input type="checkbox"/> Gross Earnings;	\$ _____
<input type="checkbox"/> Extra Expense	\$ _____
<b>Optional Coverage available for:</b>	<b>Limit:</b>
<input type="checkbox"/> Equipment Breakdown Coverage	\$ _____
<input type="checkbox"/> Monthly Stock Reporting Clause <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
<input type="checkbox"/> Other:	\$ _____
_____	\$ _____

2) **CRIME**

**Comprehensive Dishonesty, Disappearance and Destruction**

<b>Insuring Agreement:</b>	<b>Included Limit:</b>	<b>or Increased Limit Required:</b>
I – Employee Dishonesty Form A	\$ 2,500	\$ _____
II – Loss Inside	\$ 2,500	\$ _____
III – Loss Outside	\$ 2,500	\$ _____
IV – Counterfeit Paper	\$ 2,500	\$ _____
V – Depositors Forgery	\$ 2,500	\$ _____

3) **LIABILITY**

**Commercial General Liability**

	<b>Included Limit:</b>	<b>or Increased Limit Required:</b>
General Aggregate Limit	\$ 5,000,000	\$ _____
Occurrence Limit	\$ 1,000,000	\$ _____
Advertising and Personal Injury Limit	\$ 1,000,000	\$ _____
Medical Payments	\$ 25,000	\$ _____
Tenants Legal Liability Broad Form	\$ 1,000,000	\$ _____
Products and Completed Operations Aggregate	\$ 1,000,000	\$ _____
Automatic Acquisition Clause	Included	_____

Cross Liability Clause Included  
 Non – Owned Automobile \$ 1,000,000 \$ \_\_\_\_\_  
 SEF 99 – Excluding Long Term Leased Vehicles \_\_\_\_\_  
**Optional Coverage Available For:**  
 Seedman's Errors and Omissions \$20,000 per claim / \$100,000 per aggregate \$ \_\_\_\_\_  
 Limited Pollution Coverage \_\_\_\_\_

**REVENUE BROKEN DOWN BETWEEN ALL OPERATIONS (include percentage of U.S. and Canadian Sales for each operation):**

Sales / Operation:	Canadian sales:	U.S. / Other sales:	Final Consumer:
Seed Cleaning Service	_____	_____	_____
Processing	_____	_____	_____
Bagging / Packaging	_____	_____	_____
Sales – Cleaned Seed	_____	_____	_____
Sales – Processed Seed	_____	_____	_____
Other	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Additional Interests**

Interest	Name and Mailing Address
_____	_____
_____	_____
_____	_____

**4) GLASS**  
 Blanket all structural glass  Yes  No Deductible \$500 or \$ \_\_\_\_\_

**Property Underwriting Information:**

- Does all wiring run through conduit:  Yes  No
- Are all electric motors, light bulbs and electrical fixtures sealed (ie: light bulbs enclosed in sealed globes):  Yes  No
- Is there welding done on premises:  Yes  No Type of Welding: \_\_\_\_\_
- Who performs any hot work required:  Employee  Contractor  
 Name of welding contractor: \_\_\_\_\_  
 Is proof of insurance obtained:  Yes  No
- Is a "NO SMOKING RULE" enforced in the plant:  Yes  No Are "NO SMOKING" signs clearly displayed?  Yes  No
- Is there a Dust Removal System:  Yes  No  
 If yes, Describe: \_\_\_\_\_  
 If yes, Describe: \_\_\_\_\_
- Is there lightning rod protection on buildings and/or metal legs (over 36' in height)?  Yes  No  
 If yes, Describe: \_\_\_\_\_
- Is there a regular housekeeping program in place?  Yes  No  
 If yes, Describe: \_\_\_\_\_
- Age of Building: \_\_\_\_\_ Years
- Building Upgrades – must be shown if building is over 30 years old:  
 Roof:  Yes  No If Yes, date of upgrade & details: \_\_\_\_\_  
 Plumbing:  Yes  No If Yes, date of upgrade & details: \_\_\_\_\_  
 Heating:  Yes  No If Yes, date of upgrade & details: \_\_\_\_\_  
 Electrical:  Yes  No If Yes, date of upgrade & details: \_\_\_\_\_  
 Sprinklered:  Yes  No \_\_\_\_\_ %
- Building Construction: Walls: \_\_\_\_\_ Roof: \_\_\_\_\_ Floors: \_\_\_\_\_
- What type of heating system is used: \_\_\_\_\_
- Are any portable heaters used:  Yes  No  
 If yes, explain why, when and where they are used: \_\_\_\_\_
- Is the area around the building(s) properly maintained and mowed:  Yes  No
- Storage Bins: Age: \_\_\_\_\_  
 Height: \_\_\_\_\_  
 Construction: \_\_\_\_\_  
 Detached: \_\_\_\_\_
- Grain Dryers:  Yes  No Distance from main building? \_\_\_\_\_
- Weigh Scales: Please describe: \_\_\_\_\_  
 Lightning Protection:  Yes  No Details: \_\_\_\_\_



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**BROKER RECOMMENDATION** New Business to your broker office Currently insured through your broker officeIf currently insured through your office, why is the account being re-marketed?

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Is applicant known to selling broker?

 Yes  NoIf yes, for how long?

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Has marketing broker seen this risk?

 Yes  No

If yes, what is the condition of this risk?

 excellent good average fair poor**Attach photo of risk**

Any visible damage to risk?

 Yes  NoIf yes, explain:

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Financial Situation of applicant  unknown excellent good average fair poor

Marketing brokers overall opinion of risk:

 excellent good average fair 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

## SUPPLEMENT TO SEED APPLICATION – ADDITIONAL LOCATIONS

**LOCATION 2 – Legal Address:**

<b>Property Coverage:</b> <input type="checkbox"/> <b>Named Perils</b> <input type="checkbox"/> <b>Broad Form</b> <input type="checkbox"/> <b>Replacement Cost</b>	<b>Limit:</b>
Building(s): If more than one building, include a schedule and site plan.	\$ _____
Equipment:	\$ _____
Grain Stock:	\$ _____
Stock of Chemicals:	\$ _____
Storage Bins:	\$ _____
Weigh Scale(s):	\$ _____
Business Interruption:	\$ _____
<input type="checkbox"/> Profits;	\$ _____
<input type="checkbox"/> Gross Earnings;	\$ _____
<input type="checkbox"/> Extra Expense	\$ _____
<input type="checkbox"/> Optional Equipment Breakdown Coverage	\$ _____
<input type="checkbox"/> Optional Monthly Stock Reporting Clause <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	\$ _____
<input type="checkbox"/> Other: _____	\$ _____

**Property Underwriting Information**

1. Does all wiring run through conduit:  Yes  No
2. Are all electric motors, light bulbs and electrical fixtures sealed (ie: light bulbs enclosed in sealed globes):  Yes  No
3. Is there welding done on premises:  Yes  No    Type of Welding: \_\_\_\_\_
4. Who performs any hot work required:  Employee  Contractor  
 Name of welding contractor: \_\_\_\_\_  
 Is proof of insurance obtained:  Yes  No
5. Is a "NO SMOKING RULE" enforced in the plant?  Yes  No    Are "NO SMOKING" signs clearly displayed?  Yes  No
6. Is there a Dust Removal System:  Yes  No  
 If yes, Describe: \_\_\_\_\_
7. Is there lightning rod protection on buildings and/or metal legs (over 36' in height)?  Yes  No  
 If yes, Describe: \_\_\_\_\_
8. Is there a regular housekeeping program in place?  Yes  No  
 If yes, Describe: \_\_\_\_\_
9. Age of Building \_\_\_\_\_ Years
10. Building Upgrades – must be shown if building is over 30 years old:  
 Roof:  Yes  No    If Yes, date of upgrade & details: \_\_\_\_\_  
 Plumbing:  Yes  No    If Yes, date of upgrade & details: \_\_\_\_\_  
 Heating:  Yes  No    If Yes, date of upgrade & details: \_\_\_\_\_  
 Electrical:  Yes  No    If Yes, date of upgrade & details: \_\_\_\_\_  
 Sprinklered  Yes  No    \_\_\_\_\_ %
11. Building Construction: Walls: \_\_\_\_\_ Roof: \_\_\_\_\_ Floors: \_\_\_\_\_
12. What type of heating system is used? \_\_\_\_\_
13. Are any portable heaters used?  Yes  No  
 If yes, explain why, when and where they are used: \_\_\_\_\_
14. Is the area around the building(s) properly maintained and mowed?  Yes  No
15. Storage Bins: Age: \_\_\_\_\_  
 Height: \_\_\_\_\_  
 Construction: \_\_\_\_\_  
 Detached: \_\_\_\_\_
16. Grain Dryers:  Yes  No    Distance from main building? \_\_\_\_\_
17. Weigh Scales: Please describe: \_\_\_\_\_  
 Lightening Protection  Yes  No    Details: \_\_\_\_\_
18. Fuel Storage: Type of Fuel(s) stored: \_\_\_\_\_  
 How and where is the fuel Stored: \_\_\_\_\_  
 Is it adequately protected: \_\_\_\_\_
19. Does the risk contain at least one 20A, 20 BC fire extinguisher every 50 feet:  Yes  No  
 Are the fire extinguishers inspected monthly by the insured?  Yes  No  
 Are extinguishers tagged annually by a qualified service contractor?  Yes  No
20. Crime Protection: \_\_\_\_\_
21. How long has the insured been in operation at this location?  new venture    Or  \_\_\_\_\_ years
22. Exposing Property(ies): \_\_\_\_\_
23. Fire protection:  within 5 road miles (8 km) of fire hall     within 1,000 ft. (300 m) of fire hydrant     unprotected
24. Is there a year round water supply usable for fire protection?  Yes  No  
 If Yes, Source? \_\_\_\_\_
25. Does the Insured also have farm operations at this same site?  Yes  No  
 If Yes, confirm there is other insurance in place for the farm operation:    Current Insurer: \_\_\_\_\_    Policy No. \_\_\_\_\_

**LOCATION 3 – Legal Address:**

**Property Coverage:**  **Named Perils**  **Broad Form**  **Replacement Cost**

**Limit:**

Building(s): If more than one building, include a schedule and site plan.

\$ \_\_\_\_\_

Equipment:

\$ \_\_\_\_\_

Grain Stock:

\$ \_\_\_\_\_

Stock of Chemicals:

\$ \_\_\_\_\_

Storage Bins:

\$ \_\_\_\_\_

Weigh Scale(s):

\$ \_\_\_\_\_

Business Interruption:

Profits;

\$ \_\_\_\_\_

Gross Earnings;

\$ \_\_\_\_\_

Extra Expense

\$ \_\_\_\_\_

Optional Equipment Breakdown Coverage

\$ \_\_\_\_\_

Optional Monthly Stock Reporting Clause

YES  NO

Other:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Property Underwriting Information**

1. Does all wiring run through conduit:  Yes  No
2. Are all electric motors, light bulbs and electrical fixtures sealed (ie: light bulbs enclosed in sealed globes):  Yes  No
3. Is there welding done on premises:  Yes  No Type of Welding: \_\_\_\_\_
4. Who performs any hot work required:  Employee  Contractor  
Name of welding contractor: \_\_\_\_\_
- Is proof of insurance obtained:  Yes  No
5. Is a "NO SMOKING RULE" enforced in the plant?  Yes  No Are "NO SMOKING" signs clearly displayed?  Yes  No
6. Is there a Dust Removal System:  Yes  No  
If yes, Describe: \_\_\_\_\_
7. Is there lightning rod protection on buildings and/or metal legs (over 36' in height)?  Yes  No  
If yes, Describe: \_\_\_\_\_
8. Is there a regular housekeeping program in place?  Yes  No  
If yes, Describe: \_\_\_\_\_
9. Age of Building \_\_\_\_\_ Years
10. Building Upgrades – must be shown if building is over 30 years old:  
Roof:  Yes  No If Yes, date of upgrade & details: \_\_\_\_\_  
Plumbing:  Yes  No If Yes, date of upgrade & details: \_\_\_\_\_  
Heating:  Yes  No If Yes, date of upgrade & details: \_\_\_\_\_  
Electrical:  Yes  No If Yes, date of upgrade & details: \_\_\_\_\_  
Sprinklered  Yes  No \_\_\_\_\_ %
11. Building Construction: Walls: \_\_\_\_\_ Roof: \_\_\_\_\_ Floors: \_\_\_\_\_
12. What type of heating system is used? \_\_\_\_\_
13. Are any portable heaters used?  Yes  No  
If yes, explain why, when and where they are used: \_\_\_\_\_
14. Is the area around the building(s) properly maintained and mowed?  Yes  No
15. Storage Bins: Age: \_\_\_\_\_  
Height: \_\_\_\_\_  
Construction: \_\_\_\_\_  
Detached: \_\_\_\_\_
16. Grain Dryers:  Yes  No Distance from main building? \_\_\_\_\_
17. Weigh Scales: Please describe: \_\_\_\_\_  
Lightening Protection  Yes  No Details: \_\_\_\_\_
18. Fuel Storage Type of Fuel(s) stored: \_\_\_\_\_  
How and where is the fuel Stored: \_\_\_\_\_  
Is it adequately protected: \_\_\_\_\_
19. Does the risk contain at least one 20A, 20 BC fire extinguisher every 50 feet:  Yes  No  
Are the fire extinguishers inspected monthly by the insured?  Yes  No  
Are extinguishers tagged annually by a qualified service contractor?  Yes  No
20. Crime Protection: \_\_\_\_\_
21. How long has the insured been in operation at this location?  new venture Or  \_\_\_\_\_ years
22. Exposing Property(ies): \_\_\_\_\_
23. Fire protection:  within 5 road miles (8 km) of fire hall  within 1,000 ft. (300 m) of fire hydrant  unprotected
24. Is there a year round water supply usable for fire protection?  Yes  No  
If Yes, Source? \_\_\_\_\_
25. Does the Insured also have farm operations at this same site?  Yes  No  
If Yes, confirm there is other insurance in place for the farm operation: Current Insurer: \_\_\_\_\_ Policy No. \_\_\_\_\_

