



Grain Insurance and Guarantee Company  
Custom Agricultural Sprayers Application

2011 Edition

**COMPLETE IN FULL**

Application for:  Issuance  Quotation

Name of Broker: \_\_\_\_\_  
Full Name of Insured: \_\_\_\_\_  
Mailing Address of Insured: \_\_\_\_\_  
Policy Term: From: \_\_\_\_\_ To: \_\_\_\_\_

<b>Operators Name(s)</b>	1. _____	2. _____
Age	_____	_____
Experience	_____	_____
Courses Taken	_____	_____
Loss History	_____	_____

**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 History for this business? \_\_\_\_\_

Receipts last year \$ \_\_\_\_\_ Expected Receipts this year \$ \_\_\_\_\_

Estimated Number of acres this year: - personal \_\_\_\_\_ - custom \_\_\_\_\_

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.

Any Additional Insureds? Provide full name and mailing address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any other Certificates of Liability insurance required? Provide full name and mailing address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

<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**

New business to this office.  Currently insured through this office.  
If currently insured through this office, why is account being re-marketed?

Is applicant known to selling broker?  Yes  No If Yes, how long? \_\_\_\_\_ years.

Has marketing broker seen this risk?  Yes  No  
If Yes, condition of risk?  excellent  good  average  fair  poor

If No, **attach photo.**

Any visible damage to property?  Yes  No

If Yes, explain: \_\_\_\_\_

Financial situation of applicant:  not known  
 excellent  good  average  fair  poor

Marketing broker's overall opinion of risk:  excellent  good  average  fair  poor

Completed by: \_\_\_\_\_

Agency / Brokerage: \_\_\_\_\_

Date: \_\_\_\_\_

**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.**

<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>	<b>SIGNATURE OF CO APPLICANT</b>	<b>DATE</b>
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