



Grain Insurance and Guarantee Company
Custom Agricultural Sprayers Application

2011 Edition

RENEWAL APPLICATION FORM - COMPLETE IN FULL

Name of Broker: _____

Full Name of Insured: _____

Mailing Address of Insured: _____

Policy Number: _____ Expiry Date: _____

Operators Name(s) 1. _____ 2. _____

Age _____

Experience _____

Courses Taken _____

Loss History _____

Is operator licensed to perform _____

Pesticide Applications? _____

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

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).

Are any changes required to the policy? _____

Are any Certificates of Liability Insurance required? If so, please list them including addresses. _____
