

AgriBusiness WC Supplemental

August 2018 Edition

(Complete & Submit with Acord 130 Application)

Applicant Name: _____		Eff Date: _____	
Fein #: _____		Website Address: _____	
AGRICULTURE / FARMING			
Is applicant a farm labor contractor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If applicant a farm management company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If applicant is not an FLC, do they use contracted labor for harvesting?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is harvesting: <input type="checkbox"/> Mechanized? <input type="checkbox"/> Manual?	If applicant is harvesting nut crops, are shakers utilized?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Any seasonal workers used for operations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, season begin & ends? _____	
Number of seasonal employees? _____	Do they use the same employees each season?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Any employees transported by any vehicles on or off premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain _____	

Does applicant currently use, or have future plans to use the H-2A visa program to bring temporary non-immigrant foreign workers to the U.S.?			
Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, additional underwriting questions and answers will be required		
Is employee housing provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, number of employees housed? _____	
Any use of pesticides or fertilizers?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, application by: Employees? <input type="checkbox"/> Outside Vender? <input type="checkbox"/>	
If employees perform pesticide application, are they trained & certified?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Any crop dusting operations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, services provided by: Employees? <input type="checkbox"/> Outside Vender? <input type="checkbox"/>	
Total acres worked? _____	Number of locations/average worksites visited per day? _____		
Employees paid by Piece Work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Employees paid Hourly?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DAIRY FARMS			
What is the size of the dairy herd? _____		What is the number of bulls over three years old? _____	
Do they grow their own feed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does account delivery any of own milk products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the milking barn: Flat? <input type="checkbox"/> Elevated? <input type="checkbox"/>	Are there protective barriers?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Average number of milkings per day? _____	Do any employees work on sump pumps?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are employees allowed to enter stem pipes around lagoon?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are proper safety procedures in place for working rear stem pipes, lagoons, or sump pumps?			Yes <input type="checkbox"/> No <input type="checkbox"/>
AGRICULTURE/FARMING/DAIRY FARMS			
Any confined spaces exposures?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide details and include a copy of the written procedures & details of 'Confined Spaces Training' _____	

Are the employees provided & wear protective gear?			Yes <input type="checkbox"/> No <input type="checkbox"/>
ATV's Used?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, number of ATV's owned & used by applicant? _____	
Completed by: _____ Date: _____ Email Address: _____			