



AGRICULTURE SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION

Intended for crops and packing operations. For wineries, see separate Winery application. For other entities, use standard Supplemental form.

Insured Name: _____ Federal ID #: _____
Application/Policy# _____ Effective Date: _____ Website: _____
Agency: _____ Contact: _____

Payroll Data - Provide historical payroll data by class, or submit final audit invoices if available. Applicable only to policy years not insured by Republic Indemnity.

Class:	_____	_____	_____	_____	_____
<u>YEAR</u>					
<u>Current</u>	_____	_____	_____	_____	_____
<u>1st Prior Year</u>	_____	_____	_____	_____	_____
<u>2nd Prior Year</u>	_____	_____	_____	_____	_____
<u>3rd Prior Year</u>	_____	_____	_____	_____	_____
<u>4th Prior Year</u>	_____	_____	_____	_____	_____

Loss Experience

If not insured by Republic Indemnity for the latest 3-year term, please attach **currently valued loss runs** for any of those three years insured elsewhere **and most current experience modification worksheet** if available.

Locations of Employee Activity (at minimum, indicate zip code for each location where employees work)

Please indicate on separate paper if additional locations exist. Under the farmed location, we are interested in the employees engaged by the policyholder in the harvest, pruning, and other parts of the year, respectively. **Do not include contracted or custom harvest labor, if provided by other entities.**

	<u>Location</u>	<u>Zip</u>	<u>#Employees</u>			<u>Operations at location</u>
			<u>Peak</u>	<u>Off-Season</u>		
Main Location: (Physical plant)	_____	_____	_____	_____	_____	_____
	_____	_____				_____
			<u>Harvest</u>	<u>Pruning</u>	<u>Other</u>	<u>Acreage under cultivation</u>
Farmed Location(s):	_____	_____	_____	_____	_____	_____
	_____	_____				_____

How much new planting occurred this year (acreage) or is expected next year? _____

Is lodging provided for regular/seasonal employees? Yes No If yes, indicate number: _____

Group transportation of employees? Yes No Radius? _____ How often? _____

List vehicles by type (van, bus, other) and indicate total number of employees transported per vehicle:

Operational Information

Type of entity (check all that apply):

Grower Custom Harvester Labor Contractor Packer Other: _____

Crops handled and percentage of employee time – includes packing operations (check all that apply):

Strawberries/Bushberries	_____%	Potatoes/Sugar Beets	_____%
Grapes/Vineyards	_____%	Alfalfa/Hay/Cereal Grains	_____%
Melons/pumpkins	_____%	Cotton	_____%
Other Manually harvest row crops	_____%	Other mechanical harvested crops	_____%
Citrus	_____%	Nut crops	_____%
Deciduous fruit	_____%	Other orchard crops	_____%

List of specific crops handled: _____

Operational Information (continued):

Orchards:

Are trellises or dwarf varieties grown that would ease the harvest exposures? Yes No

Dates or figs – how is harvesting done (if by employees)? _____

Vineyards: Wine Grapes Table Grapes Raisins Other: _____

Produce: any crops field packed by employees? Yes No List crops: _____

Shed Packing:

Is safety training done for seasonal workers at the beginning of the packing season? Yes No

Are all belts and pulleys guarded, and supervisors trained in emergency procedures? Yes No

Seasonality: indicate typical start and end dates of all seasonal operations: _____

Are the same foremen/crews brought back every year? Yes No

Does the insured participate in the H2A temporary Agricultural Program? Yes No

Chemical Exposures: Application of pesticides or fertilizers by employees? Yes No

If yes: Comply with EPA concerning times, notification, etc? Yes No

Employees certified for any “restricted use” pesticides? Yes No

Trucking Exposures: Pick-up or delivery (e.g. field to packing shed, to produce markets, etc.)? Yes No

Radius of Operations _____ #Vehicles _____ #Drivers _____

Details of use: _____

MVR's checked Yes No

If yes, please provide details as to procedures in place _____

Is there a disciplinary/termination rule in place based on driving record? Yes No

If yes, provide details _____

Does applicant own, operate or lease aircraft? Yes No

If yes, provide details _____

General Information

1. Current number of permanent employees _____ Number of temporary/seasonal employees _____
 Number of W2's filed for latest reporting year _____
2. Number of employees: _____ Increasing _____ Decreasing _____ Stable
3. Number of part-time employees _____ Number of full-time employees _____
4. How are employees paid: Piece rate _____ Hourly _____ Combination _____ Other _____
 Mean hourly wages (or equivalent) for production workers: \$ _____
5. Union _____ Non-Union _____ % of employees participating _____
6. **How many independent contractors are used?** _____
How many 1099 forms are issued to individuals? _____
How many 1099 forms are issued to companies/organizations? _____
If there are independent contractors, what kind of work do they perform? _____
Are independent contractors covered under a statutory Workers' Compensation Insurance policy and do they provide Certificates of Insurance? Yes No
7. Group Medical provided: Yes No Name of Group Health Provider _____
 % of employees participating _____ % of employer contribution _____
 Paid Vacation: Yes No Paid Sick Leave: Yes No 401K or Pension: Yes No
 Pre-employment physical: Yes No
8. Safety Program: Yes No
 Safety meetings held for all employees: Yes No
 Personal protective safety equipment provided: Yes No
 Accident investigation program in place: Yes No
9. Hiring Practices
 Application: Yes No
 Check References: Yes No
10. Drug Screening Program/Random Drug Testing Yes No
11. Does insured offer modified work: Yes No
If yes, provide details _____
12. Loss Control Incentive Program: Yes No

Producer Authorized Signature _____ Date _____