

FARM SUPPLEMENT TO WORKER'S COMPENSATION APPLICATION

NAMED INSURED _____

TYPE OF FARM: Dairy Cattle Beef Sheep
 Hog Other: _____

1. Any Workers Comp claims for last three years? Yes No If Yes, please list
(For larger accounts, attach Loss Runs and/or NCCI Mod Sheet):

2. Total number of employees: _____ How many are part-time?: _____
No. of employees with less than one (1) year experience: _____
Are there any employees under 21 or over 65? Yes No
under 21: _____ # over 65: _____ (Please complete ACORD health questionnaire if >65)

Any employees with Pre-existing condition (bad back, etc.)? Yes No If Yes, please explain

Any employee(s) related to applicant? Yes No
If Yes, does this employee(s) have health insurance coverage? Yes No

3. Any Custom Farming done? Yes No If Yes, % to total receipts: _____

4. Any non-farming activities such as excavating, snow removal, or other non-farming pursuits?
 Yes No If Yes, describe: _____

5. Is there General Liability coverage in place? Yes No Policy # _____ Carrier _____

6. If dairy farm, number of cows milked? _____

7. Does this risk involve any of the following:

It there any incidental uses of equine in the scope of the raising of cattle? Yes No
 If yes how many _____.
Equine Stud Farms? Yes No
Equine Training, Riding, Exhibiting or Boarding? Yes No

8. Producer's comments: _____

APPLICANT'S SIGNATURE: I hereby declare to the best of my knowledge and belief that all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy or renewal for which I am applying.

(Date) Insured Signature

(Date) Producer Signature