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## Agricultural Supplemental

<b>Your Name</b>	
<b>Your Email</b>	
<b>Your Phone</b>	
<b>Your Agency</b>	
<b>Insured Co.</b>	

1) Does your organization utilize piece work?

\_\_\_\_\_Yes      \_\_\_\_\_No

1) Do you have a Heat & Illness Protection Program?

\_\_\_\_\_Yes      \_\_\_\_\_No

2) Does your organization hire H2A employees?

\_\_\_\_\_Yes      \_\_\_\_\_No

a) What countries are they hired from?

b) What percentage of the workforce is H2A?

3) Does your organization provide training programs for lifting?

\_\_\_\_\_Yes      \_\_\_\_\_No

4) Does your organization work on hilly terrains?

\_\_\_\_\_Yes      \_\_\_\_\_No

If yes, please describe the process for working on hilly terrains:

5) Does your organization have a ladder safety program?

\_\_\_\_\_Yes      \_\_\_\_\_No

6) Do you utilize cherry pickers?

\_\_\_\_\_Yes      \_\_\_\_\_No

7) Does your claims history include claims for employees who are provided housing?

\_\_\_\_\_Yes      \_\_\_\_\_No

8) Are family members of the insured or of other employees routinely hired?

\_\_\_\_\_Yes      \_\_\_\_\_No

Please explain / add more detail:

9) Do you provide aerial crop dusting?

\_\_\_\_\_Yes      \_\_\_\_\_No

Are wind conditions monitored prior to dusting?

\_\_\_\_\_Yes      \_\_\_\_\_No

10) Is harvesting mechanical or manual?

\_\_\_\_\_Yes      \_\_\_\_\_No

Please explain / add more detail:

11) Do you have a formal and documented fall protection program?

\_\_\_\_\_Yes      \_\_\_\_\_No

12) List all primary crops and/or stock within your operations?

13) Do employees maintain machinery?

\_\_\_\_\_Yes      \_\_\_\_\_No

If yes, do they do the following:

a) Clean inside machines

\_\_\_\_\_Yes      \_\_\_\_\_No

b) Clean around blades or gears

\_\_\_\_\_Yes      \_\_\_\_\_No

c) Servicing of equipment

\_\_\_\_\_Yes      \_\_\_\_\_No

d) Sign off of completed operations.

\_\_\_\_\_Yes      \_\_\_\_\_No