

Agricultural Supplemental

Your Name	
Your Email	
Your Phone	
Your Agency	
Insured Co.	

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