

Name Insured: _____

Effective Date: _____ Website: _____

Agency/Broker: _____

GENERAL SAFETY/LOSS CONTROL

1. Does the insured have a formal safety program?: Yes No
2. Does the insured have a full-time Safety Director on staff with no additional duties?: Yes No
 If yes, individual's Name: _____ Title: _____
3. Return to Work Program in place: Formal Informal None
4. Insured does pre-hire and post-accident drug testing: Yes No
5. Formal Accident Investigation Program in place: Yes No
6. MVR checks done pre-hire & annually: Yes No No driving exposures
7. Number of employees is: Increasing Decreasing Stable
8. Does the insured have more than 50 employees in a building that is 4 stories or greater? Yes No
9. How many years has the insured had Workers' Compensation insurance: _____
10. Health benefits provided: Yes No
 If yes, % of employee participation: _____ % % of employer's contribution: _____ %

AGRICULTURE/FARMING

1. Insureds operations (check all that apply):
 - Farm Labor Contractor FLC #: _____
 - Field Crops Crops/Acres: _____
 - Truck farm Crops/Acres: _____
 - Orchard Crops/Acres: _____
 - Vineyard % of insured's acreage devoted to growing table grapes: _____ %
 - Livestock Types of livestock: _____
 - Dairy Dude Ranch Other: _____

If Strawberry farm, are berries grown in raised beds (2 or more feet)? Yes No

Does insured grow mushrooms? Yes No
2. Do any family members work in operation? Yes No
3. Harvesting process: Mechanized Manual
 If manual, are employees paid by piece (piecework)?: Yes No
 Are ladders used?: Yes No Other devices: _____

4. Are pruning operations performed by employees? Yes No By others
5. Any crops/orchards located on hillsides or slopes? Yes No
6. Does insured work on any irrigation systems? Yes No
If yes, operations include: Installation Repair
7. Does insured use an outside vendor for chemical/pesticide application? Yes No
Does insured perform any aerial crop dusting operations? Yes No
8. Does the insured perform any packing operations of fruits/vegetables in the field? Yes No
Does the insured perform any packing operations of fruits/vegetables away from field? Yes No
9. Does the insured perform delivery? Yes No
If yes, number of delivery vehicles: _____ Delivery distance: _____
Does insured employees perform tarping or climb on trucks/trailers: Yes No
10. Are operations seasonal?: Yes No
If yes, season begins: _____ ends: _____
of seasonal employees hired: _____
% of insured's seasonal employees that return each year: _____% None
Is housing provided?: Yes No If yes, # of employees housed?: _____
11. Does the insured provide group transportation (4 or more people in one vehicle)? Yes No
If yes, how many employees at one time in one vehicle?
One parcel to another parcel, within farm
One farm to another farm, less than 10 miles
One farm to another farm, more than 10 miles. Average distance: _____ miles
12. Does the insured own or operate any ATV's? Yes No
If yes, what type?
3 Wheeler
4 Wheeler
Gator
Side by Side
Other
How many ATV's, including employee owned, are used?: _____
13. Any confined spaces exposures? Yes No
If yes, please provide details:
14. Is there an extreme temperature program that meets Cal OSHA requirements? Yes No