

CUSTOM SPRAY APPLICATORS APPLICATION

Named Insured: _____

Mailing Address: _____

1. Years in Business? _____
2. Years of related business? _____
3. Name(s) of Principal(s)? _____
4. Number of Owned and/or employees operation spray equipment? _____
 Are all operators' licensed commercial applicators? Yes No
 Do all operators have at least 2 years' experience using similar equipment? Yes No
5. Number of Spray Units? _____
 Number of Floater Units? _____
 Value of Spray Units? \$ _____
6. Do you lease/loan spray units to others? Yes No
 If yes, provide details: _____
 If so, do you have a lease/rental agreement? Yes No **Please attach copy**
7. Current Insurance Carrier: _____ Policy Number: _____
 If No prior insurance, why is insured applying now? _____
8. Have there been any prior claims or losses (insured/uninsured) in the past 5 years? Yes No

Date	Description	Amount of Loss

9. Gross Annual Receipts \$ _____
 # of Acres Sprayed _____
10. Is there any expansion in operations expected within the next 12 months? Yes No
 If so, please provide an estimate of additional anticipated gross receipts and number of additional acres:

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

The applicant declares that the statements and information set forth in this Application and in any attachments made hereto are true and no material facts have been suppressed or misstated.

The applicant agrees that the Insurance Company or its designee may make such inquiries with respect to the proposed insurance as are deemed necessary by the Insurance Company. The Insurance Company reserves the right to amend the terms, conditions and limitations of any policy issued as a result of this Application if subsequent to the date of this Application, but prior to the inception date of such policy, if there are any material changes to the information contained herein. In the event of such material changed as aforesaid, the applicant agrees to give immediate written notice to the Insurance Company and the former insurer and such notice shall attach to and form part of this Application.

Signing this Application does not bind the applicant to the Insurance Company to complete the insurance, but is agreed that the statements and particulars contained in this Application will be relied upon by the Insurance Company should a policy be issued, and, in such case, the Application shall form a part of the policy.

Privacy Disclosure and Consent

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Applicant's Signature: _____

Date: _____

Brokerage Name: _____

Broker's Signature: _____

Date: _____