



**COLONY INSURANCE COMPANY  
AGRICULTURAL HARVESTERS  
SUPPLEMENTAL APPLICATION**

General Agent Name \_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please describe applicant's operation: \_\_\_\_\_  
\_\_\_\_\_

Please check the box for each of the operations which the applicant will be involved in during the coming year.

- |  |   |
|--|---|
| <input type="checkbox"/> Harvesting by hand \$ _____         | <input type="checkbox"/> Spraying \$ _____                        |
| <input type="checkbox"/> Harvesting by Machinery \$ _____    | <input type="checkbox"/> Dusting \$ _____                         |
| <input type="checkbox"/> Farm Management/Consulting \$ _____ | <input type="checkbox"/> Fumigating \$ _____                      |
| <input type="checkbox"/> Pruning \$ _____                    | <input type="checkbox"/> Pesticide/Herbicide application \$ _____ |
| <input type="checkbox"/> Other _____ \$ _____                |   |

Please describe applicant's relevant experience: \_\_\_\_\_  
\_\_\_\_\_

Geographic area of applicant's operation: \_\_\_\_\_

Are operations  Seasonal  Year-round

Type of crops which are being harvested \_\_\_\_\_

Is any work subcontracted?  Yes  No If yes, what is the cost: \$ \_\_\_\_\_

What are their responsibilities? \_\_\_\_\_

Does the applicant carry workers compensation?  Yes  No

If yes, please provide carrier name: \_\_\_\_\_ and policy term: \_\_\_\_\_

Does the applicant's policy cover employees in all states in which the applicant operates?  Yes  No

Is applicant licensed by the State?  Yes  No If "yes", please provide number \_\_\_\_\_

Is applicant involved with any Machine Harvesting?  Yes  No If yes, please describe the type of harvesting: \_\_\_\_\_

Also, provide the machinery used in this harvesting \_\_\_\_\_  
\_\_\_\_\_

Does the applicant maintain or repair any equipment or machinery?  Yes  No

If "yes", who owns the equipment?  Applicant  Customer

Please describe experience and training of employees who operate and maintain? \_\_\_\_\_  
\_\_\_\_\_

Describe all losses in the past 3 years: \_\_\_\_\_  
\_\_\_\_\_

Has insurance been canceled or non-renewed in the past year for non compliance of recs?  Yes  No

If "yes" please explain \_\_\_\_\_

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_