

## AGRICULTURE SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION

Intended for crops and packing operations. For wineries, see separate Winery application. For other entities, use standard Supplemental form.

Insured Name: \_\_\_\_\_ Federal ID #: \_\_\_\_\_  
 Application/Policy# \_\_\_\_\_ Effective Date: \_\_\_\_\_ Website: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

**Payroll Data** - Provide historical payroll data by class, or submit final audit invoices if available. Applicable only to policy years not insured by Republic Indemnity.

Class:	_____	_____	_____	_____	_____
<u>YEAR</u>					
<u>Current</u>	_____	_____	_____	_____	_____
<u>1<sup>st</sup> Prior Year</u>	_____	_____	_____	_____	_____
<u>2<sup>nd</sup> Prior Year</u>	_____	_____	_____	_____	_____
<u>3<sup>rd</sup> Prior Year</u>	_____	_____	_____	_____	_____
<u>4<sup>th</sup> Prior Year</u>	_____	_____	_____	_____	_____

### Loss Experience

If not insured by Republic Indemnity for the latest 3-year term, please attach **currently valued loss runs** for any of those three years insured elsewhere **and most current experience modification worksheet** if available.

### Locations of Employee Activity (at minimum, indicate zip code for each location where employees work)

Please indicate on separate paper if additional locations exist. Under the farmed location, we are interested in the employees engaged by the policyholder in the harvest, pruning, and other parts of the year, respectively. **Do not include contracted or custom harvest labor, if provided by other entities.**

	<u>Location</u>	<u>Zip</u>	<u>#Employees</u>			<u>Operations at location</u>
			<u>Peak</u>	<u>Off-Season</u>		
Main Location: (Physical plant)	_____	_____	_____	_____	_____	_____
	_____	_____				
			<u>Harvest</u>	<u>Pruning</u>	<u>Other</u>	<u>Acreage under cultivation</u>
Farmed Location(s):	_____	_____	_____	_____	_____	_____
	_____	_____				

How much new planting occurred this year (acreage) or is expected next year? \_\_\_\_\_

Is lodging provided for regular/seasonal employees? Yes No If yes, indicate number: \_\_\_\_\_

Group transportation of employees? Yes No Radius? \_\_\_\_\_ How often? \_\_\_\_\_

List vehicles by type (van, bus, other) and indicate total number of employees transported per vehicle:

\_\_\_\_\_  
 \_\_\_\_\_

### Operational Information

Type of entity (check all that apply):

Grower Custom Harvester Labor Contractor Packer Other: \_\_\_\_\_

Crops handled and percentage of employee time – includes packing operations (check all that apply):

Strawberries/Bushberries	_____%	Potatoes/Sugar Beets	_____%
Grapes/Vineyards	_____%	Alfalfa/Hay/Cereal Grains	_____%
Melons/pumpkins	_____%	Cotton	_____%
Other Manually harvest row crops	_____%	Other mechanical harvested crops	_____%
Citrus	_____%	Nut crops	_____%
Deciduous fruit	_____%	Other orchard crops	_____%

List of specific crops handled: \_\_\_\_\_

**Operational Information** (continued):

Orchards:

Are trellises or dwarf varieties grown that would ease the harvest exposures?      Yes      No

Dates or figs – how is harvesting done (if by employees)? \_\_\_\_\_

Vineyards:      Wine Grapes      Table Grapes      Raisins      Other: \_\_\_\_\_

Produce: any crops field packed by employees?    Yes      No      List crops: \_\_\_\_\_

Shed Packing:

Is safety training done for seasonal workers at the beginning of the packing season?      Yes      No

Are all belts and pulleys guarded, and supervisors trained in emergency procedures?      Yes      No

**Seasonality:** indicate typical start and end dates of all seasonal operations: \_\_\_\_\_

Are the same foremen/crews brought back every year?    Yes      No

Does the insured participate in the H2A temporary Agricultural Program?    Yes      No

**Chemical Exposures:** Application of pesticides or fertilizers by employees?      Yes      No

If yes: Comply with EPA concerning times, notification, etc?      Yes      No

Employees certified for any “restricted use” pesticides?      Yes      No

**Trucking Exposures:** Pick-up or delivery (e.g. field to packing shed, to produce markets, etc.)?    Yes      No

Radius of Operations \_\_\_\_\_      #Vehicles \_\_\_\_\_      #Drivers \_\_\_\_\_

Details of use: \_\_\_\_\_

MVR's checked      Yes      No

*If yes, please provide details as to procedures in place* \_\_\_\_\_

Is there a disciplinary/termination rule in place based on driving record?    Yes      No

*If yes, provide details* \_\_\_\_\_

Does applicant own, operate or lease aircraft?    Yes      No

*If yes, provide details* \_\_\_\_\_

**General Information**

1. Current number of permanent employees \_\_\_\_\_ Number of temporary/seasonal employees \_\_\_\_\_  
 Number of W2's filed for latest reporting year \_\_\_\_\_
2. Number of employees: \_\_\_\_\_ Increasing \_\_\_\_\_ Decreasing \_\_\_\_\_ Stable
3. Number of part-time employees \_\_\_\_\_ Number of full-time employees \_\_\_\_\_
4. How are employees paid: Piece rate \_\_\_\_\_ Hourly \_\_\_\_\_ Combination \_\_\_\_\_ Other \_\_\_\_\_  
 Mean hourly wages (or equivalent) for production workers: \$ \_\_\_\_\_
5. Union \_\_\_\_\_ Non-Union \_\_\_\_\_ % of employees participating \_\_\_\_\_
6. How many independent contractors are used? \_\_\_\_\_  
 How many 1099 forms are issued to individuals? \_\_\_\_\_  
 How many 1099 forms are issued to companies/organizations? \_\_\_\_\_  
 If there are independent contractors, what kind of work do they perform? \_\_\_\_\_  
 Are independent contractors covered under a statutory Workers' Compensation Insurance policy and do they provide  
 Certificates of Insurance? Yes No
7. Group Medical provided: Yes No Name of Group Health Provider \_\_\_\_\_  
 % of employees participating \_\_\_\_\_ % of employer contribution \_\_\_\_\_  
 Paid Vacation: Yes No Paid Sick Leave: Yes No 401K or Pension: Yes No  
 Pre-employment physical: Yes No
8. Safety Program: Yes No  
 Safety meetings held for all employees: Yes No  
 Personal protective safety equipment provided: Yes No  
 Accident investigation program in place: Yes No
9. Hiring Practices  
 Application: Yes No  
 Check References: Yes No
10. Drug Screening Program/Random Drug Testing Yes No
11. Does insured offer modified work: Yes No  
*If yes, provide details* \_\_\_\_\_
12. Loss Control Incentive Program: Yes No

Producer Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_