



FARM MANAGER, OPERATOR & CONSULTANT ERRORS & OMISSIONS INSURANCE
NON-OWNED FARMS - CLAIMS MADE AND REPORTED POLICY

PROFESSIONAL LIABILITY INSURANCE SERVICES®, INC.
UNDERWRITING FACILITY - SINCE 1983

P: 800.761.7547 | F: 512.327.5834 | E: UNDERWRITING@PLISINC.COM | W: WWW.PLISINC.COM

Answer all questions. Explain if the question does not apply. If space is insufficient, please attach an additional explanation sheet. The Application must be signed and dated by a partner, officer or director of the Applicant.

1. Name of Company Applicant: _____ Requested effective date of policy: _____
(This Company will be the name identified on the Declaration page as the Named Insured) **NOTE: Complete the Additional Insured Supplement for any additional entities for which coverage is sought.**

2. Requested Limit of Liability: \$ _____ Deductible: \$ _____ (minimum \$1000)

3. Contact Person: _____ Title: _____ Website: _____

4. Telephone Number: _____ Fax Number: _____ Email: _____

5. Street Address: _____ City: _____ State: _____ Zip Code: _____

6. Sole Proprietor Corporation Partnership Joint Venture Individual Other _____

7. Date company was established: _____ Where is Company licensed or registered? _____

8. Do you sell food and/or beverages at this location(s)? YES NO

If Yes, please provide revenue from beverage sales \$ _____ and food sales \$ _____

9. Average number of years of experience of key personnel in this field: _____

10. In the past five years has the name of the Company been changed or has any other business been purchased, or has any merger or consolidation taken place? If **YES**, provide details..... YES NO

11. Gross Income: Present Financial Year \$ _____ (Est.) Next Financial Year \$ _____ (Est.)

12. Breakdown of Services: (Including Revenue)

SERVICES	REVENUE (for others for a fee)
Farm Manager/Operator - only services farms or ranches but not nurseries, timber tracts or greenhouses	\$
Farm Management Consultant - consulting services only	\$
Livestock, Dairy, or Poultry Farm Manager - feed and care for livestock, dairy or poultry.	\$
Horticultural Specialty Farm Manager - oversee the production of fruits, vegetables, flowers and plants used for landscaping.	\$
Aquaculture Farm Manager - raise fish and shellfish in ponds, floating net pens, raceways, and recirculating systems.	\$
Agricultural Manager - services farms, ranches, nurseries, timber tracts, greenhouses and other agricultural establishments.	\$
Other - Please describe:	\$

13. Do you sell, promote or perform any service other than listed in Question 12 above? YES NO

If **YES**, set forth those other services. _____

14. Describe nature of your business (mode or method of operation, type of services performed. where such operations are performed, etc.)

a.) Please list addresses for all farms managed (include of a separate sheet if needed):

1.	5.
2.	6.
3.	7.
4.	8.

b.) Type of product/crop produced: _____

c.) Total acreage managed, if applicable _____

d.) Whose employees perform the work? My employees Farm Owner's employees

e.) Do you perform any of the following application services?

Pesticide _____ Herbicide _____ Fungicide _____ Is the applicator QAC certified?..... YES NO

What type of pesticides are utilized: Organic _____ Synthetic _____ Edible _____ Non-Edible _____

When and how often is application applied? _____

Are records kept regarding such application(s)? _____

If a third party vendor is secured, do you confirm insurance coverage is in place? YES NO

Is applicator QAC Certified: YES NO

15. a) Do you control, own, and/or manage any other business entity(ies)? If **YES**, provide details..... YES NO

b) Do you provide any services to such business entity(ies)? If **YES**, provide details..... YES NO

16. Does any employee of the Applicant serve on the Board of Directors of any client of the Applicant?..... YES NO
17. Do you provide professional services for real property, including any vineyards, ranches, or farms in which you have a direct or indirect ownership interest?
If **YES**, provide details YES NO
18. Do you require a written contract or agreement for services with your clients? (If yes, answer 18a-18d)..... YES NO
- a. Are there hold harmless or indemnity agreements ensuring to your benefit? YES NO
- b. Are there hold harmless or indemnity agreements ensuring to your client's benefit? YES NO
- c. Are there guarantees or warranties? (Neither will not be covered under the SBE Miscellaneous E&O Policy) YES NO
- d. Is there a specific description of the services you will provide?..... YES NO
19. Loss Control - What safeguards or procedures do you employ to avoid liabilities or losses? _____
20. Number of employees who are: Full Time:_____ Part Time: _____ Temporary:_____ Leased:_____
21. Has the Applicant or any employees obtained any designations, accreditations, or certifications?YES NO
If **YES**, please list:_____

CLAIMS HISTORY/EXPERIENCE: (For questions 22-24 answered yes, please complete the SBE E&O Claim Supplement for each claim, fact, situation, act, error or omission.)

To avoid loss of coverage, it is imperative that all known facts, situations, acts, errors or omissions which could result in a professional liability claim against the Applicant, or any of its predecessor companies, be reported to your current insurer within the time period specified in your **current policy**.

As used in the questions below, the term "claim" shall mean a demand received by the Applicant for money or services, including the service of suit or institution of arbitration proceedings against the Applicant.

22. Have any claims or suits been made during the past five years against the Applicant or any of its predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, salespersons, or employees?YES NO
23. Is the Applicant aware of any facts, situations, alleged acts, errors or omissions, or of any offenses which may reasonably be expected to result in a claim being made against the Applicant or any of its predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, salespersons, or employees?.....YES NO

It is agreed that if any Owner, Principal, Partner, Officer or Director has knowledge, or if it is reasonable that the person have knowledge, of any such claim(s), potential claim(s), alleged acts, errors or omissions requested in the Claims History/Experience section of this Application, any lawsuit or claim subsequently made arising from such claim(s), potential claim(s), alleged acts, errors or omissions is not covered under the insurance being applied for by this Application. _____

Initial

24. Has the Applicant or any of its predecessors in business or subsidiaries or affiliates or any of the past or present partners, owners, officers, salespersons or employees been investigated and/or cited by any administrative or regulatory agency for violations arising out of their activities?.....YES NO
25. Please provide the following information for similar insurance, if any, carried during the last five years. If none carried, state so. Include any coverage which may be directly related or may respond in part to the exposure.

Policy Period	Renewal Date	Retroactive Date	Carrier	Limit	Deductible	Premium

*If retroactive date limitation included please advise date _____ (Please provide copy of expiring Declarations page)

26. Has any application for insurance similar to the insurance sought by this application been made by or on behalf of the Applicant or any of its predecessors in business or present partners, owners, officers, sales personnel or employees ever been declined or has any such insurance ever been canceled or renewal refused? If yes, provide details.....YES NO
27. a. Please provide the following information for your **general liability coverage (CGL)** currently in force and for the immediate past 3 years.

Policy Period	Renewal Date	Carrier	Limit	Deductible	Premium

- b. Does it include coverage for products and completed operations hazards? YES NO
- c. Does it include coverage for Pollution/Chemical Drift Coverage? YES NO
- d. Is coverage claims-made or occurrence If claims-made, please advise retroactive date _____

***General Liability Coverage including products and completed operations must be maintained during the duration of this Policy.
(Refer to General Liability Warranty Endorsement)**



MISCELLANEOUS ERRORS & OMISSIONS INSURANCE CLAIM / INCIDENT SUPPLEMENT

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APPLICANT: _____

DATE OF CLAIM	DATE OF REPORT	AMOUNTS PAID	TOTAL PAID / RES.	OPEN / CLOSED	CLAIM / INCIDENT

Insurance Carrier: _____

Attorney involved: _____ Attorney designated by carrier?..... YES NO

Claimant: _____

Claimant's Demand: (please estimate if unknown - \$ + other) _____

1. Was there a contractual relationship?.....YES NO

2. Was there an alleged breach of that contract?..... YES NO

If **YES**, please attach a copy of the signed and dated contract If **NO**, was the contract fulfilled?.....YES NO

3. What is the current status of the claim? _____

Please provide description of claim / complaint: _____

Please attach any documentation related to this claim, including any demand letter, lawsuit, written complaint from customer, etc.

The unqualified word "Claim" wherever used in the Policy and this form shall mean a demand received by the Insured for money or services, including the service of suit or institution of arbitration proceedings or subpoena against the Insured.

4. Has there been a procedure implemented to avoid a similar claim?YES NO

If **YES**, describe procedure: _____

5. Please provide details regarding any known facts, situations, alleged acts or errors or omissions that could give rise to a claim:

For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim and/or allegation may be brought against you if a current or former customer has expressed dissatisfaction with the professional services rendered, by:

- i) Making frequent or formal complaints to an employee of the applicant regarding quality of goods or service;
- ii) Threatening to hire an attorney or submission of a demand letter;
- iii) Asking for a full refund; remedies other than those that are contractually provided.

NOTICE

The Applicant represents to the best of its knowledge and belief that the statements set forth are true and include all material information, and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, which might affect the judgment of the Insurer in its rating and/or acceptance of this risk.

In addition to all other terms and conditions: Applicable in Kentucky. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Date

Signed by Partner, Officer, or Director

Title

Printed name of Partner, Officer or Director