



phone 806-298-2591 fax 806-298-4355

## Crop Spraying Supplemental Application

(To be used with Acord or other company specific applications)

1. Name of Applicant: \_\_\_\_\_
2. Principal Business Address: \_\_\_\_\_
3. Pest Control Business License Number: \_\_\_\_\_
4. Other License Numbers and Description: \_\_\_\_\_
5. Professional Staffing: # \_\_\_\_\_ Owners and Partners: # \_\_\_\_\_
6. Projected Annual Receipts: \$ \_\_\_\_\_
7. Employees That Are Licensed Applicators: # \_\_\_\_\_ Unlicensed Employees: # \_\_\_\_\_
8. Any Prior Claims or Losses Paid:  Yes  No (If Yes, Please Provide Details On A Separate Sheet)
9. Are all Licensed Staff current on their Continuing Education?  Yes  No (If No, Please Explain On Separate Sheet)
10. Does the Applicant:
  - Spray both Pesticides and Herbicides?  Yes  No
  - Utilize separate tanks for Pesticides and Herbicides?  Yes  No
  - Use "Air-Induction Nozzles" for Herbicide work?  Yes  No
  - Use ONLY chemical resistant hoses?  Yes  No
  - Use ONLY Stainless Steel Tanks?  Yes  No
11. Does the Applicant utilize fumigation?  Yes  No  
If yes, list the crops and/or commodities fumigated and chemicals used: \_\_\_\_\_
12. Are "Restricted Use" Chemicals Used?  Yes  No  
If Yes, list the "Restricted Use" Chemicals \_\_\_\_\_  
What Non-Restricted Use Chemicals are primarily used? \_\_\_\_\_
13. Does the Applicant sell chemicals?  Yes  No  
If Yes, list the chemicals: \_\_\_\_\_
14. Does the Applicant Manufacture or Sell any "Custom Mix" chemicals?  Yes  No
15. Does the Applicant apply chemicals in a "Research Capacity" on small plots?  Yes  No  
If Yes, fully describe this operation. Use a separate sheet if necessary. \_\_\_\_\_
16. Is the Applicant a current member of a Trade Group or Professional Association?  Yes  No  
If Yes, list the name of the group: \_\_\_\_\_
17. How many acres does the applicant expect to spray/treat on an annual basis? \_\_\_\_\_
18. Does the Applicant hire subcontractors, leased workers, day laborers or seasonal workers?  Yes  No
19. Does the Applicant enter into any Insured Contracts under which he would assume the tort liability of another party?  
 Yes  No

**I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.**

Signature of Applicant. \_\_\_\_\_ Date \_\_\_\_\_

Agency Name and Agency's Signature. \_\_\_\_\_ Date \_\_\_\_\_