

**AGRICULTURAL CONSULTANTS AND FARM MANAGERS APPLICATION FOR
PROFESSIONAL LIABILITY (CLAIMS MADE)**

Please read your policy carefully

Name of Business Applicant _____

Address _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail: _____

1. Is your business a sole proprietorship partnership corporation other

2. a. What were your Gross Receipts for last year? \$ _____

b. What do you estimate your Gross Receipts will be next year? \$ _____

c. Please provide the following percentage of gross receipts you noted in 2a. For each of the operations in which you are engaged:

Type of Operation or Service	Annual Gross Receipts (%)
<input type="checkbox"/> Management and Operational Consulting	
<input type="checkbox"/> Agronomists, Horticulturalists and Agricultural Scientists	
<input type="checkbox"/> Farm, Ranch, Vineyard or Orchard Management	
<input type="checkbox"/> Real Estate Appraising	
<input type="checkbox"/> Real Estate or Land Sales	
<input type="checkbox"/> Engineering, Architectural or Surveying Services *	
<input type="checkbox"/> Design and/or Manufacturer of Products*	
<input type="checkbox"/> Nursery or Seed Growing*	
<input type="checkbox"/> Other*	
Total	100%

*please attach a supplementary page with a description

3. Who is your largest client? _____ What percent of revenue does their contract provide? _____ %

4. What percentage of time do you use a written contract with your clients and subcontractors? _____ %

If less than 100%, please advise how often a written contract is used and the reason it is not used 100% of the time.

5. Are all change orders confirmed in writing? Yes No

6. Additional Insured(s) to be included:

Name	Address	Relationship to Applicant

7. Has any application for similar insurance made on behalf of the Applicant, the entity in the first section of this Application, any predecessor in business or present partners/ officers ever been declined or has any such insurance ever been cancelled or refused? Yes No

If yes, please provide details on a separate page and send to your agent.

8. Does any director, officer, employee, partner or independent contractor or family member of the Applicant serve as an officer or on the Board of Directors of any client or own any financial or equity interest in any client of the Applicant? Yes No

If yes, please provide details on a separate page.

9. Has any claim(s) or suit(s) ever been made against the Applicant or any entity named in the first section of this Application, or against their predecessors in business, or against any past or present principal, partner, director, officer, officer or employee? Yes No

If yes, please provide details on a separate page, including the date the act was committed or allegedly committed. Please send it to your agent.

10. Is the applicant aware of any circumstances which may result in a claim against the Applicant or any entity named in the first section of the application, or against their predecessors in business, or against any past or present principal, partner, director, officer or employee? Yes No

11. a. Is similar Professional Liability insurance currently in force? Yes No

b. If Yes, please provide details: _____

Name of Carrier	Limit	Retroactive Date	Deductible	Premium	Policy Period

12. Limit requested: \$500m/\$1M \$1M/1M \$1M/2M Other _____

13. Deductible requested: \$1,000 \$2,500 \$5,000 \$10,000 Other: _____

14. Please check any services you provide that are listed below. Be aware that the coverage for which you are applying may not cover the services listed below. Your agent will discuss these with you.

- Advice concerning title, mortgages, easements or surveying
- Advice or consulting involving bloodstock or thoroughbred horses
- Research, development or testing of GMOs or recombinant DNA products
- Services to support oil, gas or other mineral exploration or extraction
- Consult on, supervise or manage any escrow accounts, trust funds, insurance plans or investment portfolios
- Involvement in the formation, sale, promotion, management or development of any syndication, real estate investment trust, general or limited partnership, security or futures contract
- Provide guarantees in regard to yield or quality of crops or livestock, or other outcomes
- Provide contracting services to apply pesticide, herbicide or fertilizer or provide harvesting, tilling or well-drilling services

For the purposes of this Policy the term "**Agricultural Consultant and Farm Manager**," shall mean providing of agricultural advice and reviewing any and all aspects of existing business operations, evaluating and advising with respect to such operations and planning and implementing changes to such operations and services as a agronomist, horticulturalist, agricultural scientist, viticulturalist, orchard manager, rural appraiser, real estate or land agent to others for a fee pursuant to a written contract.

"**Agricultural Consultant and Farm Manager**" does not mean any other capacity or activity, including but not limited to capacity or activity as an engineer, architect, surveyor, lawyer, veterinarian, financial advisor; designer or manufacturer of any product; manager or supervisor of trust funds, insurance plans or investment portfolios; a title abstractor, searcher or agent, escrow agency as a third party escrow agent; building or construction manager; real estate and/or property developer; laboratory researcher or analyst, recombinant gene or GMO technologist or researcher, developer or tester; any involvement with oil, gas or mineral exploration or activities involving, the formation, sale, promotion, management or development of any syndication, real estate investment trust, general or limited partnership, security or futures contract.

Please check box to agree that you have read the definition above and understand there is NO coverage under the proposed policy for Loss or Defense Costs in connection with claims involving activities other than those for AGRICULTURAL CONSULTANT AND FARM MANAGER, defined?

I Agree I Disagree Initials: _____

NOTICE TO THE APPLICANT/ BUSINESS OWNER

The undersigned declares that to the best of his/her knowledge and belief that statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Underwriters and the Underwriters may withdraw or modify any outstanding quotations. The Underwriter is hereby authorized, but not required to make an investigation and inquiry in connection with the information, statements and disclosures provided in this application. The decision of the Underwriter not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Underwriter and shall not stop the Underwriter from relying on any statement in this application. The signing of this application does not bind the undersigned to purchase the Insurance, nor does the review of this application bind the Underwriter to issue a policy. It is understood the Underwriter is relying on this application in the event the policy is issued. It is agreed that this Application shall be the basis of the contract should a Policy be issued and it will be attached and become a part of this Policy.

Signature _____ **Title** _____

NAME _____ **Date** _____