

Custom Farming Questionnaire

Please provide the following information regarding the insured's custom farming activities.

Use an additional page to provide details, if necessary.

- Named Insured - _____
- Website address - _____

- 1. Years of experience as a custom farming operator - _____
- 2. How many customers does the insured service? _____
- 3. Explain the “**specific**” type(s) of operation(s) conducted for others - _____

- 4. Does the insured do any soil ripping, land leveling or installation of irrigation systems? Yes* No
- 5. Does the insured do installation of orchards or vineyards, or grafting for their customers? Yes* No
- 6. Does the insured apply any chemicals for their customers? Yes* No
 - a) Provide the insured’s applicator license number - _____
 - b) Does the insured have separate applicator’s liability coverage? Yes* No
- 7. Does the insured use Tree Shaking as a means to harvest fruit or nuts? Yes* No
- 8. How does the insured transport their equipment from one customer location to the next customer location?

- 9. Does the insured provide any transportation services for their customers? Yes* No
- 10. Custom Farming annual receipts - \$ _____
- 11. Custom Farming annual payroll - \$ _____

** Provide an explanation for all “Yes” responses in the ‘Remarks’ section (next page)*

