



THE MATTEI COMPANIES

Agribusiness Supplemental Application

Today's Date

Date Quote Needed

Applicant Website Address

1 List other named insureds and their Federal Employer Identification Number (FEIN)

Other Named Insured

FEIN

Other Named Insured

FEIN

2 List all business owners, principals and officers and indicate their title

Name

Title

3 List expiring premium and current carrier by line of business

Exp Premium

Current Carrier

Exp Premium

Current Carrier

a Property

b General Liability

c Auto Liability

d Auto Phys Damage

e Crime

f Inland Marine

g Umbrella

h

4 List annual revenue for the past five years

Last Year

2nd Year Prior

3rd Year Prior

4th Year Prior

5th Year Prior

5 If the applicant has been in business less than three full years, describe applicant's prior work history in the same industry

6 Describe any material changes in the applicant's operations during the past five years

7 Describe or attach any hold harmless, risk transfer or other contractual agreements entered into by the applicant

8 Has the applicant assumed liability under a lease agreement for real estate? If Yes,

a Is there a written waiver of subrogation?

b Are maintenance responsibilities delineated?

9 Has the applicant assumed liability of others under any of the following?

a Lease agreements for signs/equipment?

b Contracts for electric power, steam, etc?

c Sidetrack agreements?

d Easement agreements?

10 Does the applicant employ subcontractors? If Yes,

a Describe the work performed or provide a copy of the subcontractor's agreement

b Does the applicant require the subcontractor to provide certificates of insurance?

c What are the minimum requirements?

d Describe the procedures used to monitor the timely receipt of certificates of insurance

11 Does the applicant have any storage tanks or refueling facilities on premises?

a What do the tanks contain?

b How many tanks are there?

c What is the tank capacity?

Gal

d When were the tanks installed?

Year

e Are the tanks above or below ground?

f	How are the tanks protected from vehicular collision?			
12	How are waste oils, lubricants, waste chemicals and by-products and other hazardous compounds stored or disposed of?			
13	If the public is allowed on applicant's premises, describe the applicant's visitor policy			
14	Does the applicant own, hire or lease any watercraft or aircraft?			
15	Does the applicant export any products? If Yes,			
a	What percentage of gross sales is exported?			
b	What products are exported and to where?			
c	Does the applicant carry foreign product liability coverage? If Yes,			
	Name of insurance carrier			
	Policy #	Current term expiration date	Limits of Liability	
16	Describe any genetically modified crops that the applicant grows, stores, distributes or sells			
Grain Storage: If the applicant owns or operates a Grain Storage facility, complete the following:				
1	Even if property coverage is not requested, provide plot diagram indicating distances between structures and detailing surrounding exposures			
2	If grain is stored in the open, describe how it is secured			
3	Describe the quality control measures used to maintain contaminant-free grain			
4	Describe procedures for dust detection and removal (venting, suppression, dust collection and inhibiting system)			
5	Are grain elevators equipped with:			
a	Inspection doors			
b	Belt alignment sensors			
c	Ammeters or motion sensors			
d	Heat-bearing sensors			
e	Pneumatic dust control or oil suppression system			
6	Is explosion-proof lighting used throughout the facility?			
7	When was the electrical equipment last inspected and updated by a qualified electrician?			
8	Fire protection			
a	Describe the year-round availability, distance to source and capacity of water for fire protection			
b	Describe the applicant's fire emergency training program			

9	What is the total maximum value that can be accommodated at the applicant's storage facility?	
a	What is the maximum value of the applicant's property that will be stored at any given time?	
b	What is the maximum value of property of others that will be stored at any given time?	
c	Who is contractually responsible for insuring the property of others while stored at the applicant's facility?	
10	Does the applicant load or unload grain directly onto or off of watercraft?	
11	Does the applicant have railroad access?	
a	Does the applicant have a written contract with the railroad?	
b	If yes, attach copy of the contract as it relates to insurance requirements	
12	Has the facility or the applicant ever been fined by OSHA or any federal, state or local regulatory agency?	
	If yes, provide date, description and remedy	

Seed: If the applicant is a Seed Processor, Dealer/Broker or Distributor complete the following:

1	Is the applicant a	Seed Processor	Seed Dealer/Broker	Seed Distributor
2	Does the applicant own a retail store?		If Yes, enter annual gross sales from retail store	
3	Does applicant provide storage for seeds?			
4	Describe the quality control procedures at the seed storage facility used			
5	How long are batch samples, including lot numbers, kept?			
6	Does the applicant use the Federal Seed Laboratory for voluntary seed inspections and quality certification?			
	If No, how is quality tested?			
7	Describe recordkeeping procedures for tracking all ingredients from receiving to shipping			
8	Describe the cleaning process used between the mixing of different batches of seed to avoid vermin, dust collection or mildew contamination			

Cold Storage/Controlled Atmosphere: If the applicant own or operates a Cold Storage or CA facility, complete the following:

1	Describe the commodities in cold storage				
	Type of Commodity in Cold Storage	Total Annual Value		Fresh or Frozen?	Controlled Atmosphere?
		Sales Revenue	or Storage Revenue		
			or		
			or		
			or		
			or		
			or		
2	Number of cold storage rooms	Number of controlled atmosphere rooms			
	What is the maximum value in any one room?				
3	Is there a peak storage season? If Yes,				
a	When is the peak season?	From		To	
b	What is the value of the commodities stored during the peak season?				
4	Is ammonia used as a refrigerant? If Yes,				
a	Are ammonia detectors installed?		b	How frequently is recalibration performed?	
c	Does the ammonia system automatically shut down when the alarm is activated?				
5	Describe the applicant's contingency plan in case of power interruption or mechanical breakdown				

6	Are warehouse lockers rented to individuals?			
7	Describe the applicant's recordkeeping procedures for incoming and outgoing shipments			
Automobile				
1	What is the applicant's DOT or MC number?			
2	Does the applicant service its own vehicles? If Yes, answer a-d below; If No, answer e-g			
	If Yes:			
	a	Describe types and frequency of vehicle maintenance work performed		
	b	How many mechanics does applicant employ?		
	c	How long are maintenance reports retained?		
	d	If less than 100% percent of maintenance work is performed by the applicant, respond to questions e-g below		
	If No:			
	e	Who performs the vehicle maintenance work?		
	f	Describe types and frequency of vehicle maintenance work performed		
	g	How long are maintenance reports retained?		
3	Does the applicant provide any auto or equipment repair service to others? If Yes,			
	a	To whom?		
	b	Describe types and frequency of vehicle maintenance work performed		
	c	How long are maintenance reports retained?		
	d	What is the annual revenue derived from work performed on vehicles for others?		
4	How frequently are brakes serviced?			
5	If any of the vehicles are laid up on a regular basis during the year, describe vehicles, circumstances and frequency/duration			
6	Does the driver selection process include:			
	Written application		Reference checks (including most recent employer)	
	Drug testing		Road test	
	Physical exam		Polygraph test	
	Other (describe)		Other (describe)	
7	Is there a requirement for prior experience driving the same vehicle type?			
	a	If Yes, what % of new drivers have more than 3 years experience driving the same vehicle type?		
	b	If No, what % of new drivers have no experience with the same vehicle type?		
8	Does driver indoctrination include:			
	Review of company rules and policies		Daily vehicle inspection procedures	
	Equipment familiarization		Training for handling certain commodities	
	Route familiarization		Accident reporting procedures	
	Name of safety manager		Phone number of safety manager	
	Ride along with experienced driver		If yes, how long is ride along required?	
	Other (describe)		Other (describe)	
9	How often does the applicant obtain updated MVRs?			
10	Who (job title) reviews the MVRs?		How Often?	
11	What are the applicant's standards for an acceptable MVR?			

12	Does the applicant obtain MVRs for all employees?			
	a If No, list the position titles of those for whom MVRs are not ordered			
13	Driver Turnover			
	a How many of the drivers have been with the applicant more than two years?			
	b How many drivers have been hired within the past 12 months?			
	c What is the average length of employment for drivers?			Yrs
14	How are drivers compensated?		If Other, describe	
15	Does the applicant employ a safety manager? If Yes,			
	a If the safety manager is part-time, indicate % of time allocated to safety duties			
	b Describe other assigned duties			
16	Does the applicant hold safety meetings? If Yes,			
	a How frequently?			
	b Is attendance mandatory? If No, explain:			
	c Are safety meeting notes documented in written form? If No, explain:			
17	Indicate the types of safe driving incentives/devices utilized by the applicant:			
	Safety awards		Speed governors	
	"How's My Driving?" bumper stickers		Trip recording (tachographs, on-board computers, etc)	
	Fuel conservation bonuses		Other (describe)	
	Other (describe)		Other (describe)	
18	What is the applicant's policy on the use of cellular phones while operating company vehicles?			
19	Describe the applicant's accident review procedure			
	a Are accidents recorded so repeaters can be easily identified?			
	b Describe the disciplinary policy for drivers involved in serious or multiple accidents or violations			
	c Does the applicant keep a camera in each vehicle to photograph accident scenes?			
20	Does the applicant back haul for others? If Yes,			
	a What commodities does the applicant back haul?			
	b What percentage of hauls are back hauled?			
	c What is the applicant's total annual revenue from back hauling?			
	d On what basis is the applicant paid?			
21	Does the applicant rent or lease vehicles from others without operators? If Yes,			
	a From whom are they leased?			
	b How frequently?		c For how long?	
	d Provide copy of agreement			
	e Indicate on the vehicle schedule which vehicles are rented/leased			
	f If the applicant is required to name the lessor on its policy, indicate required limits			
	g Does the lessor require proof of coverage from the applicant?			

