FARM SUPPLEMENT TO WORKER'S COMPENSATION APPLICATION

ΤY	PE OF FARM:	O Dairy O Ca	ttle C) Beef	O	Sheep	
	O HogO Other: Any Workers Comp claims for last three years? O Yes O No If Yes, please list (For larger accounts, attach Loss Runs and/or NCCI Mod Sheet): Total number of employees: How many are part-time?: No. of employees with less than one (1) year experience: Are there any employees under 21 or over 65? O Yes O No # under 21: # over 65: (Please complete ACORD health questionnaire if >65) Any employees with Pre-existing condition (bad back, etc.)? O Yes O No If Yes, please explain Any employee(s) related to applicant? O Yes O No If Yes, does this employee(s) have health insurance coverage? O Yes O No Any Custom Farming done? O Yes O No If Yes, % to total receipts:						
5.	Is there General	Liability coverage in pl	ace? O Y	es O	No Po	licy # Carrier	
6.	If dairy farm, nu	imber of cows milked?					
7.	Does this risk involve any of the following:						
	It there any incidental uses of equine in the scope of the raising of cattle? O Yes O No If yes how many Equine Stud Farms? O Yes O No Equine Training, Riding, Exhibiting or Boarding? O Yes O No						
8.	Producer's com	ments:					
for	egoing statement	<u> </u>	statement		-	wledge and belief that all of the inducement to the company	
(D	ate) Insur	red Signature					
<u>—</u>	ate) Prod	ucer Signature				(06/07 rev.)	