



ASA

Agri-Services Agency
Leaders in Agricultural Insurance

AGRI-SERVICES AGENCY GROUP

Cattle Feedlot / Livestock Raising Supplemental Application

Company Name:			
Contact Name:			
Address:			
City:	State:	Zip:	FEIN#:
Phone #:	Cell Phone #:	Fax#:	
Website and/or Email Address:			

1. Type of livestock (beef cattle, hogs, sheep etc.): _____ Total # of acres in operation _____
 Average # of cattle (hogs etc.) on premises at any one time _____ Total capacity of feedlot _____
 What % of feed does the applicant produce _____ % # of acres _____ What % of feed is purchased _____ %
 Give brief description of your herd health program: _____

2. Describe new hire and training program _____

 References checked Yes No Drug Testing Yes No Pre-employment physicals Yes No
 Present # of employees: Full-time _____ Part-time _____ Seasonal _____ Leased _____ Volunteer _____
 Describe benefits package offered to employees: _____
 Do you hire migrant/foreign workers? Yes No If yes, is training and signage posted in native languages? Yes No
 Type of training materials provided (videos or print): _____
 Do you hire minors under the age of 18? Yes No If yes, what are their duties? _____
 Are minors under the direct supervision of an experienced adult worker at all times? Yes No
 What type of animal handling and animal behavior training is provided for employees? _____

 How often are refresher training/meetings conducted? _____

3. Describe your safety program for new and current employees: _____

 Is there a designated Safety Officer/Manager? Yes No If yes, employees name: _____
 Is there a written Safety Manual? Yes No How often are Safety Meetings held? _____
 How is manual presented to employees? _____
 Are employees required to wear steel toed boots? Yes No
 Is your operation OSHA compliant? Yes No

4. Hauling/Delivery:
 Do you pick-up or deliver livestock? Yes No If yes, do you do any backhauling? Yes No
 If no, do you hire a third party contract hauler? Yes No If yes, do you obtain certificates of insurance? Yes No
 Do you do haul for others Yes No If yes, describe: _____
 # of employees who operate company vehicles: _____ Are MVR's checked annually? Yes No
 Mileage radius of operations: <50 50-100 100+

5. Equipment/Machinery:
 Do you have your own repair shop for vehicles and equipment? Yes No
 Who is responsible for maintenance of equipment? _____
 Is there a mandatory lock-out/tag-out (LOTO) procedure in place? Yes No
 How often is regular maintenance scheduled for mobile equipment? _____
 Is all equipment/machinery properly guarded? Yes No
 How many tractors do you have? _____
 Is all equipment driven on public roads equipped with lights or slow moving signs (SMV's) mounted on them? Yes No
 How many of your tractors have ROPS & seatbelts? _____
 How many power take offs have shields? _____
 Does your farm have a "no rider" policy on tractors? Yes No
 Does anyone under the age of 18 operate tractors? Yes No
 If yes, what type of training have they received? _____

6. Feed/Silage:
 Do you operate a feed mill on your premises? Yes No If yes, must complete ASA Feed Supplemental Application

 If silo(s) and/or grain bins are on the premises, please provide the number of silos/bins and construction type: _____
 Describe your safety program for maintaining/repairing the silos/bins? _____

 Is there a lock-out/tag-out (LOTO) procedure in place? Yes No Is there a respiratory program in place? Yes No
 Is there formal confined space entry procedure in place? Yes No
 Are ladders equipped with safety cages? Yes No When climbing, is a harness worn? Yes No
 Please describe entry procedures _____
 Do you have a silage bunker on the premises? Yes No If yes, what is the height of the wall? _____
 What type of equipment is used to unload silage? _____

 What safety precautions are implemented to prevent undercutting and collapse? _____

7. Describe your manure disposal operation along with safety precautions. _____

 Are warning and/or no entry signs posted? Yes No Are pits/lagoons fenced in? Yes No
 Are underground pits or tanks ever entered? Yes No If yes, describe safety procedures: _____

8. Horse Breeding/Training and/or Riding:
 Avg. # of horses on site: _____ # of employees who ride: _____ Is there a separate horse stable on site? Yes No
 What is the average experience level of employees who handle or ride horses? _____
 For new employees who will be riding horses, how many years of riding experience do you require? _____
 What type of in-house training do you provide before employees are permitted to ride? _____
 How is it determined that an employee has gained enough experience to work with or ride horses? _____
 When purchasing a new colt/horse, what are age and training requirements expected from breeder/trainer? _____
 What procedures are taken to get new horses acclimated to cattle and feedlot conditions? _____
 Do you breed, raise or train horses on premises? Yes No If yes, explain: _____

9. Are ATV's used to herd cattle or for transportation around your operation? Yes No If yes, describe: _____

of ATV's owned/leased: _____ # of employees that operate ATV's: _____

Is there a maximum speed limit employees are permitted to ride? Yes No If yes, what is the maximum speed? _____

Do you provide personal protective equipment for employees operating ATV's? (gloves, eye protection, helmets etc.)

Yes No Please describe: _____

Requested date of coverage: _____

A. Coverage will become effective at 12:01 a.m. on the date stated above, subject to approval of this application and receipt of the deposit premium in our office. Signing of this application warrants that all of the above questions have been completely answered and have not been willfully misrepresented in order to obtain insurance with the Agri-Services Safety Group.

B. The premium quoted will be based upon the nature of the operations and the estimated payroll disclosed by the employer in this application. The employer shall furnish the Agri-Services Safety Group with proper notice of any change in the nature of its operations or its estimated payroll; such changes may result in an increase or a decrease in the premium due under this policy. The employer agrees to keep an accurate record of employees and payroll expenditures, and to report injuries and occupational diseases to the Safety Group immediately.

ALL INFORMATION SUPPLIED BY THE APPLICANT IS SUBJECT TO VERIFICATION

THE APPLICATION **MUST BE SIGNED** BY AN OWNER, A PARTNER, OR A CORPORATE OFFICER.

Signature: _____ Title: _____ Date: _____

Print Name of Signature: _____

AGENT SIGNATURE: _____