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AGRI-SERVICES PROGRAM

**HAZARD GROUP 1
AGRICULTURAL GROUND CROP SPRAYING
SUPPLEMENTAL APPLICATION**

A. PROPOSED APPLICANT

- 1. Name of Applicant: _____
- 2. Principal Business Address: _____

B. SERVICE ACTIVITIES AND SPECIALTY

- 1. a. Pest Control Business License Number: _____
- b. Other License Numbers and Description: _____
- 2. a. Professional Staffing:
 - i. Owners and Partners: # _____
 - ii. Employees That Are Licensed Applicators: # _____
 - iii. Unlicensed Employees: # _____
- b. Are all Licensed Staff current on their Continuing Education? Yes No
- 3. Does the Applicant:
 - a. Spray both Pesticides and Herbicides? Yes No
 - b. Utilize separate tanks for Pesticides and Herbicides? Yes No
 If not, what procedures are used to prevent inappropriate chemical mixing?

 - c. Use "Air-Induction Nozzles" for Herbicide Work? Yes No
- 4. Does the Applicant utilize fumigation? Yes * No
 * **If yes,** list the crops and/or commodities fumigated and chemicals used:

- 5. a. Are "Restricted Use" Chemicals used? Yes * No
 * **If yes,** list the "Restricted Use" chemicals: _____
- b. What Non-Restricted Use Chemicals are primarily used? _____

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6. a. Does the Applicant sell chemicals? Yes * No
* **If yes**, list the chemicals: _____

- b. Does the Applicant Manufacture or sell any "Custom Mix" chemicals Yes No
7. Does the Applicant apply chemicals in a "Research Capacity" on small plots? Yes * No
* **If yes**, fully describe this operation. Use a separate sheet if _____
necessary. _____
8. Is the Applicant a current member of a Trade Group or Professional Association? Yes * No
* **If yes**, list the name of the _____
group: _____

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

It is hereby understood and agreed that the information provided above is true and correct, as it is material to the insurer in deciding whether to issue its policy to the Applicant. Further, if such information is false or incomplete, it may constitute a misrepresentation that will: (a) permit the Insurer to modify the terms and conditions of the policy issued to the Applicant (including without limitation to excluding any claim arising from or relating to the false information or non-disclosure): or, (b) void the policy.

Must be signed and dated by owner, partner or senior officer.

(Applicant Signature)

(Date: Mo/Day/Yr)

(Print or Type Name & Title)

When finished print the form and keep a copy for your files
(do not try to save as the information will be lost)

Then either fax or email Fax (209) 223-3227

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