

INSTRUCTIONS:

- 1. PLEASE ANSWER ALL QUESTIONS, LEAVING NO BLANK SPACES
- 2. IF SPACE IS INSUFFICIENT TO ANSWER FULLY ANY QUESTIONS, ATTACH SEPARATE SHEET
- 3. APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER

**AGROLOGISTS PROFESSIONAL LIABILITY
APPLICATION FORM**
(THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY)

NOTE: *In applying for the coverage, the applicant understands that in the event of an insured loss, the limit of liability and deductible shall be inclusive of the loss payment and the claim expenses as defined in the policy.*

1. Name of Applicant:

Individual Partnership Corporation Other

2. Address:
Web Site:

3. A) Are you a Registered Professional Agrologist? (level I) Yes No
Are you a Registered Technical Agrologist? (level II) Yes No

If "Yes" when did you qualify?
Please state current registration Number:

4. Number of years in business:

5. Other work experience:

6. A). Are you currently engaged in any other occupation? Yes No

If Yes, state occupation *and* percentage of income derived from it:

B). Do you recommend any products for which you are a representative/distributor? Yes No

If Yes, please give details

7. Do you use a limitation of liability limiting your liability as to the outcomes that will be achieved? (Please attach copy of typical limitation that would be used) Yes No

If No, please explain

8. Are you currently a member in good standing with the Self Regulatory Body in the province(s) you operate in? () Yes () No

9. Number of employees: Payroll:

A. Full time	A.	Professionals: \$
B. Part time	B.	Support Staff: \$

10. Please list the types of Professional Agrology work on which you give advice, give the approximate percentage of fees:

_____ % Plant Consulting	_____ % Oil & Gas Consulting
_____ % Land Reclamation	_____ % Manure Management
_____ % Land Remediation	_____ % Financial Management
_____ % Forestry Consulting	_____ % Strategic Planning
_____ % Environmental Consulting	_____ % Bio-Technology
_____ % Food Sciences	_____ % Animal/Avian/ Fish Management
_____ % Forensic Consulting (state disciplines)	_____ % Landscape & Turf Management
	_____ % Other, Please specify:

Estimated Fees next 12 months \$

11. Please identify the Technical Agrology Services which you offer, and give the approximate percentage of fees:

_____ % Fertility Recommendations	_____ % Contract Research
_____ % Plant Inspection and Scouting	_____ % Whole Farm Planning
_____ % Pest Management Recommendations	_____ % Equipment Selection/Management
_____ % Integrated Crop Management	_____ % Regulatory Compliance Recommendations
_____ % Seed Variety Recommendations	_____ % Crop Marketing
_____ % Irrigation Scheduling	_____ % Other, Please specify: _____
_____ % Precision Farming Recommendations	

Estimated Fees next 12 months \$

12. Do you employ any sub-contractors/associates? () Yes () No
 If Yes, do all sub-contractors/associates that you employ carry their own Professional and Comprehensive General Liability? () Yes () No

13. Has any Professional Liability claim been made against you in the past five (5) years which resulted in payment or legal expenses? () Yes () No
 If "Yes" please give details and the amounts paid for Professional Liability Claims:

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14. Are you aware, after enquiry, of any circumstances which may result in any claims being made against you or any predecessors in business? () Yes () No

If "Yes" please give details:

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15. Previous Insurer for Professional Liability:

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Policy Period:	Retroactive Date:

16. Professional Limits of liability requested:

\$500,000/\$1,000,000 () \$1,000,000/\$1,000,000 () \$2,000,000/\$2,000,000 ()

Other, please advise: _____

Deductible requested: \$2,500 ()

Other, please advise _____

SUPPLEMENTARY COVERAGE APPLICATION (s)

To be completed only if coverage is required. If not, skip to item #17.

COMMERCIAL GENERAL LIABILITY –

a) What percentage of work is done: on site/field _____% in the office _____%

b) Does applicant have direct responsibility for on-site/field work? Yes No

c) Does applicant make decisions based on his/her authority that will affect field/site operations?

Yes No If yes, please describe: _____

d) Does the applicant work directly with any tools or equipment? Yes No

If yes, please describe: _____

e) Does the applicant sell any product or act as a representative for any product or services other than his /her own consulting services? Yes No

f) Does the applicant provide any computer consulting, services or products?
Yes No If yes, please describe: _____

g) Previous Insurer for General Liability: _____

h) General Limits of Liability requested:
\$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000
Other, please advise: _____

Deductible requested: \$2,500 Other: _____

17) Disclosure , Authorization, and Signature:

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MIS-STATED ANY MATERIAL FACTS AND I/WE AGREE THAT THIS APPLICATION FORM SHALL BE THE BASIS OF THE CONTRACT WITH THE UNDERWRITERS, AND THAT I/WE UNDERSTAND THAT THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY.

DATE: _____ **SIGNATURE OF PPLICANT:** _____

