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CROP SPRAYING - GROUND APPLICATION QUESTIONNAIRE

Named Insured: _____

Name of Producer/Agency: _____ **Phone:** _____

Address of Agency: _____ **Producer Number:** _____

1. List all states where spraying is done. _____
2. What is the applicant's full time occupation? _____
3. Are aerial operations performed? Yes No
4. Type of Equipment used (fully description – use extra page if necessary to describe all equipment used)

5. List all brands & types of herbicides and/or pesticides that are applied

6. Who supplies the herbicides and/or pesticides? _____
7. Are any other chemicals applied other than herbicides and/or pesticides? Yes No
 If yes, list all other chemicals applied other than herbicides and/or pesticides. _____

8. Are directions as supplied by manufacture followed? Yes No Or do you follow the mixing instructions of the crop owner? Yes No If you follow instructions of the crop owner, please provide a copy of the release that is signed by the crop owner.
9. List the names, ages, date of applicator license obtained and experience of all applicators

10. Are records kept on all applications made, as to date of application, type of chemical applied, mixing, wind conditions, type of weather and other loss prevention information? Yes No
 How long are records kept? _____ (provide a sample of information kept on each application)
11. What procedures are followed & verified that all tanks have been flushed & cleaned prior to start of each application? _____

12. Total gross receipts for all applications: _____
13. Total gross receipts for all chemicals sold: _____
14. Total gross annual payroll: _____
15. Is application equipment hauled to job locations or driven to job locations?
16. Is application equipment left overnight at job sites? Yes No If yes, what precautions are taken to protect the equipment? _____

Signature of Applicant

Title

Date