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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? \_\_\_\_\_  
\_\_\_\_\_

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Signature of Applicant

Title

Date