



**Erickson-Larsen, Inc.**  
Maple Grove, MN 55369-6028  
Phone: (800) 442-3168  
Fax: (763) 535-4051  
AppsMnOffice@ericksonlarseninc.com

**Bjornson/Sentinel-E&L**  
Fargo, ND 58103  
Phone: (800) 284-0965  
Fax: (701) 232-2529  
AppsNDOOffice@ericksonlarseninc.com

## 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)

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

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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. \_\_\_\_\_

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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

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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