



FARM SUPPLY DEALER SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

How many workers do they employ full-time?	How many workers do they employ part-time?	How many seasonal employees?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? ____ Yes ____ No If no, explain _____

3. What are the insured's hours of operation: ____ to ____

4. What is the layout of the premises?

5. What training and supervision do new or temporary workers receive?

6. What type of safety program does the insured have in place?

7. What are the types, and condition of personal protective equipment (PPE) issued to the insured's employees?

8. What measures has the insured taken to enforce the use of personal protective equipment?

9. Does the dealer have a sufficient amount of floor space?

10. What is the level of housekeeping on the insured's premises?

11. Are fertilizers and chemicals used and stored per manufacturers recommendations?

12. What is the condition of all storage areas?

13. Are shelves securely fastened to the walls?

14. Are workers instructed in proper lifting techniques? (Backbelts should be provided to those who request them.)

15. Is the rated load capacity clearly marked on all forklifts?



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16. Are employees instructed not to exceed the rated capacity of any forklift and not to ride on forks while they are in motion?

17. Are forklifts equipped with overhead protection, such as a roll cage?

18. Are forklifts gas or electric powered?

19. Carbon monoxide detectors with audible alarms in operation?

20. What are the age, condition, and accuracy of all tools and safety equipment ?

21. Have any workers been trained in first aid or CPR?

22. Are First aid kits readily available throughout the facility and equipment yard?