

INSURANCE AGENTS AND BROKERS ERRORS AND OMISSIONS POLICY

Crop Supplement

Applicant's Instructions: Complete the supplement as it relates to the placement of crop insurance only; if the space allotted is not adequate, provide details as a separate attachment; complete, sign and date the supplement in ink.

1. Applicant Name: _____
2. Date applicant started placing crop insurance: _____ (MM/YYYY)
3. Does the applicant derive income from a source other than as an insurance agent? Yes No
 - a. If yes, what is that activity? _____
 - b. If yes, what % of income is derived from this activity? _____%
4. Does the applicant have any financial interest in another entity that solicits, sells or services crop insurance? Yes No
5. Does the applicant offer services to other crop agents (i.e. data processing, marketing, etc)? Yes No
6. Does the applicant appoint other agents or accept crop insurance submissions from other agents? Yes No
 - a. If yes, do you have a written sub-producer agreement that includes a hold harmless clause? Yes No
 - b. If yes, do you require them in writing to carry E&O insurance with a minimum limit of \$500,000 per claim? Yes No
7. Number of part-time personnel involved in the sale or servicing of crop insurance (assign an individual to one category only):

Employee Producer: _____	Non-employee Producer: _____
Employee Other: _____	Non-employee Other: _____
8. What percentage of the applicant's staff has attended a crop insurance seminar in the last 12 months? _____%

Session conducted by: (check all that apply)

 Insurance Carrier Governmental Association Regulatory Other _____
9. Does the applicant require a signed acreage report by crop for each acreage report being submitted? Yes No
10. Does the applicant verify acreage data with the following sources? **(check all that apply)**
 Producer/Farmer FSA GPS Mapping Other (describe) _____
11. Does the applicant provide the carrier with all supporting documentation with the acreage report? Yes No
12. Does the applicant keep a file of all documents sent to the insured and the carrier? Yes No
13. Does the applicant have clients who grow avocados, citrus, nuts or nursery stock? Yes No
14. Has the applicant been reviewed by USDA within the past 5 years? Yes No
If yes, attach details as a separate attachment.
15. Has the applicant had any claims under the Federal Crop Insurance Act or Program Fraud Civil Remedies Act? Yes No
If yes, attach details as a separate attachment.

I understand that the information submitted in this supplement becomes a part of my E&O application and is subject to the same warranties and conditions.

Print Name

Title

Signature

Date