

Continental Western Group Tri-State Region

Country Commodities Distributors Application

**Continental Western Group - Tri-State Region
One Roundwind Road
P. O. Box 500
Luverne, Minnesota 56156-0500
1-800-533-0303**

Agency: _____ Policy No. _____

Producer: _____

Address: _____

Fax: _____

Phone: _____

DIRECT BILL: 1 Pay
 2 Pay 3 Pay
 4 Pay 5 Pay

Applicant's Effective Date: _____

Quote Needed By: _____

GENERAL INFORMATION:

Insured's Legal Name: _____

Mailing Address: _____

Legal Location: _____

Phone: _____

Contact Person: _____ Years in Business: _____

Ownership: Individual Partnership Corporation Joint Venture Other

Current Carrier/Premium: _____

Please provide most current financial statement (3 years if D & O coverage is requested).

LOSS HISTORY 3 YEARS – Property/General Liability/Workers Comp/Auto – *Attach Loss Run.*

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S):

GENERAL INFORMATION:

Explain All "Yes" Responses

Yes No

- | | | |
|--|--------------------------|--------------------------|
| 1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is a formal safety program in operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there any unusual hazards or operations not normally associated with this type of business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Describe any type of operation away from premises. | <input type="checkbox"/> | <input type="checkbox"/> |

REMARKS:

PROPERTY

1. Do any of the buildings have a fire protection system? Yes No
2. If so, what type and what buildings?
System: Description of Building
Sprinkler System _____
Alarm System _____
Hot Bearing Detector _____
3. What is the Public Protection Classification? _____
4. What type of heating system? _____
5. Do any of the buildings listed on the property schedule have multiple occupancies? Yes No
6. If so, list the occupancies: _____
7. Is coverage desired for: Basic Form Special Form
 Broad Form Special Form (excluding Burglary and Theft)
 Earthquake Mine Subsidence (IL, IN)
8. Property deductible: (\$500 minimum) Options: \$1,000; \$2,500; \$5,000; \$10,000; \$25,000

Mortgagees (Real Property)

Loss Payables (Stock)

(Please indicate what they have an interest in)

Continental Western Group - Tri-State Region

BLANKET STOCK REPORTING WORKSHEET

Location _____ Provisional Percentage: 30% 50% 75%

	Description of Building Construction/Occupancy	Rating Class	Type of Commodity	Maximum Bushel Capacity	Price	Total Value	Rate	Premium
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Total premium divided by total value equals average rate _____ **Total Value**
Stock is blanketed by location _____ **Total Premium**
 _____ **Average Rate**

If an item contains commodities other than grain, you will need to provide us with the maximum dollar value of stock in that building.
 (For example: Feed, fertilizer.) The Total Value area will need to be completed for these items. If the commodity stored is grain, you do not need to provide the price or total value.

SHADED AREAS ARE FOR COMPANY USE ONLY.

NOTE: Number diagram to correspond with items on building schedule. Show all exposures within 200 feet. Need the distances between buildings.

DIAGRAM HERE

PROPERTY COVERAGE OPTIONS

Guidelines For Tank Leakage and Pollution Cleanup

1. Applies only to aboveground tanks. They must rest on saddles or concrete pads.
2. Coverage can be provided for liquid fertilizer, chemical, and/or petroleum tanks.
3. Coverage can be provided for tanks sitting directly on the ground. These tanks cannot be older than five years, and must have some type of monitoring system. A daily "read" of the contents is acceptable and must include written documentation.
4. Diking will be required for these coverages.
5. All tanks at a specific location must qualify in order for us to provide any coverage. A location is defined as a diked area. If an account has more than one diked area on their premises, there will be a charge for each location.
6. Each location must be listed on the policy.
7. A \$500 deductible applies to all of these coverages.

TANK LEAKAGE – (TS CP 14) is included on aboveground tanks for \$10,000. An additional \$25,000 coverage is available for the value of the product for sudden and accidental leakage from a tank during the policy period. (All tanks must meet the guidelines above to qualify for additional limits.)

Additional \$25,000 Tank Leakage _____ Yes _____ No

POLLUTION CLEANUP (TS CP 13) – from aboveground tanks resulting from an "accident" happening during the policy period. (All tanks at a location must meet guidelines shown above.)

Limit \$ _____ (\$25,000 or \$50,000)

TERMINAL ACCESS CARD LOSS (TS CP 13) – covers property loss when insured's card is lost or stolen.

Limit \$ _____ (up to \$50,000)

GAS OR OIL CONTAMINATION (TS CP 13) – caused to the insured's fuel due to surface water run off.

Limit \$ _____ (up to \$50,000)

ERRONEOUS DELIVERY COVERAGE (TS CP 13) – property loss when wrong type of fuel is delivered to insured's customer.

Limit \$ _____ (up to \$50,000)

GENERAL LIABILITY

Comprehensive General Liability: LIMIT OF LIABILITY (check one)

\$300,000 \$500,000 \$1,000,000

A double aggregate is required with an Excess policy.

\$1,500 deductible applies to property damage.

Answer all of the following questions:

1. Does the applicant act as a Wholesale Distributor for any product? Yes No
If yes, what products and what are the receipts? _____
2. Does the applicant market any products with its own label? Yes No
If yes, list products and attach product labels. _____
3. Does the applicant loan or rent equipment to others? Yes No
If yes, what type? _____
4. Does the applicant do any custom spraying or application of fertilizer? Yes No
If yes, number of acres sprayed/applied. _____
5. Does the applicant market to customers with herds exceeding 300 head of:
Cattle Yes No Size (per pen/corral/enclosure) _____
Hogs Yes No Size (per pen/corral/enclosure) _____
Poultry Yes No Size (per pen/enclosure) _____
6. What are the number of feed mixers and the capacity of each? _____
7. Does the applicant sell, install, service, or repair furnaces or heating devices? Yes No
Type _____ Receipts _____
8. Seedmen's Errors and Omissions Coverage (\$50,000 limit) Yes No # Locs. _____
9. Any consulting services provided? Yes No
Explain: _____
10. Liquor Liability Coverage (Off-Sale Only) Yes No
11. Stop Gap Coverage? Yes No Payroll _____
Limits: \$100/500/100 \$500/500/500 \$1,000/1,000/1,000
12. Employee Benefits? Yes No Limit _____ No. of Employees _____
13. Fellow Employee Coverage? Yes No

Provide the following information:

1. Total receipts for prior year \$ _____ (total receipts must equal breakdown)
2. Receipts for pure grain sales \$ _____
3. Total receipts for:
 - a. Bagged feed _____
 - b. Seed _____
 - c. Tire, Batteries, etc. _____
 - d. Feed Mfg. _____
 - e. Petroleum \$ _____ / _____ gallons
 - f. LPG \$ _____ / _____ gallons
 - g. Other (explain) _____
 - h. Chemicals, Anhydrous Ammonia, and Fertilizer sold over the counter _____

 - i. Chemicals, Anhydrous Ammonia, and Fertilizer sold by Custom Application, including application receipts _____
 - j. Brokered Sales _____
 - k. Off-Sale Liquor Receipts _____

Additional Insureds (Please indicate their interest)

Loss Payables: (Auto)

Additional Insureds: (Auto)

(Please indicate which vehicles they have an interest in)

- | | | |
|---|------------------------------|-----------------------------|
| 1. Does the applicant own all the vehicles listed in the schedule above?
If no, explain: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. What is the radius of operation? _____ | | |
| 3. Are any infrequent trips made beyond the radius shown?
If yes, explain: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are autos leased or rented to others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the applicant haul for hire?
If yes, explain: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does the applicant require state filings?
If yes, provide state and type: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Is applicant subject to Motor Carrier Act? (\$1,000,000 limits required) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Does applicant require ICC filings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are all vehicles titled in the business name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

AUTO LIABILITY SECTION

1. If the answer to any of the following questions is "Yes," explain below:

- | | | |
|--|------------------------------|-----------------------------|
| Has operator's license for any driver been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has any driver been involved in a motor accident in the past three years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has any driver been convicted of a moving violation in the last three years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has any driver been convicted of Driving While Intoxicated or agreed to implied consent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

EXPLAIN "YES" ANSWERS:

Pollution Section and Checklist

PROPERTY

Pollutant Cleanup & Removal Coverage (CP 04 07): The policy automatically provides \$10,000 of pollution cleanup coverage for a loss "caused by a covered cause of loss at the designated premises." This limit can be increased up to a maximum of \$100,000.

_____ Total limit of pollution cleanup & removal coverage

Tank Leakage Coverage (TS CP 14): Refer to specific guidelines for Tank Leakage and Pollution Cleanup on Page 7 of application.

Liquid Products Storage Coverage (TS CP 13): Refer to specific guidelines for Tank Leakage and Pollution Cleanup on Page 7 of application.

GENERAL LIABILITY

Pesticide or Herbicide Applicator Coverage (CG 22 64): This endorsement provides coverage for spraying and application by deleting the pollution exclusions for these operations. Coverage is automatic for risks with this exposure.

Anhydrous Ammonia and Liquefied Petroleum Gas (TS CG 44): This endorsement provides coverage up to the policy limits as a result from an occurrence arising from the sale, storage, use, or distribution of anhydrous ammonia or liquefied petroleum gas. Coverage is automatic for risks with this exposure.

COMMERCIAL AUTO

Accidental Discharge Coverage (Property Damage) (TS CA 05): This endorsement provides coverage for property damage as a result of accidental discharge of pollutants during the delivery process. Delivery means the loading of cargo into or onto a covered auto, transportation of cargo by a covered auto, and unloading of cargo from the covered auto at its final destination. A \$100,000 limit is automatically provided.

Accidental Discharge Coverage (Bodily Injury) (TS CA 09): This endorsement provides coverage for bodily injury losses due to an accidental discharge of anhydrous ammonia or liquefied petroleum gas. A \$100,000 limit is automatically provided.

Motor Carrier Act (MCS-90): This endorsement provides bodily injury, property damage, and environmental restoration coverage falling within the scope of the Motor Carrier Act. This endorsement states that the insurer has the right to subrogate against the insured if payment is made under this endorsement. Auto liability limits of \$1,000,000 are required with the attachment of this endorsement.

Is MCS-90 required? Yes No

Pollution Liability – Broadened Coverage for Covered Autos (CA 99 48): This endorsement provides policy limits for bodily injury, property damage, and cleanup caused by a discharge of pollutant. This endorsement supersedes the subrogation clause in the MCS-90. Auto liability limits of \$1,000,000 are required.

Pollution liability? Yes No

CRIME

Employee Dishonesty Coverage (Cov. A) (\$25,000 min, \$100,000 max)	\$ _____	Class I # Employees: _____
Warehouse Receipts Exclusion?	_____	_____
Theft, Disappearance & Destruction (Cov. C & D-Sec. 1) (\$1,000 min.)	\$ _____	# Locs. _____
Robbery & Safe Burglary (Cov. C & D-Sec. 2) (\$1,000 min.)	\$ _____	# Locs. _____
Premises Theft & Robbery (Cov. H) (\$20,000 minimum)	\$ _____	_____
Forgery/Alteration (Cov. B) (\$2,000 minimum)	\$ _____	# Locs. _____

CRIME QUESTIONNAIRE

Is there a safe on the premises? Yes No
 If yes, where is it located & describe: _____

Is there an alarm system? Yes No
 If yes, what type? _____
 Where is it located? _____

CONTROLS

1. How frequently are audits made? _____ Are all locations included? _____
2. By whom? CPA? _____ Staff Auditor? _____ Others? (explain): _____
3. When was last audit made? _____ Period Covered: _____
4. Is countersignature of checks required? _____ If not, by whom signed? _____
 Are checks pre-signed? _____ If so, by whom? _____
5. Are bank accounts reconciled by someone not authorized to deposit or withdraw? _____
 How often? _____
6. How often are bank deposits made? _____
 Is a night depository regularly used for deposits after closing? _____
7. Does someone outside of your accounts payable unit confirm correctness of all invoices paid monthly? _____
 Are invoices stamped "paid" to prevent duplicate checks issued to fictitious persons? _____
8. Are order blanks, receipts, invoices, etc., pre-numbered and accounted for? _____
9. Do outside employees collect? _____
 If so, what is the daily amount and how many locations? _____
10. If applicant uses computers: Is programmer permitted to operate machine with his program? _____
 Are operators rotated periodically? _____
 Is computer checkwriting separate from check authorizing? _____
 Does applicant have in-house programmers? _____
11. Dishonesty losses (past 6 years). If none, so state:

Date	Amount	Employee's Position	Corrective Measures Taken
_____	_____	_____	_____
_____	_____	_____	_____

12. Prior Fidelity coverage to be superseded. If none, so state:

Form of Bond	Effective Date	Amount	Carrier
_____	_____	_____	_____
_____	_____	_____	_____

List below those employees who, as part of their regular duties, handle or have custody of money, securities, or merchandise (the latter meaning commodities customarily traded in by the applicant), include all occupants of positions listed:

Position	Occupant	Position	Occupant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORKERS COMPENSATION

FEIN # _____ U.I. Code _____ Risk ID # _____

State	L O C	Class Code	Categories, Duties, Classifications	No. of Employees	Estimates Annual Remuneration

EMPLOYER'S LIABILITY Limit _____ / _____ / _____

Individuals Included/Excluded

Partners, Officers, Relatives to be included or excluded. Remuneration To Be Included Must Be Part Of Rating Information Section.

#	Name	Title/ Relationship	Owner- ship %	Duties	Inc/Exc.	Class Code	Re- muneration
1							
2							
3							
4							
5							

Yes/No

- | | | |
|--|--|--|
| <p>1. Does applicant own, operate, or lease aircraft/watercraft? <input type="checkbox"/> <input type="checkbox"/></p> <p>2. Any work performed underground or above 15 feet? <input type="checkbox"/> <input type="checkbox"/></p> <p>3. Any work performed on barges, vessels, docks? <input type="checkbox"/> <input type="checkbox"/></p> <p>4. Is applicant engaged in any other type of business? <input type="checkbox"/> <input type="checkbox"/></p> <p>5. Do you require Certificates of Insurance from subcontractors? <input type="checkbox"/> <input type="checkbox"/></p> <p>6. Is a formal safety program in operation? <input type="checkbox"/> <input type="checkbox"/></p> <p>7. Any group transportation provided? <input type="checkbox"/> <input type="checkbox"/></p> <p>8. Any employees under 16 or over 65 years of age? <input type="checkbox"/> <input type="checkbox"/></p> <p>9. Are pre-employment physicals required? <input type="checkbox"/> <input type="checkbox"/></p> | <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>10. Percent of part-time or seasonal employees. _____</p> <p>11. Current experience modification _____</p> <p>Losses (include detail med pay/indemnity paid) _____</p> <p>_____</p> <p>Remarks for details for "Yes" responses _____</p> <p>_____</p> |
|--|--|--|

If officers are excluded, we need the proper state exclusion form signed by applicant.

Inspection (contact phone) _____

Accounting records (contact phone) _____

COMMERCIAL EXCESS

1. COMPREHENSIVE CATASTROPHE LIABILITY LIMITS

(minimum limit - \$1,000,000; maximum limit - \$10,000,000)

\$ _____ limit subject to self-insured retention of \$10,000

2. PROTECTIVE LIABILITY

A. Are independent contractors now employed or expected to be employed for any construction or demolition work? ____ Yes ____ No If "Yes," describe: _____

B. State here if underlying policies listed do not cover all of these exposures: _____

3. WATERCRAFT LIABILITY

A. Number and type of owned, leased, or chartered watercraft: _____

B. What waters are navigated? _____

C. Length of craft _____ ft. _____ Number of engines/motors _____ HP _____

D. Used for water skiing? ____ Yes ____ No If "Yes," is water skiing exposure insured as indicated in Primary Policy Schedule? ____ Yes ____ No

E. Are master and crew members covered under Admiralty or Jones Act? ____ Yes ____ No

F. State here if underlying policies listed do not cover all of these exposures. _____

4. EMPLOYER'S LIABILITY

A. Describe and give payroll information regarding any exposure under:

(1) Admiralty Jurisdiction or Jones Act: _____

(2) The Federal Employer's Liability Act: _____

(3) The Federal Longshoremen's & Harborworkers Act: _____

B. State here if underlying policies listed do not cover all of these exposures: _____

C. If applicant is self-insured, what excess Workers Compensation Insurance and Employer's Liability Insurance is carried? _____

5. ADVERTISING LIABILITY

A. Describe all radio, television, and publishing activities of the applicant planned for the next 12 months: _____

B. Describe any other advertising activity planned for the next 12 months (contests, exhibits, etc.) _____

C. Anticipated advertising expenditure (annual) \$ _____
Advertising agencies \$ _____ Other \$ _____

D. State here if underlying policies listed do not cover all of these expenses: _____

E. Is the applicant covered as an additional insured under the policies of all advertising agencies contracted with? ____ Yes ____ No

6. AIRCRAFT LIABILITY

Does applicant own, lease, or operate aircraft? ____ Yes ____ No

7. CONTRACTUAL LIABILITY

Describe agreement (attach separate sheets)

**Cooperatives Directors, Officers,
and Managers Liability
(Claims Made Policy)**
(Must provide financial statements for last three years)

Available For Cooperatives Only

1. Cooperative Name: _____ Agency: _____

2. Address: _____ Agency Address: _____

3. Limit of Liability: (check one)

\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Deductible: 10% of the loss subject to a minimum of \$1,000 and a maximum of \$10,000

Deductible Options: \$2,500 \$5,000 \$10,000

Effective Date: _____

Retroactive Date: _____ The date used will be the original effective date of the policy unless Prior Acts Coverage is purchased.

Prior Acts Coverage desired? _____ If so, how many preceding years? _____ (Maximum is 5 years)

Limit of Liability during Prior Acts years? \$ _____

4. Business of Applicant: _____

5. The cooperative has continuously been in business since: _____

6. No claim which, if insurance has been or were now in force similar to that now proposed, would have fallen within the scope of such insurance had been made or is now pending against any persons proposed for insurance in the capacity of either Director, Officer, or Manager of the above or any other Cooperatives except as follows (if none, please indicate by "no exceptions"):

7. No persons proposed for insurance is cognizant of any fact, omission, or error which he has reason to suppose might afford value grounds for any future claim such as would fall within the scope of the proposed insurance except as follows (if none, please indicate by "no exceptions"):

8. Stock (A) Total number of Common Stock Shareowners: _____
 (B) Total number of Common Shares outstanding: _____
 (C) Total number of Common Shares owned by its Directors: _____
 (D) Total number of Common Shares owned by its Officers not Directors: _____

9. Cooperative (A) Annual election date of Directors: _____
 (B) Compulsory retirement age, if any: _____ Directors _____ Officers _____
 (C) When does Board regularly meet? _____

10. The full names of all persons who at the date of application are Directors, Officers, or Manager of the Cooperative, and the capacities in which they respectively serve.

Full Names of Directors, Officers, and Manager	Capacity
_____	_____
_____	_____
_____	_____
_____	_____

11. Which Directors, Officers, or Manager for which coverage is contemplated, are members of Boards of Directors of Cooperatives other than the applicant? Please indicate whether they serve at the request of this Cooperative.

Name of Director or Officer	Name of Corporation or Cooperative
_____	_____
_____	_____

12. The Officer of the Corporation designated to receive any and all notices from the Company or its authorized representative concerning this insurance is (name and official title):

13. Previous Director's Liability Insurance:

- (A) Name of Carrier: _____
 (B) Has any Company or Lloyd's refused or cancelled coverage? _____
 (C) If so, for what reason? _____

14. The Cooperative, its Directors or Officers have not been involved in or have any knowledge of any pending antitrust, copyright, or patent litigation, except as follows (if none, indicate by "no exceptions"):

15. If any expansion or combination is contemplated within the coverage period proposed, it is warranted that complete information will be provided the Company within thirty (30) days after approved by the Directors. (Answer "Yes" or "No") _____

16. The undersigned authorized Officer (as stated in question 12) of the Cooperative declares that to the best of his knowledge and belief the statements set forth herein are true. Although the signing of this Application Form does not bind the undersigned, on behalf of the Cooperative, to effect Insurance the undersigned, on behalf of the Cooperative, agrees that this form and the said statements shall be the basis of any quotation which may be submitted. It is further agreed that any sums which may become due under any Policy issued to the Insureds specified herein (or any of them) shall be paid to the Cooperative or at the election of the Company into court for the benefit of the insureds as their respective interests may appear.

Signed _____
 Chairman of the Board or President

Company _____ Date _____

Remarks:

Signed by Agent: _____

Signed by Applicant: _____ Date: _____

App-010 (03-01)

