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HERBICIDE/ PESTICIDE APPLICATOR QUESTIONNAIRE

1. NAME & ADDRESS AS SHOWN ON CERTIFICATE.

2. PHYSICAL ADDRESS - PHONE NUMBER - CONTACT PERSON:

3. LICENSE NUMBER & NAME OF ALL LICENSED APPLICATORS:

4. NUMBER OF HERBICIDE/PESTICIDE ACRES APPLIED OVER THE PAST 12 MONTHS - FROM LOGBOOK (COPIES MAY BE REQUIRED):

5. NUMBER OF APPLICATOR RIGS:

LARGE (BIG A- TERRAGATOR, ETC.) _____

SMALL (SPRACOUPE, ETC.) _____

6. INFORMATION ON ANY REPORTED INCIDENTS ARISING FROM APPLICATION IN PAST THREE YEARS (USE REVERSE SIDE TO COMPLETE IF NECESSARY)-

7. YEARS IN BUSINESS _____

8. PREVIOUS CARRIER: _____

9. EFFECTIVE DATE OF COVERAGE REQUESTED: _____

10. LIMIT OF LIABILITY REQUESTED: _____

11. AERIAL SPRAYING PROHIBITED!

12. SIGNATURE OF INSURED _____

13. AGENT: _____

14. AGENT ADDRESS: _____