



8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 877-585-2853 • Fax 877-585-2854

AERIAL SPRAYING APPLICATION

NOTE: It is critical that Evolution Insurance Brokers have a clear understanding of your operation. A quote will not be issued in regards to operations not listed on the application.

General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

Aerial Spraying

In order to provide a quote the following MUST be submitted with the application:

1. A Supplemental Type Certification (STC) showing the FFA has approved the attaching and use of the proper equipment for spraying.
2. A current FAR 133 Rotorcraft External-Load Operator Certificate showing the FFA has certified the aircraft (s) to conduct external loads.
3. A FAR 137 showing the FFA has certified the application of aerial chemicals from the aircraft(s) by the applicator(s).
4. Applicator(s) must have at least 1000 hours of aerial crop spraying.
5. Applicators must be licensed in the states in which they operator, please list all applicators and their licenses.

Applicators	License Number	Payroll

6. List the type initial training the applicator(s) have undergone. _____

7. List any continuing training applicator(s) have or will undergo. _____

- 8. Provide a copy of your Training Program, Bid and Job Contract, Work Order Form, Customer Release of
- 9. Liability Form, and a copy of your Yellow Page Ad, and any sales brochures or pertinent material.
- 10. Please note the areas where your operations will take place (i.e.) residential, rural, etc. _____

11. Are adequate records obtained and maintained of bid orders, work orders, release agreements, billings reports of accidents or problems on a job, etc.? Yes No

Desired Insurance

Limit of Liability:

- | | |
|--|--|
| Per Accident/Aggregate | Per Person/Per Accident/Aggregate |
| <input type="checkbox"/> \$50,000 /\$100,000 | <input type="checkbox"/> \$25,000/\$50,000/\$100,000 |
| <input type="checkbox"/> \$150,000/\$300,000 | <input type="checkbox"/> \$75,000/\$150,000/\$300,000 |
| <input type="checkbox"/> \$250,000/\$1,000,000 | <input type="checkbox"/> \$100,000/\$250,000/\$1,000,000 |
| <input type="checkbox"/> \$500,000/\$1,000,000 | <input type="checkbox"/> \$250,000/\$500,000/\$1,000,000 |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

12. Please specify the type of spray you will be using, the dollar amount and the percentage relative to all services performed.

Type of Service performed and area performed	Annual Dollar Amount	Percentage (%)

Please list your Annual Gross Income? _____

CHEMICAL USED	MANUFACTURER

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name