

Chubb Agribusiness Supplemental Application for Cooperatives

Applicant Name:

Agent/ Broker:

PLEASE COMPLETE THIS QUESTIONNAIRE FOR ALL COOPERATIVES

Please check all that apply. Complete the applicable Supplemental Application for each.

<input type="checkbox"/> Fertilizer Dealer/Blender	<input type="checkbox"/> Ag Chemical/Feed Consulting	<input type="checkbox"/> Grain Elevator	<input type="checkbox"/> Refined Fuel
<input type="checkbox"/> Feed Manufacturing	<input type="checkbox"/> Long Haul (over 200 miles)	<input type="checkbox"/> Seed Dealer/Merchant	<input type="checkbox"/> LP

Auto:

- | | | |
|--|--------------------------|--------------------------|
| 1. Please list all commodities hauled or backhauled. | Yes | No |
| 2. Are contract haulers used? | <input type="checkbox"/> | <input type="checkbox"/> |

Garage Operations:

- | | | |
|--|--------------------------|--------------------------|
| 1. Do you service vehicles for the public? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. List all Service Operations: | | |

Lumber Sales: If yes, please answer the following:

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Are roof trusses sold? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, how many trusses are sold annually? | | |
| 2. Is any lumber precut? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Do they cut their own lumber? | <input type="checkbox"/> | <input type="checkbox"/> |

Convenience Store: If yes, please answer the following:

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Are there alcohol sales? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Describe alcohol sold: | | |
| 2. Are there weapon sales? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Describe weapons sold: | | |
| 3. Is there a restaurant inside store? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Type of cooking equipment: Range <input type="checkbox"/> Oven <input type="checkbox"/> Grill <input type="checkbox"/> Deep Fat Fryer <input type="checkbox"/> Other <input type="checkbox"/> | | |
| b. Is cooking equipment protected by a UL300 approved Automatic Suppression System? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is there an Approved Vent/Hood System over cooking equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is Suppression System & Hood Serviced by a Qualified Service Contractor? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, Date of Last Service: | | |
| e. Is there a Class K Type Fire Extinguisher located in easy access of the kitchen area? | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous:

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Is livestock raised and sold by you or an independent contractor? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are confinement operations on premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. List any additional information relating to your operations that are not addressed above: | | |

Comments:

Applicant Signature:

Date: