

## 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. | <b>Yes</b>               | <b>No</b>                |
| 2. Are contract haulers used?                        | <input type="checkbox"/> | <input type="checkbox"/> |

**Garage Operations:**

- |                                                                                                     |                          |                          |
|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Do you service vehicles for the public? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> |
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a. List all Service Operations:

**Lumber Sales:** If yes, please answer the following:

- |                                                |                          |                          |
|------------------------------------------------|--------------------------|--------------------------|
| 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"/> |
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- |                                  |                          |                          |
|----------------------------------|--------------------------|--------------------------|
| a. Do they cut their own lumber? | <input type="checkbox"/> | <input type="checkbox"/> |
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**Convenience Store:** If yes, please answer the following:

- |                             |                          |                          |
|-----------------------------|--------------------------|--------------------------|
| 1. Are there alcohol sales? | <input type="checkbox"/> | <input type="checkbox"/> |
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a. Describe alcohol sold:

- |                            |                          |                          |
|----------------------------|--------------------------|--------------------------|
| 2. Are there weapon sales? | <input type="checkbox"/> | <input type="checkbox"/> |
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b. Describe weapons sold:

- |                                        |                          |                          |
|----------------------------------------|--------------------------|--------------------------|
| 3. Is there a restaurant inside store? | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------------------------|--------------------------|--------------------------|

a. Type of cooking equipment: Range  Oven  Grill  Deep Fat Fryer  Other

- |                                                                                     |                          |                          |
|-------------------------------------------------------------------------------------|--------------------------|--------------------------|
| b. Is cooking equipment protected by a UL300 approved Automatic Suppression System? | <input type="checkbox"/> | <input type="checkbox"/> |
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- |                                                                  |                          |                          |
|------------------------------------------------------------------|--------------------------|--------------------------|
| c. Is there an Approved Vent/Hood System over cooking equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
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- |                                                                             |                          |                          |
|-----------------------------------------------------------------------------|--------------------------|--------------------------|
| d. Is Suppression System & Hood Serviced by a Qualified Service Contractor? | <input type="checkbox"/> | <input type="checkbox"/> |
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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"/> |
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**Miscellaneous:**

- |                                                                      |                          |                          |
|----------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Is livestock raised and sold by you or an independent contractor? | <input type="checkbox"/> | <input type="checkbox"/> |
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- |                                            |                          |                          |
|--------------------------------------------|--------------------------|--------------------------|
| 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:**