



Penn Millers Insurance Company 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?

Garage Operations:

1. Do you service vehicles for the public? Yes No

a. List all Service Operations:

Lumber Sales: If yes, please answer the following: **Yes** **No**

1. Are roof trusses sold?

a. If yes, how many trusses are sold annually?

2. Is any lumber precut?

a. Do they cut their own lumber?

Convenience Store: If yes, please answer the following: **Yes** **No**

1. Are there alcohol sales?

a. Describe alcohol sold:

2. Are there weapon sales?

b. Describe weapons sold:

3. Is there a restaurant inside store?

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

b. Is cooking equipment protected by a UL300 approved Automatic Suppression System?

c. Is there an Approved Vent/Hood System over cooking equipment?

d. Is Suppression System & Hood Serviced by a Qualified Service Contractor?

If Yes, Date of Last Service:

e. Is there a Class K Type Fire Extinguisher located in easy access of the kitchen area?

Miscellaneous: **Yes** **No**

1. Is livestock raised and sold by you or an independent contractor?

a. Are confinement operations on premises?

2. List any additional information relating to your operations that are not addressed above:

Comments:

Applicant Signature: _____ **Date:** _____