



Custom Farming Questionnaire

Named Insured:

Policy #:

Location Address:

1. Gross annual receipts for custom farming:
2. Describe custom farming operations (harvesting, planting, etc):
3. Does the insured obtain signed contracts for the custom farming jobs? Yes No
4. Years of experience for custom harvesting operations:
5. Is there any manure spreading, spraying, or transporting? Yes No
6. Is there any chemical application? Yes No
7. Does insured haul crops of others? Yes No
8. Radius of operations:
Number of miles the insured travels to perform custom farming activities:
Is all machinery equipped with fire extinguishers? Yes No
9. How is the machinery transported to work site?
If driven on public roads, is the machinery preceded by a vehicle with a flashing light? Yes No
10. Confirm all equipment has working lights and equipped with reflective caution triangles. Yes No
11. Describe maintenance schedule:
12. Is all equipment cleaned daily? Yes No

Insured signature:

Date:

Agent's signature:

Date: