



## Employer's Liability Questionnaire

Named Insured:  
Location Address:

Policy #:

1. Does insured own, operate or lease aircraft / watercraft? Yes  No   
If yes, explain:
2. Do/have past, present or discontinued operations involved storing, treating, discharging, applying, disposing, or transporting of hazardous material? Yes  No   
(example: landfills, wastes, fuel tanks, etc.)  
If yes, explain:
3. Is insured engaged in any other type of business? Yes  No   
If yes, explain:
4. Are farm employees used in this business? Yes  No
5. Is work compensation used for stop gap states: NV, ND, OH, WA, WV, WY? Yes  No
6. Are any officers, directors, stockholders, partners of the farm used as employees? Yes  No   
If yes, explain who and what percentage?
7. Is a formal safety program in operation? Yes  No
8. Any group transportation provided? Yes  No   
If yes, explain:
9. Any employees under 16 or over 60 years of age? Yes  No   
If yes, explain:
10. If full time employees give name(s) and age(s):
11. Any seasonal employees? Yes  No
12. Any employees with physical handicaps? Yes  No
13. Have there been any prior employee claims? Yes  No   
If yes, explain:
14. Do employees work on insured's owned, rented or leased property? Yes  No   
If no, explain:

15. Does insured carry any medical or hospitalization coverage for employees? Yes  No

16. Any prior coverage declined/canceled/non-renewed in last 3 years? Yes  No

If yes, explain:

17. Do you lease employees to or from other employers? Yes  No

If yes, explain:

18. Are farm employees used in building/construction on the Insured's premises? Yes  No

If yes, explain:

Insured signature:

Date:

Agent's signature:

Date: