



# Seed Industry Plus

## Errors & Omissions Application



**Business Information:**

**Name of Insured:** \_\_\_\_\_

**Form of Entity:**     Corporation     Partnership     Sole Proprietorship     Joint Venture

**Corporation Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City or Town:** \_\_\_\_\_

**Province:** \_\_\_\_\_                      **Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_                      **Fax:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_                      **Cell:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Years in Business:** \_\_\_\_\_                      **Provincial Association #:** \_\_\_\_\_

**Number of Employees:**              Full Time \_\_\_\_\_              Part Time \_\_\_\_\_

**Total Gross Seed Sales** (Seed intended for planting): \$ \_\_\_\_\_

                    Canada: \$ \_\_\_\_\_                      USA: \$ \_\_\_\_\_                      Other: \$ \_\_\_\_\_

**Custom Cleaning Receipts** (if applicable): \$ \_\_\_\_\_

**Insurance History:**

**Has applicant ever carried Errors and Omissions insurance?**    Yes     No

                    Insurer: \_\_\_\_\_                      Policy #: \_\_\_\_\_                      Expiry: \_\_\_\_\_                      Limits: \_\_\_\_\_

**Has any insurer ever declined, cancelled or restricted coverage?**    Yes     No

**Are you aware of any occurrence, fact, circumstance, or allegation, which may give rise to a claim, whether insured or not?**    Yes     No

                    If yes, please explain: \_\_\_\_\_

**Any previous losses in the past 5 years?**    Yes     No

Cause of Loss	Date of Loss	Amount of Loss
		\$

If you've had two or more claims, please call our office.



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**Seed Processing Operations:**

Employee Name	Duties – Grader or Sampler	Certification Number & Year

**Limits Required:**

- \$50,000 per claim – \$100,000 aggregate
- \$250,000 per claim – \$500,000 aggregate
- \$500,000 per claim – \$1,000,000 aggregate
- \$1,000,000 per claim – \$1,000,000 aggregate

**I (We) hereby acknowledge that it is a direct consideration of the granting of insurance coverage provided by this program that all requirements and procedures set down by Canadian Seed Institute regarding grading, sale, handling, shipping and storage of seed / seed products are adhered to.**

***Notice Concerning Personal Information***

By signing below, you provide us with your consent for the collection, use and disclosure of your personal information, including that previously collected, for the purposes of: communicating with you; assessing your application for insurance and underwriting your policies; evaluating claims; detecting and preventing fraud; analyzing business results and acting as required or authorized by law.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Insured

***Farrell Agencies Ltd.***

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