



Seed Industry Plus™

Errors & Omissions Application



Application Completed for: Quote Only Policy Request

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 #: _____

CSI Certificate No: _____ Year CSI Certified: _____

Number of Employees: Full Time _____ Part Time _____

Total Gross Seed Sales (Seed intended for planting):

Grain & Oilseed Sales:

Canada: \$ _____ USA: \$ _____ Other: \$ _____

Forage Seed Sales:

Canada: \$ _____ USA: \$ _____ Other: \$ _____

Custom Cleaning Receipts (if applicable): \$ _____

Custom Seed Treating Receipts (if applicable): \$ _____

Additional Insured's: Viterra FP Genetics Richardson International Other

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: _____



Seed Industry Plus™

Errors & Omissions Application



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.

Seed Processing Operations:

| Employee Name | Duties – Grader or Sampler | Certification Number & Year |
|---------------|----------------------------|-----------------------------|
| | | |
| | | |
| | | |

Limits Required:

- | | |
|--|--|
| <input type="checkbox"/> \$50,000 per claim – \$100,000 aggregate | <input type="checkbox"/> \$1,000,000 per claim – \$1,000,000 aggregate |
| <input type="checkbox"/> \$250,000 per claim – \$500,000 aggregate | <input type="checkbox"/> \$2,000,000 per claim – \$2,000,000 aggregate |
| <input type="checkbox"/> \$500,000 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.

Box 758, 131 Palliser Way, Yorkton, SK S3N 4C6
 Phone: 306-783-4477 Fax: 306-786-7577
 Toll Free: 1-800-268-3675
 info@farrellagencies.com
 www.farrellagencies.com