

# Farm and Ranch EZ Quote Form

New Mexico Mutual 3900 Singer Blvd. NE Albuquerque NM 87109

<b>Completed By:</b>	<b>In addition to the supplemental information, please attach the following if applicable:</b> <ul style="list-style-type: none"> <li>• 3-5 Year Currently Valued Loss Runs</li> <li>• Associated Premium Figures</li> <li>• Experience Rating Worksheet</li> </ul>
<b>Title:</b>	
<b>Date:</b>	

## General Information and Operations

<b>Company Name:</b>	<b>FEIN:</b>
<b>Number of years experience in this industry:</b>	<b>Number of years managing in this industry:</b>

### Business Operations:

(Please Check All That Apply)

#### Ranch Operations:

- |   |   |
|---|---|
| <input type="checkbox"/> Cattle Ranch/Livestock: # of head: _____                                     | <input type="checkbox"/> Fish Hatchery                            |
| <input type="checkbox"/> Dairy Farm   | <input type="checkbox"/> Goats/Sheep/Llamas: Size of heard: _____ |
| <input type="checkbox"/> Domestic Workers(Inside Only)<br># of Full time: _____ # of Part-time: _____ | <input type="checkbox"/> Horse Ranch/Stables: # of head _____     |
| <input type="checkbox"/> Farm Machinery by Contractor   | <input type="checkbox"/> Poultry                                  |
| <input type="checkbox"/> Feed Lots  | <input type="checkbox"/> Other: _____ # _____                     |

#### Crop Operations:\*

- |   |  |
|---|--|
| <input type="checkbox"/> Alfalfa/Hay Farms            | <input type="checkbox"/> Medical Marijuana                                   |
| <input type="checkbox"/> Berry/Vineyards              | <b>* Medical Marijuana crops is excluded from NM Mutual's risk appetite.</b> |
| <input type="checkbox"/> Cotton Gin                   | <input type="checkbox"/> Nursery/Trees/Shrubs                                |
| <input type="checkbox"/> Custom Farming               | <input type="checkbox"/> Turf Grass/Sod Farming                              |
| <input type="checkbox"/> Farm Machinery by Contractor | <input type="checkbox"/> Vegetables  |
| <input type="checkbox"/> Floral Farming               | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Fruit Orchards/Tree Nuts     |  |

\* Please complete the Associated Section for Crop Operations

#### Additional Operations:

- |  |   |
|--|---|
| <input type="checkbox"/> Breeding                | <input type="checkbox"/> Rodeo Operations                                     |
| <input type="checkbox"/> Guide & Outfitters      | <input type="checkbox"/> Special Events (i.e. corn maze, pumpkin patch, etc.) |
| <input type="checkbox"/> Horse Show/Racing       | <input type="checkbox"/> Vegetable Packing                                    |
| <input type="checkbox"/> Horse Training for hire | <input type="checkbox"/> Winery   |
| <input type="checkbox"/> Nut Shelling            | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Riding Instructors      |   |

What is the acreage of land? _____ Acres		
Who provides the equipment and/or tools? <input type="checkbox"/> Applicant <input type="checkbox"/> Contractor		
Is delivery of goods/livestock provided by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the applicant grow their own hay/feed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are crop dusting operations performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, who performs the crop dusting operations? <input type="checkbox"/> Applicant <input type="checkbox"/> Contractor		
Does the applicant own/lease the aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<small>* Please note: If the aircraft is owned by the applicant, the account will be excluded from NM Mutual's risk appetite.</small>		
If no, are Certificates of Insurance obtained for subcontracted aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the applicant share ownership in any other entity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the Name/DBA and Federal Identification Number, and Percentage Ownership:		
Name/DBA	FEIN	Percentage of Ownership
Are these entities insured? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide name of the carrier and the policy number for each entity:		
Carrier	Policy Number	
Is there any interchange of labor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the radius of operations?    Usual: _____ miles    Maximum: _____ miles		
Are CDL licenses required? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, are they verified annually? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List the states traveled to, frequency per month and the duration of the jobs performed:		
State	Frequency of Travel (Per Month)	Duration of Job ( # Days )
Do you have Workers' Compensation coverage in the above listed states? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the name of the carrier and policy number for each state:		
Carrier	Policy Number	

## Crop Operations

Are subcontractors used during the crop production process? ☐ Yes ☐ No

If yes, are Certificates of Insurance obtained for these operations? ☐ Yes ☐ No

Are the crop production operations: ☐ Mechanized ☐ Manual

Who performs the sorting operations? ☐ Employees ☐ Other: \_\_\_\_\_

Who performs the packing operations? ☐ Employees ☐ Other: \_\_\_\_\_

## Employee Information

How many employees are on staff: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Seasonal: \_\_\_\_\_ Volunteers (i.e. neighbors): \_\_\_\_\_

Are any volunteers compensated with any of the following?

(Please Check All That Apply)

☐ Cash ☐ Expense Reimbursements ☐ Gift Cards ☐ Incentives ☐ Meals ☐ Other Substitutes for Money: \_\_\_\_\_

How are employees compensated?

(Please Check All That Apply)

☐ W-2's ☐ 1099's ☐ Cash ☐ Other: \_\_\_\_\_

Is housing offered as compensation for services provided? ☐ Yes ☐ No

If yes, what is the rental value? \$ \_\_\_\_\_

\* Please note: Rental Values must be included in payroll

Do the employees reside in New Mexico? ☐ Yes ☐ No

Are the employees hired in New Mexico? ☐ Yes ☐ No

What percentage of the work is subcontracted? \_\_\_\_\_%

If subcontractors are used, are Certificates of Insurance obtained? ☐ Yes ☐ No

\* Please note: Premiums must be paid on uninsured subcontract labor \*

If certificates are not obtained, what amount of payroll should be added for uninsured contract labor?

- Class Code: \_\_\_\_\_ Payroll: \_\_\_\_\_
- Class Code: \_\_\_\_\_ Payroll: \_\_\_\_\_
- Class Code: \_\_\_\_\_ Payroll: \_\_\_\_\_

Please check all hiring practices utilized by the applicant:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Applicant Interviews  | <input type="checkbox"/> Medical Questionnaires | <input type="checkbox"/> New Employee Orientation |
| <input type="checkbox"/> Background Check  | <input type="checkbox"/> Post-Offer Physicals   | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Drug Screening  | <input type="checkbox"/> Reference Checks       |   |
| <input type="checkbox"/> Pre-hire <input type="checkbox"/> Random <input type="checkbox"/> Post Accident |   |   |

## Safety Information

Is a safety program utilized in the workplace? ☐ Yes ☐ No If yes, is the program? ☐ Written ☐ Verbal

**Does the safety program address/include:**

(Please Check All That Apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accident/Injury Investigation                     | <input type="checkbox"/> Onsite Supervisor                    | <input type="checkbox"/> Substance Abuse Awareness Training |
| <input type="checkbox"/> Chemical/Solvent Storage (GHCS)                   | <input type="checkbox"/> Personal Fall Protection             | <input type="checkbox"/> Third Party Safety Company         |
| <input type="checkbox"/> Ladder Tie Offs                                   | <input type="checkbox"/> Progressive Disciplinary Action Plan | <input type="checkbox"/> Other: _____                       |
| <input type="checkbox"/> Emergency Response Plan                           | <input type="checkbox"/> Respirator Program                   |   |
| <input type="checkbox"/> Fire Extinguisher Training                        | <input type="checkbox"/> Return to Work Program               |   |
| <input type="checkbox"/> Hazard Communication Program Including SDS Sheets | <input type="checkbox"/> Routine Safety Inspections           |   |
| <input type="checkbox"/> Job Safety Analysis (JSA's)                       | <input type="checkbox"/> Safety Committee/Safety Officer      |   |
| <input type="checkbox"/> Lock Out/ Tag Out Procedures                      | <input type="checkbox"/> Safety Incentive Program             |   |
| <input type="checkbox"/> Machine Guards (including power tools)            | <input type="checkbox"/> Safety Orientation                   |   |
|  | <input type="checkbox"/> Silo Safety Program                  |   |

**Please check the personal protective equipment that is enforced:**

( Please Check All That Apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Dust Masks     | <input type="checkbox"/> Hearing Protection                | <input type="checkbox"/> Steel Toe Boots |
| <input type="checkbox"/> Eye Protection | <input type="checkbox"/> Respirators (including fit tests) | <input type="checkbox"/> Two Way Radios  |
| <input type="checkbox"/> Gloves         | <input type="checkbox"/> Rubber Boots                      | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Hard Hats      | <input type="checkbox"/> Safety Vests                      |  |

**Does the training program address/include the operations of the following heavy equipment?**

(Please Check All That Apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Grinders/Mixers                                     | <input type="checkbox"/> Construction/Maintenance Equipment (i.e. Tractors, Forklifts, Bulldozers, etc) |
| <input type="checkbox"/> Harvesting Equipment (i.e. Bailers, Combines, etc.) | <input type="checkbox"/> Other: _____   |

**Who is responsible for maintaining/repairing the equipment?**

- ☐
- Employees
- ☐
- Third Party

**Who is responsible for emergency shutdowns of equipment?**

- ☐
- Any Employee
- ☐
- Authorized Personnel Only

**Does the driving program address/include:**

(Please Check All That Apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Cell Phone Usage                       | <input type="checkbox"/> Progressive Disciplinary Plan |
| <input type="checkbox"/> Impaired/Aggressive/Distracted Driving | <input type="checkbox"/> Mandatory Seat Belt Usage     |
| <input type="checkbox"/> Initial and Routine MVR Checks         | <input type="checkbox"/> Vehicle Tracking Device       |

**Does the applicant perform regular safety training?** ☐ Yes ☐ No**If yes, identify the frequency:** ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: \_\_\_\_\_**Does the applicant perform regular tailgate/tool box safety meetings?** ☐ Yes ☐ No**If yes, identify the frequency:** ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: \_\_\_\_\_**Please identify the individual responsible for safety training and their title:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Thank you for completing New Mexico Mutual's Underwriting EZ Quote Form. Please return this form to your assigned underwriter and we will review your account for our best pricing options.