



Custom Farming Questionnaire

Applicant Information

Applicant Name

Applicant's Farm Location

Town

County

State

Applicant's Custom Farming Location(s)

Please list the state(s) in which you take part in custom farming:

Please list the radius of operation from your farm to that of your furthest client:

Total Gross Income

Please list your total gross income below, including income from your own farm and from custom farming.

Current Year Total Gross Income

Prior Year Total Gross Income

Two Years Prior Total Gross Income

Custom Farming Operations

Please select the type(s) of custom farming operations you are involved in and list the revenue per year for each below.

	<input type="checkbox"/> Harvesting	<input type="checkbox"/> Cultivating	<input type="checkbox"/> Planting	<input type="checkbox"/> Spraying	<input type="checkbox"/> Other
Current Year Revenue					
Prior Year Revenue					
Two Years Prior Revenue					

Hauling Information

Do you do any contract hauling? ☐ Yes ☐ No
If Yes, indicate which type(s) and list the revenue from each:

Do you do any back hauling? ☐ Yes ☐ No
If Yes, indicate which type(s) and list the revenue from each:

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Livestock	<input type="checkbox"/> Other	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Livestock	<input type="checkbox"/> Other

Safety Information

Do you have a safety program? If Yes, please describe below and attach a copy if the plan is written:

☐ Yes ☐ No

Do you have fire watch guidelines and/or plan (for harvesters)?

☐ Yes ☐ No

Do you have fuel spill prevention and a fuel spill action plan?

☐ Yes ☐ No

Do you have provisions for cleanup of grain spilled on public roads?

☐ Yes ☐ No

Vehicle and Equipment Information

Who performs maintenance on your equipment/vehicles?

How often is maintenance performed on your equipment/vehicles?

Do you loan or rent vehicles or equipment to others?

☐ Yes ☐ No

If Yes, please describe the circumstances and how often:

Custom Farming Employee Information

Describe how you would train new employees for custom farming:

Do you hire or use anyone that would drive vehicles or operate equipment for custom farming operations that is under the age of 21?

☐ Yes ☐ No

Are unlicensed drivers allowed to operate vehicles for custom farming?

☐ Yes ☐ No

How many employees do you utilize for custom farming?

Do you use family members?
If Yes, how many?

☐ Yes ☐ No

Do you use your full-time farm help?
If Yes, how many?

☐ Yes ☐ No

Do you use pick-up crews?
If Yes, how many?

☐ Yes ☐ No

Do you use your part-time/seasonal farm help?
If Yes, how many?

☐ Yes ☐ No

Insurance Information

Do you provide workers compensation (WC) coverage for all persons involved in custom farming?

☐ Yes ☐ No

If Yes, please list the name and policy number of your current WC insurance company.

If No, please describe those not provided with WC.

Do you require any auto liability and/or cargo filing for the state(s) in which you operate?

☐ Yes ☐ No

If Yes, please list the state(s) and the filing(s) you need:

Are you a new applicant?

☐ Yes ☐ No

If Yes, please list your most recent policies for auto, liability, equipment, and your insurance company:

Please list all custom farming type claims you have submitted for the past 5 years:

Other Information

Are you a member of a custom farming association?

☐ Yes ☐ No

If Yes, please list:

Are you involved in any other business interests; such as but not limited to agricultural chemical/herbicide sales, implement sales or repair, etc.?

☐ Yes ☐ No

If Yes, please describe and indicate the amount of receipts:

Do you have a written contract (between you and your custom farming clients)?

☐ Yes ☐ No

If Yes, please attach copy.

Applicant's Signature and Date

Applicant's Signature _____ **Date** _____