

Covers Part 137 aerial applicators — fixed-wing and helicopter crop dusting, seeding, fertilizing, mosquito and forest pest control, and drone spraying — plus ag strips and chemical storage. Mixed aerial work uses CWCO-SUP-AVIATION. Intake form: the aviation insurer will also require its own application. Attach the Part 137 certificate, aircraft schedule, and pilot roster.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS OPERATING
BUSINESS / AG STRIP ADDRESS	CITY / STATE / ZIP	AIRPORT OR STRIP ID	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Other

PRIMARY CONTACT / TITLE	PHONE	EMAIL

PART 137 CERTIFICATE NO.	STATE AERIAL APPLICATOR LICENSE NO(S).

2 OPERATIONS

AIRCRAFT / DRONE MAKE & MODEL	YEAR	HOPPER SIZE	HULL VALUE (\$)

Work performed (check all):

- ☐ Insecticides ☐ Fungicides ☐ Herbicides (incl. 2,4-D / dicamba) ☐ Fertilizer / seeding ☐ Mosquito / public health
☐ Forest pest control ☐ Fire suppression ☐ Drone (UAS) spraying

Activity:

Acres treated per year	Flight hours per year	Pilots	Loaders / ground crew	States worked
Strips used				

3 EXPOSURE & RISK QUESTIONS — WIRES, PILOTS & AIRCRAFT

A North Dakota crop duster died after striking a power line in 2023 — the ninth U.S. crop-dusting death that year.

3-1 Are fields scouted for wires, towers, and obstacles before each application?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-2 Do aircraft have wire-strike protection systems or wire cutters?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-3 Do all pilots have at least 500 hours of ag application experience?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-4 Do pilots wear helmets and restraint systems on every flight?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-5 Are flights made at night, such as mosquito control?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-6 Are aircraft flown from unimproved private strips?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-7 Are pilots limited on hours flown per day during peak season?	☐ Yes ☐ No
IF YES, EXPLAIN	

4 EXPOSURE & RISK QUESTIONS — DRIFT, WRONG FIELD & CHEMICALS

Eight Washington farmworkers sued an aerial applicator and the farm that hired it after spray from a potato field drifted onto an orchard with 67 workers.

4-1 Are herbicides applied near sensitive crops such as grapes, cotton, tomatoes, or organics? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are fields marked with GPS and checked against the work order before spraying? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are wind speed and direction recorded for every application? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Has a drift, wrong-field, or crop damage claim been made in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are pesticides mixed and stored at the applicant's strip or hangar? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Do loaders wear chemical PPE and have eyewash and showers? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Does the applicant spray public areas, such as towns, for mosquitoes? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	PILOT PAYROLL (\$)	GROUND CREW PAYROLL (\$)
ANNUAL APPLICATION REVENUE (\$, ILLUSTRATIVE)	CHEMICAL SALES (\$)	LARGEST CUSTOMER (% OF REVENUE)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT AVIATION CARRIER	LIMIT / CHEMICAL SUBLIMIT	EXPIRATION DATE

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this business in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has any aircraft had an accident or wire strike in the last 10 years? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$, ILLUSTRATIVE)	OPEN / CLOSED

6-3 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1

Do pilots complete an annual safety program such as NAAA PAASS?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2

Are application records kept with field, product, rate, weather, and time?

☐ Yes ☐ No

IF YES, EXPLAIN

7-3

Are aircraft calibrated and spray patterns tested each season?

☐ Yes ☐ No

IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE