

Covers commercial and sideline beekeepers — migratory pollination, honey and wax production, queen and package bee sales, bee removal, and hive rental. Complete with ACORD 125 and the farm property application. Attach a list of yard locations and pollination contracts for the coming season.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME

DBA

FEIN

YEARS BEEKEEPING

HOME YARD / MAILING ADDRESS

CITY / STATE / ZIP

WEBSITE

Entity type:

☐ Individual / family

☐ Partnership

☐ LLC

☐ Corporation

☐ Other

PRIMARY CONTACT / TITLE

PHONE

EMAIL

STATE APIARY REGISTRATION NO(S).

HIVE BRAND / ID MARKING USED

2 OPERATIONS

DESCRIPTION OF THE OPERATION (SERVICES, CROPS POLLINATED, WHERE HIVES TRAVEL)

Hives and equipment:

☐ Colonies owned

☐ Peak colonies on contract

☐ Bee yards

☐ Bee trucks / trailers

☐ Forklifts / loaders

☐ Employees

CROP / SERVICE	STATES	HIVES	MONTHS

Revenue sources (check all):

☐ Pollination contracts

☐ Honey (bulk)

☐ Honey (retail jars)

☐ Wax / candles / cosmetics

☐ Queens / packages / nucs

☐ Bee removal

☐ Hive rental / backyard hives

3 EXPOSURE & RISK QUESTIONS — HIVES, THEFT & TRANSPORT

Nearly 10,000 hives were stolen in California's almond country from 2013 to 2024, about 2,300 in 2023 alone.

3-1 Are hives branded, marked, or fitted with GPS trackers?

☐ Yes

☐ No

IF YES, EXPLAIN

3-2 Are yards in remote locations without fencing, cameras, or regular checks?

☐ Yes

☐ No

IF YES, EXPLAIN

3-3 Have hives, equipment, or forklifts been stolen in the last 5 years?

☐ Yes

☐ No

IF YES, EXPLAIN

3-4 Does the applicant haul hives across state lines on its own trucks?

☐ Yes

☐ No

IF YES, EXPLAIN

3-5 Are hives netted and loaded at night to keep bees in during transport? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Does the applicant hire outside truckers or brokers to move hives? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Do pollination contracts require the beekeeper to carry insurance or name the grower? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — STINGS, NEIGHBORS & HONEY

Hives rent for about \$200 or more each for almond pollination, and a single theft has involved as many as 2,500 hives worth nearly \$1 million.

4-1 Are any yards within 150 feet of homes, roads, schools, or public areas? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Has a neighbor or member of the public claimed injury from stings? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Does the applicant remove bees or swarms from homes or buildings? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Have hives been killed by pesticide spraying on or near contracted crops? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Is honey extracted and packed in a licensed or inspected facility? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Is honey sold under the applicant's label to stores or online? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are visitors, classes, or tours held at bee yards or the honey house? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	FULL-TIME EMPLOYEES	SEASONAL WORKERS
POLLINATION REVENUE (\$, ILLUSTRATIVE)	HONEY & PRODUCT SALES (\$)	TOTAL ANNUAL REVENUE (\$, ILLUSTRATIVE)

6 PRIOR INSURANCE & LOSS HISTORY

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

CURRENT LIABILITY CARRIER	LIMIT / DEDUCTIBLE	EXPIRATION DATE

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

IF YES, EXPLAIN

6-2 Has a bee truck overturned or released bees on a road in the last 5 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 Is an up-to-date list of yard locations and hive counts kept for theft reports? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Do crews carry epinephrine and have a plan for allergic reactions? ☐ Yes ☐ No

IF YES, EXPLAIN

7-3 Are drivers trained on securing loads and responding to a spilled load of bees? ☐ 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