

**SEEDSMENS
SUPPLEMENTAL APPLICATION**

1) Of which Seed Trade Association(s) is the applicant a member in good standing?
F.I.S. _____ Other(s) _____

2) Is the Firm a co-operative, or a member of a co-operative? YES () NO ()

3) Does the firm research or develop transgenic seed varieties? YES () NO ()

If "Yes", are new transgenic seed varieties tests grown for a minimum of 2 growing seasons before being marketed? YES () NO () If "No", please explain procedures to ensure the transgenic seed variety is of the required quality and has the required characteristics.

4) Do you use a standard disclaimer and/or limited remedy clause on all your seed tags, bags, labels and invoices, limiting your liability to replacement, or the cost of replacement, seed? YES () NO ()

If "No", please explain:

5) Please list main types of seeds:

Agricultural: _____, _____, _____, _____
Vegetable: _____, _____, _____, _____

6) Please list countries to which you export seed: _____

7) Please give the approximate percentage of your sales from:

- a) Seed grown by you, or by others for you: _____%
- b) Treating/Conditioning seed for others: _____%
- c) Distribution of seed grown by others and Sold under their label: _____%

8) Do you deal in green bean seeds? YES () NO ()

If "Yes", advise the source of green bean seeds (advise if seeds were exposed to Halo Blight and eradication measures taken): _____

Do you deal in watermelon seeds? YES () NO ()

If "Yes", please advise the measures taken against Watermelon Fruit Blotch: _____

Do you deal in potato seeds? YES () NO ()

If "Yes", please describe your quality control measures: _____

- 9) Do you comply with:
- a) FIS Guidelines on the prevention and handling of claims in the seed industry?
YES () NO ()
 - b) Internationally accepted procedures for seed testing such as AOSA or ISTA?
YES () NO ()
 - c) Have you initiated an ISO 9000 Program? YES () NO ()

10) In testing and checking seeds, does the firm maintain a private laboratory staffed with a senior analyst? YES () NO ()

If "No", does the firm use the facilities of a qualified commercial laboratory? (Please provide name of laboratory used)_____

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.

Date

Name of Applicant

Signature of person authorized
to execute on behalf of the Applicant