

*Please refer to the underwriting guidelines prior to completing this supplemental

LEAFY GREENS SUPPLEMENTAL APPLICATION

Company Name:
Address 1:
Address 2:
City – State – Zip:
Type of Leafy Greens: Leafy Green is what % of total acreage
FIELD OPERATIONS What type of irrigation is used? □Drip □Overhead Sprinkler □Furrow
What is the water source for the irrigation system? Well Above Ground reservoir Other: Depth of well?
Is there a written, documented program for accessing irrigation water quality? Yes \Box No \Box Explain
What are the storage procedures for irrigation pipes and/or drip tapes?
What types of Fertilizer or Soil Amendments are used?
What types of pesticides are used?
How often are pesticides applied?
How often is spray equipment calibrated?
Are pesticides applied by a licensed applicator? Yes \square No \square If NO please explain

Explain the vector control programs in place for the field, processing, packaging, and storage of Leafy Greens.
Is the vector control program written and documented? Yes \square No \square
What programs are in place to control and eliminate introduction of human pathogen during harvest, processing, packaging, and shipping?
What is the program for cleaning and sanitizing harvesting equipment?
How is harvesting equipment stored?
Are any fields used in the production of leafy greens located in a flood zone? Yes \Box No \Box If YES please explain
STORAGE, PROCESSING, PACKING, SHIPPING
What is the written, documented program for cooling the product after harvested?
What are the Sanitation Standard Operating Procedures for sanitizing cooling facilities, tubs, and containers?
What are the written, documented programs for assessing water quality during processing?
How often is transportation equipment cleaned and sanitized during harvest?
What is the written, documented program for employee hygiene?
What is the written, documented program for internal auditing?
Is the operation subject to external auditing? Yes \square No \square If YES how often? Is it announced?

Is there a fulltime food safety employee? Yes \Box	No□	
Is there a HACCP (Hazard Analysis Critical Control Po	oint) program in place? Yes□	No□