

General Agent: _____ Date: _____
 Retail Agent: _____

APPLICANT INFORMATION

1. Applicant Name: _____
2. Mailing Address: _____
3. Website: _____ Phone Number: _____
4. Proposed Effective Date: _____ Expiration Date: _____
5. Applicant is: Individual Joint Venture Corporation LLC Partnership Estate/Trust Other: _____
6. Date Business Started: _____ Years of experience: _____
7. Type of experience: _____
8. Is applicant the: Owner Operator Tenant Tenant-Operator
9. Does applicant own any subsidiaries or have ownership in any other businesses? Yes No
 If yes, explain: _____

10. Required Questions

Yes/No	Question (for all "Yes" answers please provide complete details of all operations including exposures basis below)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant had 3 or more claims in the past 3 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does applicant have paid or reserved losses exceeding \$10,000 in the past 3 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any property losses?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there more than 5 seasonal workers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any type of boarding/housing of seasonal workers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there underground storage tanks?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any lakes or ponds with a public swimming or fishing exposure?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there boarding of animals for others?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any farm/ranch tours for schools and/or the public?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any dairy farms?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there exotic or wild animals?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any artificial insemination operations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any commercial dairy processing facilities?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there hog confinement operations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any growing, processing, manufacturing of marijuana/cannabis/CBD or related products (by owner or tenants)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any growing or processing of industrial hemp (by owner or tenants)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any growing or processing of tobacco (by owner or tenants)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there commercial silos &/or grain elevators?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any use of Hired &/or Non-Owned Autos?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any rental of farm or mobile equipment to others?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any commercial use of watercraft or rental of watercraft to others?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any land used &/or leased to others for use as ATV, mud bogs, motor cross or other similar courses or activities?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any rental of saddle animals?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any Pick Your Own Orchard or Christmas Trees - Cut Your Own operations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Property coverage needed for greenhouses?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any equine riding, training or lessons for 3rd parties?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is every piece of farm equipment that could be used on public roads properly outfitted with lights and reflectors?

Additional Information:

11. Loss History – list all claims or occurrences for a minimum of 3 years None

If there are more than 3 losses attach hard copy loss runs

Date of Loss/Occ	Type of Loss	Description of Loss/Occurrence	Amount Paid

12. Prior Insurance Information for the past 3 years (This section must be completed)

Prior Carrier	Type of Insurance	Limits

13. Has any policy been canceled or non-renewed in the past 3 years? Yes No

If yes, explain: _____

14. Schedule of Locations – list primary location first

Loc #	#Acres	Bldg #	Address	Controlled Burns **	Seasonal and or vacant buildings			How often is Property checked
					Seasonal	Vacant	Vacant over 2 years	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
** Controlled or Prescribed Burns				If performed, is responding fire district notified prior to burning	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				Are burns done in compliance with all state and local regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

FARM/RANCH OPERATIONS AND EXPOSURES

1. Total number of acres owned &/or leased land for insured's crop and grazing operations: _____
2. Total number of acres owned and leased to others for the purpose of farming: _____
3. Total number of acres leased to others for non-farming operations: _____
 What is land used for (please be specific)? _____
4. Are all tenants required to show proof of General Liability insurance with equal or greater limits of liability? Yes No
 Do all tenants name applicant as an additional insured? Yes No
5. Total number of acres of unused or un-inhabitable land? _____
6. Total Receipts for all Farm/Ranch Operations: _____
7. Total Receipts for Non-Farm/Ranch Operations: _____
8. Is the operation: Year-round or Seasonal?
 If seasonal, state when operations occur: From: _____ To: _____
 If seasonal, is the premises checked regularly? Yes No
 - a. How often is premises checked? Monthly Biweekly Weekly Other (explain) _____
 - b. Who checks premises? _____
9. Is Federal, State and Local Licensing current? N/A Yes No
10. Is applicant compliant with all Federal, State and Local requirements? N/A Yes No
11. Is premises fenced? Yes No
 If yes, are all fences inspected and repaired on a regular basis? Yes No
 Are all fences an appropriate height for animal species? Yes No
12. Farm/Ranch Operations - include all that apply (Provide details and additional information in the space provided below)

Animals	Species/Use (list all)	Number of Animals	Owned By:		Acreage	Loc #
			Insured	Others		
<input type="checkbox"/> Aquaculture (GR: \$ _____) ASC Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<input type="checkbox"/> Breeding (GR: \$ _____)						
<input type="checkbox"/> Dairy Farming						
<input type="checkbox"/> Equine (Horses, ponies, mules, donkeys, etc)						
<input type="checkbox"/> Fur Bearing Animals						
<input type="checkbox"/> Livestock Large (bovine, goats, sheep, etc)						
<input type="checkbox"/> Livestock Small (rabbit, mink, fox, etc)						
<input type="checkbox"/> Livestock Exotics (alpaca, llama, bison, etc)						
<input type="checkbox"/> Livestock – Confinement Operations						
<input type="checkbox"/> Livestock - Feedlot						
<input type="checkbox"/> Livestock - Grazing						
<input type="checkbox"/> Poultry – Free Range						
<input type="checkbox"/> Poultry Houses (Area _____ sq.ft.)						
<input type="checkbox"/> Reptiles						
<input type="checkbox"/> Swine						
<input type="checkbox"/> Wild (wolf/cats/bears/etc) (GR: \$ _____)						
<input type="checkbox"/> Worms						
<input type="checkbox"/> Bees – Honey (GR: \$ _____)						# Hives: _____
<input type="checkbox"/> Bees – Other (GR: \$ _____)	Purpose: _____					# Hives: _____
<input type="checkbox"/> Other (GR: _____)						
<input type="checkbox"/> Other (GR: _____)						

Crop Land	Type of Crops (List All)	Receipts	Acreage
<input type="checkbox"/> Grains			
<input type="checkbox"/> Flowers			
<input type="checkbox"/> Greenhouses			
<input type="checkbox"/> Hobby/Gentleman Farm			
<input type="checkbox"/> Hydroponics			
<input type="checkbox"/> Fruit/Orchards			
<input type="checkbox"/> Industrial Hemp (THC - ≤ 0.3%, dry wt)			
<input type="checkbox"/> Marijuana (THC - > 0.3% dry wt)			
<input type="checkbox"/> Mushrooms			
<input type="checkbox"/> Nursery Stock			
<input type="checkbox"/> Nuts			
<input type="checkbox"/> Sod			
<input type="checkbox"/> Tobacco			
<input type="checkbox"/> Vineyards			
<input type="checkbox"/> Vegetables			
<input type="checkbox"/> Other:			
Describe in detail: principal type of farming/ranching; other operations; additional information			

COVERAGES AND LIABILITY LIMITS:

COVERAGE OPTIONS (Note monoline Property is not available)

<input type="checkbox"/> Option 1 – CGL Farm (CG0001) with Basic Farm Premises Liability (FL0411)
<input type="checkbox"/> Option 2 – Farm Liability (FL0020) – Coverage H-J (Monoline)
<input type="checkbox"/> Option 3 – Farm Liability (FL0020) – Coverage H-J (Monoline) with CGL (CG0001) when “commercial exposures*” exist.
<input type="checkbox"/> Option 4 – Farm Property (FP0010) and Farm Liability (FL0020) – Coverage A-J (Package)
<input type="checkbox"/> Option 5 – Farm Property (FP0010) and Farm Liability (FL0020) – Coverage A-J (Package) with CGL (CG0001) when “commercial exposures” exist.

FARM & RANCH LIABILITY COVERAGE

Coverage	Limit
H - Bodily Injury and Property Damage I - Personal and Advertising Injury J - Medical Payments	General Aggregate Limit
H - Bodily Injury and Property Damage	Each Occurrence Limit
I - Personal and Advertising Injury	Any One Person or Organization Limit
H - Fire Damage	Any One Fire (Premises Rented to Insured)
H - Medical Payments	Any One Person (except Residence Employees)
Deductible (minimum \$1,000)	
Exclude Products / Completed Operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMERCIAL EXPOSURES (Provide details and additional information for all activities in the space provided below)

Commercial Exposures are incidental for-profit operations, and any other non-farm/ranch operations. They include but are not limited to retail sales of farm/ranch products, tenant-occupied dwellings or buildings, seasonal/special events, meat or other farm product processing, home based businesses (i.e. day cares), land leased to others, other than farm/ranch land.

Check here if not applicable

Exposure	Receipts	Exposure	Receipts
<input type="checkbox"/> Agritainment		<input type="checkbox"/> Halls/Venues Rented to Others	
<input type="checkbox"/> ABNB /VRBO/ Cabins / Vacation Rentals / Bed & Breakfast Number of Units: _____		<input type="checkbox"/> Hay / Carriage Rides	
<input type="checkbox"/> Amusement Devices		<input type="checkbox"/> Honey for Sale Direct to Consumer Labeled with warning for infants ≤ 12 mos <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Animals rented to others Type of Animals: _____ Purpose: _____		<input type="checkbox"/> Hotel / Motel with Pools	
<input type="checkbox"/> Archery/Skeet/Shooting Ranges		<input type="checkbox"/> Hotel / Motel without Pools	
<input type="checkbox"/> Athletic / Sports Contests		<input type="checkbox"/> Hunting Leases or Hunting for Third Parties	
<input type="checkbox"/> Artificial Insemination <input type="checkbox"/> For Third Parties <input type="checkbox"/> For Applicant only <input type="checkbox"/> Semen Sales Prize Animals? <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Livestock Sales, Dealers or Merchants	
<input type="checkbox"/> Boats or Watercraft Commercial use		<input type="checkbox"/> Mazes / <input type="checkbox"/> Pumpkin Patches	
<input type="checkbox"/> Boat or Watercraft Rental		<input type="checkbox"/> Meat, Fish, Poultry, Seafood for 3 rd Parties: <input type="checkbox"/> Curing/Smoking <input type="checkbox"/> Processing (airtight containers) <input type="checkbox"/> Processing (not in airtight containers) <input type="checkbox"/> For 3 rd Parties <input type="checkbox"/> For insured use only	
<input type="checkbox"/> Breeding of Animals for Sale Species: _____ Number of Breeding Females: _____		<input type="checkbox"/> Mowing activities along public roads? Are roads: <input type="checkbox"/> Dirt/Gravel <input type="checkbox"/> Paved Other: _____	
<input type="checkbox"/> Buildings Leased to Others (LRO) Barns / Farm type: _____ Other: _____		<input type="checkbox"/> Nursery / Garden Sales – Direct to Public	
<input type="checkbox"/> Campgrounds / Camping / Glamping		<input type="checkbox"/> Orchard / Vineyard Operations for Others	
<input type="checkbox"/> Christmas Trees Christmas Tree - Lots Only <input type="checkbox"/> Yes <input type="checkbox"/> No "Cut Your Own" <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Parks / Picnic Areas / Playgrounds	
<input type="checkbox"/> Any Construction / Renovations in progress? <input type="checkbox"/> Cosmetic and/or <input type="checkbox"/> Structural GC Used <input type="checkbox"/> Yes <input type="checkbox"/> No Cert of Ins from all contractors <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Parks / Picnic Areas / Playgrounds <input type="checkbox"/> Petting Zoos	
<input type="checkbox"/> Commercial Dairy Processing Facility		<input type="checkbox"/> Pick Your Own Row Crops - Fruits/Vegetables <input type="checkbox"/> Yes <input type="checkbox"/> No Orchard <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Crop Dusting		<input type="checkbox"/> Produce Handling or Packing for Others	
<input type="checkbox"/> Dairy Product or Egg Sales		<input type="checkbox"/> Rental of Equipment to Others <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Day Care <input type="checkbox"/> Children <input type="checkbox"/> Adults		<input type="checkbox"/> Retail Stores – Non-Food Items <input type="checkbox"/> Sold on Premises <input type="checkbox"/> Sold off Premises	
		<input type="checkbox"/> Restaurants <input type="checkbox"/> w/ Alcohol <input type="checkbox"/> w/o Alcohol	
		<input type="checkbox"/> Rodeos	
		<input type="checkbox"/> Safety/Supervision Procedures	
		<input type="checkbox"/> Sanitation Stations	
		<input type="checkbox"/> Seed Merchants	
		<input type="checkbox"/> School and/or Public Tours	

<input type="checkbox"/> Dude Ranch		<input type="checkbox"/> Stabling of Animals for Others	
<input type="checkbox"/> Farm Management for Others		<input type="checkbox"/> Snow Removal for Others	
<input type="checkbox"/> Farm Stand on Premises		<input type="checkbox"/> Towers – Owned by Others Number: _____ Max Height: _____ COI w/ equal or greater limits provided? <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Farm Markets – Concession Stands – Retail Operations			
<input type="checkbox"/> Fishing including Contests/Tournaments			
<input type="checkbox"/> Fostering of Animals		Trails Used by Others <input type="checkbox"/> Hiking <input type="checkbox"/> Riding <input type="checkbox"/> ATV <input type="checkbox"/> Other Length: _____ Difficulty: _____	
<input type="checkbox"/> Fruit or Vegetables Harvesting for Others			
<input type="checkbox"/> Grain Hay Straw Sales			
<input type="checkbox"/> Grain Milling <input type="checkbox"/> For 3 rd Parties <input type="checkbox"/> For Insured Use Only		<input type="checkbox"/> Travel Agency Tours	
<input type="checkbox"/> Grain Elevators/Storage for Others		<input type="checkbox"/> Vineyards <input type="checkbox"/> Wine Mfg.: (Receipts: _____) <input type="checkbox"/> Retail Wine Sales: (Receipts: _____) <input type="checkbox"/> Tasting Rooms: (Receipts: _____)	
<input type="checkbox"/> Guides / Outfitters / Hunting			
<input type="checkbox"/> Haunted Houses/Attractions			
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	

Provide complete details of all activities listed above:

HABITATIONAL EXPOSURES

<input type="checkbox"/> # of Owner/Occupied Dwellings: _____	<input type="checkbox"/> # of Family Occupied Dwellings: _____
<input type="checkbox"/> # of Employee Occupied Dwellings: _____	
<input type="checkbox"/> Boarding Houses/Bunkhouses/Dormitories for Employees or Workers	# of Buildings: ____ # of Sleeping Units: ____
<input type="checkbox"/> # of Rental Dwellings: _____	<input type="checkbox"/> # of Apartment Units: _____
Are all habitational units equipped with an adequate # of operational smoke detectors per local statute?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are smoke detectors checked and batteries changed at least semi-annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a regular maintenance schedule in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all habitational units have at least two means of egress?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will Homeowners (Liability and Property) insurance be placed with another carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide Carrier, Policy #, Policy Period, Liability and Property Limits	
Additional Information:	

MISCELLANEOUS EXPOSURES

<input type="checkbox"/> Swimming Pools (Above/Below Ground) #: _____		<input type="checkbox"/> Hot Tubs, Jacuzzis, Spas or Similar Equipment? #: _____	
All - Fenced w/Self-Latching/Locking Gate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Diving Boards/Slides? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide height of all: _____			
All compliant with state and local regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Compliant with Virginia Graeme Baker Pool and Spa Safety Act? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> ATVs	# Owned/Leased by Applicant: _____	# Rented to Others: _____	
<input type="checkbox"/> Farm Dogs	How many? _____	Breeds of all: _____	
<input type="checkbox"/> Hunting Stands, Elevated or Tree Stands, Blinds: # _____ Details: _____			
<input type="checkbox"/> Snowmobiles	# Owned/Leased by Applicant: _____	# Rented to Others: _____	
<input type="checkbox"/> Lakes, Ponds, Reservoirs and Other Bodies of Water	# _____	Size (acres): _____	Use: _____
Are all lakes, ponds, reservoirs or other bodies of water posted with no trespassing and no swimming signs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Information:			

OPTIONAL LIABILITY COVERAGES

<input type="checkbox"/> Limited Fire Damage, Heat, Smoke, Fumes	<input type="checkbox"/> \$25,000/\$25,000 (incl.) <input type="checkbox"/> \$50,000/\$50,000 <input type="checkbox"/> \$100,000/\$100,000
<input type="checkbox"/> Chemical Drift Coverage	<input type="checkbox"/> \$25,000/\$25,000 Chemical Drift (included)
<input type="checkbox"/> Limited Fungi or Bacteria (Farm Liability only)	<input type="checkbox"/> \$25,000/\$25,000
<input type="checkbox"/> Limited Farm Pollution Liability (Farm Liability only)	<input type="checkbox"/> \$25,000/\$25,000
<input type="checkbox"/> Animal Rides for Profit or Charity (Farm Liability Only)	Gross Receipts: \$ _____
<input type="checkbox"/> Custom Farming Liability Coverage	Gross Receipts: \$ _____
<input type="checkbox"/> Personal Liability (CGL only)	
<input type="checkbox"/> All-Terrain Vehicle Coverage	Number: _____
Additional Information:	

ADDITIONAL INSURED AND WAIVERS

Name	Address	Insurable Interest	AI	WOS

PROPERTY – COVERAGES A-G Check here if not applicable

WILDFIRE AND BRUSH ZONES

1. Are any properties located in an area designed by the state as a Wildfire or Brush Zone? Yes No
If yes, provide location numbers: _____
2. Brush, grass, hedges, shrubs, trees and dead vegetation are trimmed within 300 feet of insured structures? Yes No
3. Leaves, pine needles, and other debris are removed from all roofs, decks, and gutters on a regular basis? Yes No
4. Propane storage tanks are a minimum of 30 feet away from any insured structures? Yes No

WATER SOURCES

1. Describe available water sources (lakes, ponds, tanks, pumps, other): _____

2. Has the local fire authority approved/certified all water sources? Yes No
3. Miles to the nearest responding fire station: Paid: _____ miles Volunteer: _____ miles

AUXILIARY HEATING

1. Are any buildings equipped with auxiliary heating devices (i.e. wood/kerosene stoves/heaters, space heaters etc.): Yes No
2. If yes, provide complete details: _____

Requested Property Deductible (minimum \$1,000):	
Wind Hail deductible – Percentage &/or fixed amount (if applicable): (Note – some mandatory or minimum deductibles may apply)	
Wind/Hail Excluded? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note – based on location of risk a mandatory wind/hail exclusion may apply)	

If any buildings are vacant note in schedule and provide details below (i.e. length of vacancy, condition of buildings, security, etc.)

Coverage A - DWELLINGS			If Mobile Homes, indicate in Construction Type column below.					
Loc & Dwlg#	Owner/Family or Tenant Occupied? Vacant?	Limit	Construction Type	Area (Sq. Ft.)	ACV/ RC	Year Built	Building Systems Updates w/in 25 yrs:	Cause of Loss
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	

Which dwelling is the principal residence: _____

Are all dwellings equipped with smoke detectors that meet local codes? Yes No

Are all smoke detectors checked and batteries changed a minimum of semi-annually? Yes No

Additional Information:

Coverage B – Other Private Structures Appurtenant to Dwellings				Any “Mobile Home” type buildings? If yes, indicate in Construction Type column below.					
Loc & Dwlg#	Bldg #	Description/ Occupancy (Vacant?)	Limit	Construction Type	Area (Sq. Ft.)	ACV/ RC	Year Built	Building Systems Updates w/in 25 yrs:	Cause of Loss
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Information:

Coverage C – Household Personal Property (ACV at time of Loss; RC subject to policy conditions)				
Loc & Dwlg#	Owner/Family or Tenant Occupied?	Limit	Cause of Loss	Additional Information: _____

Coverage D – Loss of Use (principal living quarters rendered uninhabitable)			
Loc & Dwlg#	Limit	Cause of Loss	Additional Information: _____

Coverage E – Scheduled Farm Personal Property (ACV at time of Loss; RC subject to policy conditions)				
	Item	Year, Description, Make Model, Serial Number	Cause of Loss	Limit
j.1	Specifically described/scheduled Farm machinery, vehicles, equipment on or away from the "insured location"			
j.2	Specifically described/scheduled Farm machinery, vehicles, equipment on or away from the "insured location"			
j.3	Specifically described/scheduled Farm machinery, vehicles, equipment on or away from the "insured location"			
j.4	Specifically described/scheduled Farm machinery, vehicles, equipment on or away from the "insured location"			
a.	Grain, threshed seeds, beans, ground feed, silage, "livestock" feed, all in buildings, structures, sacks, wagons or trucks			
b.	Grain in stacks, shocks, swaths or piles in the open			
c.1	Hay, straw, fodder in buildings or structures			
c.2	Hay, straw, fodder in the open in stacks, windrows or bales			
d.	Farm products, materials and supplies			
e.1	"Poultry" (excluding turkeys unless specified) in the open		Not Covered	
e.2	"Poultry" (excluding turkeys unless specified) in the following "poultry" buildings:		Not Covered	
f.	Trays, boxes, box shoo			
g.	Computers and related software			
h.	Miscellaneous equipment (machinery, vehicles, tools, supplies usual or incidental to farm operations)			
i.	Borrowed or rented without a written contract: farm machinery, vehicles, equipment			
k.	"Livestock"		Not Covered	
l.	Bees		Not Covered	
m.	Worms		Not Covered	
n.	Fish		Not Covered	
o.	Other Animals		Not Covered	
p.	Portable Buildings and Portable Structures			
q.	OTHER Miscellaneous Items – describe:			
q.1				
q.2				

COVERAGE E Scheduled Farm Personal Property - Additional/Overflow Information:

Coverage F – Unscheduled Farm Personal Property (submit limits over \$5,000. Maximum allowable limit \$75,000) (ACV at time of Loss; RC subject to policy conditions)

Limit	Cause of Loss	For limits over \$5,000 please provide details: _____ _____
	Basic (only)	

Coverage G – Other Farm Structures (Barns, Outbuildings, and other Farm Structures)

Any “mobile home” or “construction trailer” type buildings? If yes, indicate in “Construction Type” column below.

Loc #	Bldg #	Limit	Description/ Occupancy (Vacant?)	Construction Type	Area (Sq. Ft.)	ACV/RC	Year Built	Building Systems Updates w/in 25 yrs:	Cause of Loss
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional/Overflow Information:

OPTIONAL PROPERTY COVERAGES

Coverage	Limits			
Livestock Collision	\$1,000 max per head			
Species: _____	# of Head: _____	Limit/Head: \$ _____	Species: _____	# of Head: _____ Limit/Head: \$ _____
Species: _____	# of Head: _____	Limit/Head: \$ _____	Species: _____	# of Head: _____ Limit/Head: \$ _____
Spoilage (Coverage E only) - Does not apply to Semen	Loc# _____	Limit: \$ _____	<input type="checkbox"/> Breakdown/Contamination	<input type="checkbox"/> Public Power Outage
	Loc# _____	Limit: \$ _____	<input type="checkbox"/> Breakdown/Contamination	<input type="checkbox"/> Public Power Outage
Describe Perishable Property: _____				
Do all refrigeration units have refrigeration maintenance agreements? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do all refrigeration units have refrigeration back-up systems? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Peak Season (Coverage E)	Loc# _____	Increased Limit: _____	Period of Time: From: __/__/__ To: __/__/__	Total Limit: \$ _____
Peak Season (Coverage F)	Loc# _____	Increased Limit: _____	Period of Time: From: __/__/__ To: __/__/__	Total Limit: \$ _____
Describe Covered Property: _____				

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING-Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated to the best of your knowledge.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____

Please complete the farm premises diagram below.

FARM AND RANCH PREMISES DIAGRAM

1. Identify all buildings, lakes, ponds and storage tanks
2. Identify any structure(s) not to be insured for property (if applicable) with an “X” over the structure.
3. Indicate estimated distance between structures.

