

FARM AND RANCH APPLICATION

Date: _____

Agency Name/Address: Phone: _____ Fax: _____ E-mail: _____		Applicant's Name: Mailing Address: City: _____ ST: _____ Zip: _____ County: _____			
Code: _____	Subcode: _____	Phone No.: _____	Bus. Phone No.: _____		
Agency Customer ID: _____		Effective Date: _____	Expiration Date: _____		
		E-mail: _____	Web Site Address: _____		

APPLICANT INFORMATION

Previous Address (if less than three years) Years at Previous Address: Street: _____ City: _____ ST: _____ Zip: _____			Location of property if different from above: Street: _____ City: _____ ST: _____ Zip: _____ County: _____			
Applicant's Occupation (State nature of business if self-employed): _____		Marital Status	DOB	Applicant's Employer Name and Address: _____		
Co-Applicant's Occupation (State nature of business if self-employed): _____		Marital Status	DOB	Co-Applicant's Employer Name and Address: _____		

COVERAGES/LIMITS OF INSURANCE—PRIMARY LOCATION (Complete Additional Farm Dwelling Supplemental Application for additional locations)

Location 1 Building 1	Dwelling (Coverage A)	Other Private Structures (Coverage B)	Personal Property (Coverage C)	Loss of Use (Coverage D)	Barns & Farm Personal Property (Coverage E&G)	Bodily Injury and Property Damage (Coverage H)	Medical Payments (Coverage J)
Limit	\$ _____	\$ _____	\$ _____	\$ _____	Complete Supplemental Application	\$ _____	\$ _____
Cause Of Loss	Basic Broad Special	Basic Broad Special	Basic Broad				
Loss Settlement	ACV RC FRC	Same as Coverage A	ACV RC				
Deductible Type & Amount (%/\$)		All perils: _____			Wind & Hail: _____		Other: _____

RATING/UNDERWRITING—PRIMARY LOCATION

Year Built	Purchase Date	Construction Type		Usage Type	Occupancy	Windstorm Loss Mitigation Features		
		Frame	Modular Home	Primary	Owner	Hurricane Straps		
		Masonry	EIFS	Secondary	Tenant	Wind Shutters		
Square Feet	Replacement Cost	Masonry Veneer	Log Home	Seasonal	Farm Renter (Tenant Package)	HIP Roof		
		Joisted Masonry	Hand-hewn	COC/Reno	Vacant	Impact Resistant Glass		
		Fire Resistive	Milled		No. of Months: ____			
		MFG/Mobile Home	Kit					
		Tied Down	Other: _____					
		Portable						
		Skirted						
Territory Code	Protection Class	Distance To		Protection Device Type			Visible to Neighbors: Yes No	
		Hydrant	Fire Station	System	Smoke	Temperature	Burglar	Foundation: Open Closed Stilts
		FT	MI	Central				Sprinklers: Full Partial
Fire District / Code No.: _____ / _____			Local					

Updates	Partial	Complete	Year	Details		
Wiring				Circuit Breakers: Yes No	Fuses: Yes No	No. of Amps _____
				Aluminum: Yes No	Knob & Tube: Yes No	
Plumbing				Type: Copper PVC Other: _____	Any known leaks? Yes No	
Heating				Primary: _____	Secondary: _____	None
				Wood Stove? Yes No	Portable Space Heaters? Yes No	
				If "yes," attach photo and mandatory Woodstove questionnaire		If "yes," are they thermostatically controlled? Yes No
Roofing				Roof Type/Material: _____	Condition of Roof: _____	
				Any known leaks? Yes No		

FARM PREMISES INFORMATION

Loc. No.	Address	Total No. of Acres	Farmed By	Gross Receipts

LOSS HISTORY

Any losses, whether or **not** paid by insurance, in the last three years, at **this** or **any** other location?
Yes No If "yes," indicate below:

DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT PAID/RESERVED	OPEN/ CLOSED
			\$	Open Closed
			\$	Open Closed
			\$	Open Closed

PRIOR/CURRENT COVERAGE

Prior carrier/Current carrier:	Policy number:	Expiration date:
If lapse or no prior coverage, provide explanation:		

UNDERWRITING QUESTIONS

Type of Farm/Ranch Operation			Number of Employees	
Field crops	Number of acres _____	Gross Receipts _____	Full-time _____	
Horses	Number of head _____	Gross Receipts _____	Part-time _____	
Dairy	Number of head _____	Gross Receipts _____	Seasonal _____	
Livestock	Number of head _____	Gross Receipts _____	None	
Exotic/Racing	Number of head _____	Gross Receipts _____		
Other _____		Gross Receipts _____		

Describe farm/ranch, principal type of farming and any incidental for-profit activities:

FARM AND RANCH UNDERWRITING QUESTIONS

GENERAL QUESTIONS

1. Select any of the following exposures that exist:

- Airstrips Open Dump/Landfill Pits Silage Pits Dams/Lakes/Ponds Timber Operations
LPG/Gas/Fuel Storage Tanks Hunting Show ring, rodeo ring/chute
Chemical Application (Ground / Air)

List type and nature of Chemicals:
Other:

- 2. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years?
If "yes," what was the reason?
Is it open?
If "no" what is the date closed/discharged?
3. Any coverage declined, cancelled or non-renewed during last three years? (Not applicable in MO or CA)
If "yes," what was the reason?
4. Is applicant delinquent on mortgage or tax payments?

PROPERTY QUESTIONS

- 5. Distance to coast: Feet: Miles:
6. Is property for sale?
7. Has any structure been converted to a private residence?
If "yes," explain:
8. Is there any existing fire, water or structural damage?
If "yes," explain:
9. Complete if any building(s) is/are undergoing renovation or reconstruction during the applied for policy period. Attach list for additional buildings.
Location Number Contractor Name:
Building Number Is Contractor licensed?
Starting Date: Completion Date:
Starting Value: \$ Completed Value: \$
10. Are there any buildings on premises which are unused?
If "yes," describe:
11. List other insurance with this company:
Policy No.:

LIABILITY QUESTIONS

- 12. Are there any animals (excluding Horses, Dairy and Livestock) kept on the premises?
If "yes," list type of animal: Bite History?
If "yes," list type of animal: Bite History?

13. Is there a Swimming Pool? Yes | No
 If "yes," check applicable boxes: Fenced Diving Board Slide
14. Is there a Trampoline? Yes | No
15. Is any land held for real estate development or speculation? Yes | No
 If "yes," explain: _____

16. Any other locations owned by or rented to the applicant not listed on the application? Yes | No
 If "yes," explain: _____

17. How many acres are leased to others? _____
 What is the land used for? _____
 Who is it rented to? _____
 Do the lessees carry liability insurance for their operations? Yes | No

GENERAL BUSINESS QUESTIONS

18. Are there any contract or service operations performed for others such as snow removal, tilling, excavating or ditching? Yes | No
 If "yes," describe: _____
19. Are independent contractors hired to perform any farming operations? Yes | No
 If "yes," describe: _____
 Do they carry liability insurance for their operations Yes | No
20. Are any "hold harmless" or "indemnification" agreements in effect? Yes | No
 If "yes," describe: _____
21. Is the applicant a subsidiary of another or does the applicant have subsidiaries? Yes | No
 If "yes," list related companies: _____
22. Are there other business activities other than farm related operations? Yes | No
 If "yes," describe: _____

FARMING OPERATIONS QUESTIONS

23. Is there any Custom Farming? Yes | No
 If "yes," describe: _____
24. Does applicant:
- a. Engage in any retail activity on or off the premises other than roadside stands? Yes | No
 If "yes," describe: _____
 - b. Mix, process, slaughter, butcher or otherwise prepare his or any other grower's product? Yes | No
 If "yes," provide GL Carrier Name: _____ Limit: _____
 - c. Handle any product, such as seed, fertilizer, sprays, etc. for resale? Yes | No
 If "yes," provide GL Carrier Name: _____ Limit: _____
25. Are the farm premises available to the public for special events such as, but not limited to, "u-pick," weddings, show or hay rides? Yes | No
 If "yes," describe: _____
26. Does insured raise, board, race, breed or rent horses or ponies? Yes | No
 If "yes," provide GL or Stable Carrier Name: _____ Limit: _____

REMARKS (Attach additional sheets if more space is required):

ADDITIONAL INTEREST AND INSURED

INT No.:	Type Of Interest	Information	Loan Number and Type of Property
	Mortgagee Additional Interest Relationship: Additional Insured Relationship: Trust	Name: Address: City: State: Zip Code:	
	Mortgagee Additional Interest Relationship: Additional Insured Relationship: Trust	Name: Address: City: State: Zip Code:	

ADDITIONAL REQUIREMENTS/ATTACHMENTS

Inspection Photographs Protection Class 9/10 Questionnaire
 Woodstove Questionnaire/Photos (2) | Replacement Cost Estimator

PAYMENT PLAN

Billing: Insured Mortgagee | Agency Bill

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 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 LOUISIANA APPLICANTS: 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.

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 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: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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 OTHER THAN AUTOMOBILE 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

ADDITIONAL FARM DWELLINGS SUPPLEMENTAL APPLICATION

Location No.: _____ Dwelling No.: _____

Location of Property: _____

Street: _____

City: _____ State: ____ Zip Code: _____ County: _____

COVERAGES/LIMITS OF INSURANCE

	Dwelling (Coverage A)	Other Private Structures (Coverage B)	Personal Property (Coverage C)	Loss of Use (Coverage D)
Limit	\$ _____	\$ _____	\$ _____	\$ _____
Cause Of Loss	Basic Broad Special	Basic Broad Special	Basic Broad	
Loss Settlement	ACV RC FRC	Same as Coverage A	ACV RC	
Deductible Type & Amount (%/\$)	All perils: _____ Wind & Hail: _____ Other: _____			

RATING/UNDERWRITING

Year Built	Purchase Date	Construction Type	Usage Type	Occupancy	Windstorm Loss Mitigation Features						
Square Feet	Replacement Cost	Frame Modular Home	Primary	Owner	Hurricane Straps						
		Masonry EIFS	Secondary	Tenant	Wind Shutters						
No. Families	Market Value	Masonry Veneer Log Home	Seasonal	Farm Renter (Tenant Package)	HIP Roof						
		Joisted Masonry Hand-hewn	COC/Reno	Vacant	Impact Resistant Glass						
		Fire Resistive Milled		No. of Months: ____							
		MFG/Mobile Home Kit									
		Tied Down Other: _____									
		Portable									
		Skirted									
Territory Code	Protection Class	Distance To		Protection Device Type			Visible to Neighbors: Yes No				
		Hydrant	Fire Station	System	Smoke	Temperature	Burglar	Foundation:	Open	Closed	Stilts
		FT	MI	Central				Sprinklers:	Full	Partial	
Fire District / Code No.: /		Local									

Updates	Partial	Complete	Year	Details
Wiring				Circuit Breakers: Yes No Fuses: Yes No No. of Amps ____ Aluminum: Yes No Knob & Tube: Yes No
Plumbing				Type: Copper PVC Other: _____ Any known leaks? Yes No
Heating				Primary: _____ Secondary: _____ None Wood Stove? Yes No Portable Space Heaters? Yes No If "yes," attach photo and mandatory Woodstove questionnaire If "yes," are they thermostatically controlled? Yes No
Roofing				Roof Type/Material: _____ Condition of Roof: _____ Any known leaks? Yes No

OVERAGE E—SCHEDULED FARM PERSONAL PROPERTY SUPPLEMENTAL APPLICATION

Deductible Type & Amount (%/\$)	All perils: _____	Wind & Hail: _____	Other: _____
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Item No.	Item Description	Cause of Loss	Limit of Insurance
1.	Grain, threshed seeds, beans, ground feed, silage, "livestock" feed, all in buildings, structures, sacks, wagons or trucks	Basic Broad Special	
2.	Grain in stacks, shocks, swaths or piles in the open	Basic Broad Special	
3.	Hay, straw, fodder in buildings or structures	Basic Broad Special	
4.	Hay, straw, fodder in the open in stacks, windrows or bales (\$10,000 per stack sublimit applies)	— Basic — Broad — Special	
5.	Farm products, materials and supplies	Basic Broad Special	
6.	Trays, boxes, box shook	Basic Broad Special	
7.	Computers and related software	Basic Broad Special	
8.	Miscellaneous equipment (machinery, vehicles, tools, supplies usual or incidental to farm operations) (\$3,000 per item sublimit applies)	Basic Broad Special	
9.	Borrowed or rented, whether or not under a written contract: farm machinery, vehicles, equipment	Basic Broad Special	
		Basic Broad Special	
		Basic Broad Special	
		Basic Broad Special	
		Basic Broad Special	
		Basic Broad Special	

Farm machinery or equipment on or away from the "insured location":

Item No.	Item Description (include year, make and model)	Cause of Loss	Limit of Insurance

COVERAGE G—BARNs, OUTBUILDINGS AND OTHER FARM STRUCTURES SUPPLEMENTAL APPLICATION

Loc. No.	Bldg. No.	Cause of Loss (Basic, Broad, Special)			Limit of Insurance	Description (e.g., Barn, Silo, Grainary)	Loss Settlement		Construction	Deductible	Wind \$/% Deductible	Year Roof Updated	Meets Cause of Loss Eligibility Below?	
		Basic	Broad	Special			RC	ACV					Yes	No
		Basic	Broad	Special	\$		RC	ACV					Yes	No
		Basic	Broad	Special	\$		RC	ACV					Yes	No
		Basic	Broad	Special	\$		RC	ACV					Yes	No
		Basic	Broad	Special	\$		RC	ACV					Yes	No
		Basic	Broad	Special	\$		RC	ACV					Yes	No
		Basic	Broad	Special	\$		RC	ACV					Yes	No
		Basic	Broad	Special	\$		RC	ACV					Yes	No

Cause of Loss	Coverage G—Barns, Outbuildings and Other Structures—Minimum Requirements
Special	<p>Farm Structures that are in <u>excellent</u> condition with the following superior characteristics:</p> <ul style="list-style-type: none"> a) No floor or loft above the ground level unless for residential use b) Continuous masonry or concrete foundation c) Ground floor must be incombustible throughout d) Fully enclosed—additions are subject to approval by UW e) No exposed insulation f) Used for its original purpose—submit for exception g) Does not contain hay or straw h) Metal grain storage bins (without heat) used <u>exclusively</u> for bulk storage of grain
Broad	<p>Farm structures that are in <u>very good</u> condition and have the following characteristics:</p> <ul style="list-style-type: none"> a) Characteristics a) through c) above b) Hay storage at ground level c) Enclosed on at least three sides d) Metal ground storage bins (with heat) used <u>exclusively</u> for bulk storage of grain e) Cement or steel silos
Basic	<p>Farm Structures that are in <u>good</u> condition and have the following characteristics:</p> <ul style="list-style-type: none"> a) Structures not eligible for Special or Broad b) All fabric covered structures, hoop buildings, portable buildings and greenhouses <ul style="list-style-type: none"> 1. Replacement cost available for covers or structures that are 10 years old or less 2. ACV must be used on all buildings with covers or structures more than 10 years old 3. Personal greenhouses not used in farming are Coverage B property