



Perishable Farm Personal Property Coverage Questionnaire

This form must be completed and submitted when applying for Perishable Farm Personal Property Coverage on our Homeowners or Agribusiness policies.

Name of Applicant/Insured	Policy Number	Effective Date
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1. Covered property must be at an insured location. Please list the amount of coverage desired for each building and/or Tank:*(Note: **The value to be insured must be at least 80% of the ACV.**)

<u>Insured Location No.</u>	<u>Description of "Farm Personal Property"</u>	<u>Limit of Liability</u>	<u>ACV</u>

2. Do buildings/tanks have temperature or humidity control equipment? Yes No

If yes, is it serviced regularly? .. Yes No

A copy of the service agreement must be attached to the questionnaire.

3. What type of alarm system does the insured have? _____

4. If applicable, what type of backup system does the insured have? _____

5. Does electric power come from a Utility Company? Yes No

If yes, provide the name of the company: _____

Signature of Applicant/Insured

Date