

|                      |  |                   |
|----------------------|--|-------------------|
| <b>RAIN AND HAIL</b> | <b>COMBINE PLUS/EXECUTIVE COMBINE PLUS APPLICATION</b> | DATE (MM/DD/YYYY) |
|----------------------|--|-------------------|

|  |   |
|--|---|
| <b>AGENCY:</b><br>Name _____<br>Address _____<br>_____ city _____ state _____ zip code<br>AGENCY CODE: _____ | PHONE (A/C, No., Ext): _____<br>FAX (A/C, No.): _____<br>EMAIL: _____<br>INDICATE SECTIONS ATTACHED<br><input type="checkbox"/> FARM<br><input type="checkbox"/> AUTO-ACORD<br><input type="checkbox"/> UMBRELLA/EXCESS |
|--|---|

| STATUS OF TRANSACTION          |                                       |                |                 |
|--------------------------------|---------------------------------------|----------------|-----------------|
| <input type="checkbox"/> QUOTE | <input type="checkbox"/> ISSUE POLICY | EFFECTIVE DATE | EXPIRATION DATE |
| <input type="checkbox"/> BOUND | <input type="checkbox"/> REWRITE      |                |                 |

| APPLICANT INFORMATION  |  |   |
|--|--|---|
| NAME (First Named Insured & Other Named Insureds)<br>FEIN OR SOC SEC # (First Named Insured):<br>PHONE (A/C, No, Ext): |  | MAILING ADDRESS INCL ZIP+4 (of First Named Insured)<br><br><br><br><br>WEBSITE ADDRESS(ES): |
| E-MAIL ADDRESS(ES):  |  |   |

| NAMED INSURED IS:                    |  | NUMBER OF YEARS FARMING/RANCHING EXPERIENCE |
|--------------------------------------|--|---|
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Corporation   |   |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture |   |
|                                      | <input type="checkbox"/> LLC           |   |

| PROGRAM   |
|---|
| <input type="checkbox"/> Combine Plus <input type="checkbox"/> Executive Combine Plus |

| LIABILITY TYPE   |
|--|
| <input type="checkbox"/> Farm Liability <input type="checkbox"/> Commercial General Liability    Occurrence Limit \$ _____    Aggregate Limit \$ _____ |

| DEDUCTIBLES – Options: \$250; \$500; \$1,000; \$5,000; \$7,500; \$10,000 |                                   |
|--|-----------------------------------|
| Coverage A / Coverage CT    \$ _____                                     | Coverage G    \$ _____            |
| Coverage E    \$ _____   | Recreational Vehicles    \$ _____ |
| Coverage F    \$ _____   | Business Property    \$ _____     |

| TYPE OF FARM   |
|--|
| <input type="checkbox"/> Grain <input type="checkbox"/> Hog Confinement<br><input type="checkbox"/> Livestock <input type="checkbox"/> Fruit/Nuts<br><input type="checkbox"/> Dairy <input type="checkbox"/> Vegetable/Berry<br><input type="checkbox"/> Equine <input type="checkbox"/> Other _____<br><input type="checkbox"/> Feedlot |

|   |  |  |
|---|--|--|
| <b>BILLING:</b><br><input type="checkbox"/> Annual <input type="checkbox"/> Ten Pay* (20% down)<br><input type="checkbox"/> Two Pay (60% down) <input type="checkbox"/> Twelve Pay* (15% down)<br><input type="checkbox"/> Four Pay (30% down)    * Requires Prior Approval | <b>BILLING RECIPIENT:</b><br><input type="checkbox"/> Insured<br><input type="checkbox"/> Producer<br><input type="checkbox"/> Third Party*<br><input type="checkbox"/> Mortgagee* | * Name and Address of Third Party or Mortgagee Recipient:<br>_____<br>_____<br>_____ |
|---|--|--|

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/she certifies that the answers are true, correct, and complete to the best of his/her knowledge.

|                       |      |                   |      |
|-----------------------|------|-------------------|------|
| APPLICANT'S SIGNATURE | DATE | AGENT'S SIGNATURE | DATE |
|                       |      |                   |      |



**APPLICATION UNDERWRITING INFORMATION/NATURE OF BUSINESS DESCRIPTION**

**COMMENTS:**

# UNDERWRITING INFORMATION

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

## LIABILITY

If "yes" is answered to any question, please explain (use Comments Section) and provide annual gross receipts or cost.

1. Are independent contractors hired to perform any farming operation?  YES  NO
2. Is any part of the farm used or leased for organized recreational use?  YES  NO
3. Does applicant build, repair or design machinery, equipment or systems for anyone for a charge or fee?  YES  NO
4. Does applicant mix, process, slaughter, butcher or otherwise prepare for any "end" consumer? His or any other grower's product?  YES  NO
5. Does applicant handle any product, such as seed, fertilizer, sprays, etc. for resale?  YES  NO
6. Are any contract or service operations performed for others such as tilling, excavating or ditching?  YES  NO
7. Are the farm premises open to the public for roadside stands, "U-Pick," recreational, "rent-a-garden," auction, sales, show, food or beverage service, animal boarding, or Christmas tree sales uses?  YES  NO
8. Are any portions of the farm rented or leased or used by any other individual, corporation or interest for other than farming?  YES  NO
9. Does applicant prepare and sell animal feed?  YES  NO
10. Is there any unusual hazard such as (but not limited to) open dump pits, silage pits, sump holes, lakes or reservoirs?  YES  NO
11. Is there an airstrip on the premises? If yes, type of use?  YES  NO
12. Is any land held for real estate development or speculation?  YES  NO
13. Is the applicant engaged in any other business, profession or trade? If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  YES  NO
14. If livestock is kept, are all areas well-fenced? If no, please explain.  YES  NO  
Premises is in:  open range area  
 closed range area
15. Are the described insured premises the only premises which the applicant or spouse owns, rents or operates as a farm or ranch, or maintains as a residence, other than business property? If no, explain.  YES  NO
16. Any private saddle animals owned? If so, use?  YES  NO
17. Any non-owned horses on any insured premises? If yes, complete Horse Liability Questionnaire and provide copy of Boarding Agreement.  YES  NO

18. Does insured board, race, breed or rent horses? If yes, complete Horse Liability Questionnaire.  YES  NO
19. Are any "hold harmless" or "indemnifying" agreements in effect? If yes, please provide copy.  YES  NO
20. Does applicant maintain any vacation, seasonal, or additional primary residence?  YES  NO
21. If dairy farm, is there any processing of milk?  YES  NO
22. If dairy farm, is there any retail sales of milk products to the public?  YES  NO  
Receipts \$ \_\_\_\_\_
23. Number of cows milked? \_\_\_\_\_
24. Are any premises used for hunting purposes?  YES  NO  
 By owners:  no charge  fee  
 Rented to others: Receipts \$ \_\_\_\_\_
25. Does applicant maintain a non-farm office, private school, and/or daycare in an insured building?  YES  NO
26. Is there a swimming pool on the premises?  YES  NO  
If yes, Depth? \_\_\_\_\_  
Fenced?  YES  NO  
Diving Board or Slide?  YES  NO  
Life Safety Equipment?  YES  NO
27. Does applicant serve on any boards for remuneration?  YES  NO
28. Is the applicant a subsidiary of another or does the applicant have subsidiaries?  YES  NO
29. Is a formal safety program in existence?  YES  NO
30. Are there any packing or cold storage operations for others?  YES  NO
31. Do you own dogs? If yes, how many and what breed?  YES  NO  
Number Breed  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
32. Do you own a trampoline?  YES  NO
33. Date you last inspected premises and buildings? \_\_\_\_\_
34. Gross farming receipts? \$ \_\_\_\_\_
35. Premises farmed by:  Owner  Tenant  Manager  Other  
 Full-time  Part-time
36. Applicable in Oklahoma only:  YES  NO  
If the property is located in a rural fire protection district or in an area protected by a rural fire department, have you paid the appropriate dues or subscription payments?

# LOCATIONS INFORMATION

|            |   |  |  |  |
|------------|---|--|--|--|
| LOCATION # | WITHIN CITY LIMITS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 911 ADDRESS AND SEC, TWP, RANGE AND COUNTY | NUMBER OF ACRES                            | FIRE DISTRICT NAME/CODE NUMBER                   |
| FARM NAME  |   |  | LIABILITY ONLY<br><input type="checkbox"/> | DISTANCE TO<br>FIRE STATION   HYDRANT<br>MI   FT |
| LOCATION # | WITHIN CITY LIMITS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 911 ADDRESS AND SEC, TWP, RANGE AND COUNTY | NUMBER OF ACRES                            | FIRE DISTRICT NAME/CODE NUMBER                   |
| FARM NAME  |   |  | LIABILITY ONLY<br><input type="checkbox"/> | DISTANCE TO<br>FIRE STATION   HYDRANT<br>MI   FT |
| LOCATION # | WITHIN CITY LIMITS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 911 ADDRESS AND SEC, TWP, RANGE AND COUNTY | NUMBER OF ACRES                            | FIRE DISTRICT NAME/CODE NUMBER                   |
| FARM NAME  |   |  | LIABILITY ONLY<br><input type="checkbox"/> | DISTANCE TO<br>FIRE STATION   HYDRANT<br>MI   FT |
| LOCATION # | WITHIN CITY LIMITS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 911 ADDRESS AND SEC, TWP, RANGE AND COUNTY | NUMBER OF ACRES                            | FIRE DISTRICT NAME/CODE NUMBER                   |
| FARM NAME  |   |  | LIABILITY ONLY<br><input type="checkbox"/> | DISTANCE TO<br>FIRE STATION   HYDRANT<br>MI   FT |
| LOCATION # | WITHIN CITY LIMITS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 911 ADDRESS AND SEC, TWP, RANGE AND COUNTY | NUMBER OF ACRES                            | FIRE DISTRICT NAME/CODE NUMBER                   |
| FARM NAME  |   |  | LIABILITY ONLY<br><input type="checkbox"/> | DISTANCE TO<br>FIRE STATION   HYDRANT<br>MI   FT |
| LOCATION # | WITHIN CITY LIMITS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 911 ADDRESS AND SEC, TWP, RANGE AND COUNTY | NUMBER OF ACRES                            | FIRE DISTRICT NAME/CODE NUMBER                   |
| FARM NAME  |   |  | LIABILITY ONLY<br><input type="checkbox"/> | DISTANCE TO<br>FIRE STATION   HYDRANT<br>MI   FT |
| LOCATION # | WITHIN CITY LIMITS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 911 ADDRESS AND SEC, TWP, RANGE AND COUNTY | NUMBER OF ACRES                            | FIRE DISTRICT NAME/CODE NUMBER                   |
| FARM NAME  |   |  | LIABILITY ONLY<br><input type="checkbox"/> | DISTANCE TO<br>FIRE STATION   HYDRANT<br>MI   FT |
| LOCATION # | WITHIN CITY LIMITS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 911 ADDRESS AND SEC, TWP, RANGE AND COUNTY | NUMBER OF ACRES                            | FIRE DISTRICT NAME/CODE NUMBER                   |
| FARM NAME  |   |  | LIABILITY ONLY<br><input type="checkbox"/> | DISTANCE TO<br>FIRE STATION   HYDRANT<br>MI   FT |
| LOCATION # | WITHIN CITY LIMITS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 911 ADDRESS AND SEC, TWP, RANGE AND COUNTY | NUMBER OF ACRES                            | FIRE DISTRICT NAME/CODE NUMBER                   |
| FARM NAME  |   |  | LIABILITY ONLY<br><input type="checkbox"/> | DISTANCE TO<br>FIRE STATION   HYDRANT<br>MI   FT |
| LOCATION # | WITHIN CITY LIMITS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 911 ADDRESS AND SEC, TWP, RANGE AND COUNTY | NUMBER OF ACRES                            | FIRE DISTRICT NAME/CODE NUMBER                   |
| FARM NAME  |   |  | LIABILITY ONLY<br><input type="checkbox"/> | DISTANCE TO<br>FIRE STATION   HYDRANT<br>MI   FT |
| LOCATION # | WITHIN CITY LIMITS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 911 ADDRESS AND SEC, TWP, RANGE AND COUNTY | NUMBER OF ACRES                            | FIRE DISTRICT NAME/CODE NUMBER                   |
| FARM NAME  |   |  | LIABILITY ONLY<br><input type="checkbox"/> | DISTANCE TO<br>FIRE STATION   HYDRANT<br>MI   FT |



## OPTIONAL COVERAGES

| <b>INCREASED SPECIAL PROPERTY LIMITS</b>   |                         |   |
|--|-------------------------|---|
| <b>Item</b>  | <b>Requested Limit*</b> | <b>Refer to Farm Quote for limits included.</b> |
| Jewelry, watches, furs   | \$ _____                |   |
| Money  | \$ _____                |   |
| Securities   | \$ _____                |   |
| Silverware   | \$ _____                |   |
| Firearms   | \$ _____                |   |
| <i>* Higher limits, broader coverage, use Schedule/Valuable Personal Property/Articles</i> |                         |   |
| <b>INCREASED POLICY PROVIDED LIMITS</b>  |                         |   |
| <b>Coverage</b>  | <b>New Limit</b>        | <b>Provided Limit</b>                           |
| Household Personal Property Away From Premises   | \$ _____                | 10% of Cov C with min. limit                    |
| Tenant's Improvements/Alterations  | \$ _____                | 10% of Cov C Tenant limit                       |
| Cost of Restoring Farm Records   | \$ _____                | \$ 2,000  |
| Power & Light Poles  | \$ _____                | Varies by Product                               |
| Borrowed Farm Equipment (\$50,000 add'l available)   | \$ _____                | \$25,000 (if Cov E or F provided)               |

## SCHEDULED FARM PERSONAL PROPERTY (ISO COVERAGE E) ACV VALUATION

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

| Item                  | Loc #            | Description<br>(If applicable, include year, make, model, and serial number) | Cause of Loss* | Foreign Obj.   | Cab Glass | Limit of Insurance |
|-----------------------|------------------|--|----------------|----------------|-----------|--------------------|
| 1.                    |                  | Hay in the open  |                | Y N            | Y N       |                    |
| 2.                    |                  | Hay in buildings   |                | Y N            | Y N       |                    |
| 3.                    |                  |  |                | Y N            | Y N       |                    |
| 4.                    |                  |  |                | Y N            | Y N       |                    |
| 5.                    |                  |  |                | Y N            | Y N       |                    |
| 6.                    |                  |  |                | Y N            | Y N       |                    |
| 7.                    |                  |  |                | Y N            | Y N       |                    |
| 8.                    |                  |  |                | Y N            | Y N       |                    |
| 9.                    |                  |  |                | Y N            | Y N       |                    |
| 10.                   |                  |  |                | Y N            | Y N       |                    |
| 11.                   |                  |  |                | Y N            | Y N       |                    |
| 12.                   |                  |  |                | Y N            | Y N       |                    |
| 13.                   |                  |  |                | Y N            | Y N       |                    |
| 14.                   |                  |  |                | Y N            | Y N       |                    |
| 15.                   |                  |  |                | Y N            | Y N       |                    |
| 16.                   |                  |  |                | Y N            | Y N       |                    |
| 17.                   |                  |  |                | Y N            | Y N       |                    |
| 18.                   |                  |  |                | Y N            | Y N       |                    |
| 19.                   |                  |  |                | Y N            | Y N       |                    |
| 20.                   |                  | Misc. Small Tools & Equipment (not exceeding \$2,500/item)                   |                | Y N            | Y N       |                    |
| <b>Total Limit \$</b> |                  |  |                |                |           |                    |
| 21.                   | Animal Collision |  | \$             | Limit Per Head |           | # of Head          |

\* Cause of Loss ① BASIC ② BROAD ③ SPECIAL

### ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

|  |       |                  |                         |
|--|-------|------------------|-------------------------|
| Interest                                     | Rank: | Name and Address | Interest in Item Number |
| <input type="checkbox"/> Loss Payee          |       |                  |                         |
| <input type="checkbox"/> Lender's Loss Payee |       |                  |                         |
| <input type="checkbox"/> Contract of Sale    |       |                  |                         |
| <input type="checkbox"/> Leased              |       |                  |                         |
|  |       |                  | Scheduled Item Number:  |
| Interest                                     | Rank: | Name and Address | Interest in Item Number |
| <input type="checkbox"/> Loss Payee          |       |                  |                         |
| <input type="checkbox"/> Lender's Loss Payee |       |                  |                         |
| <input type="checkbox"/> Contract of Sale    |       |                  |                         |
| <input type="checkbox"/> Leased              |       |                  |                         |
|  |       |                  | Scheduled Item Number:  |
| Interest                                     | Rank: | Name and Address | Interest in Item Number |
| <input type="checkbox"/> Loss Payee          |       |                  |                         |
| <input type="checkbox"/> Lender's Loss Payee |       |                  |                         |
| <input type="checkbox"/> Contract of Sale    |       |                  |                         |
| <input type="checkbox"/> Leased              |       |                  |                         |
|  |       |                  | Scheduled Item Number:  |



Peak Season — Farm Personal Property

ISO COVERAGE E (Must correspond with proper Cov. E item)

| MONTH    | TYPE PROPERTY | LIMIT OF INSURANCE | MONTH     | TYPE PROPERTY | LIMIT OF INSURANCE |
|----------|---------------|--------------------|-----------|---------------|--------------------|
| January  |               | \$                 | July      |               | \$                 |
| February |               | \$                 | August    |               | \$                 |
| March    |               | \$                 | September |               | \$                 |
| April    |               | \$                 | October   |               | \$                 |
| May      |               | \$                 | November  |               | \$                 |
| June     |               | \$                 | December  |               | \$                 |

Peak Season — Farm Personal Property

ISO COVERAGE F

| MONTH    | TYPE PROPERTY | LIMIT OF INSURANCE | MONTH     | TYPE PROPERTY | LIMIT OF INSURANCE |
|----------|---------------|--------------------|-----------|---------------|--------------------|
| January  |               | \$                 | July      |               | \$                 |
| February |               | \$                 | August    |               | \$                 |
| March    |               | \$                 | September |               | \$                 |
| April    |               | \$                 | October   |               | \$                 |
| May      |               | \$                 | November  |               | \$                 |
| June     |               | \$                 | December  |               | \$                 |

**FARM PERSONAL PROPERTY  
(ISO COVERAGE E & F)**

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

UNDERWRITING INFORMATION

Scheduled

Unscheduled

If property is kept on a location(s) other than an insured location, where is it kept...

a. During farming season? \_\_\_\_\_

b. During off season? \_\_\_\_\_

What is the maximum value of equipment at any one location...

a. During farming season? Inside \$ \_\_\_\_\_ Outside \$ \_\_\_\_\_

In which structures? \_\_\_\_\_

Value in each? \_\_\_\_\_

a. During off season? Inside \$ \_\_\_\_\_ Outside \$ \_\_\_\_\_

In which structures? \_\_\_\_\_

Value in each? \_\_\_\_\_

Is there any equipment loaned or rented to/from others?  Yes  No

Value for borrowed or rented equipment \$ \_\_\_\_\_ Does person loaning/renting equipment insure it?  Yes  No

Value of equipment loaned or rented to others \$ \_\_\_\_\_ Does borrower insure equipment?  Yes  No

Does applicant perform his own maintenance on equipment?  Yes  No

If no, please indicate type of repairs done, where performed, and by whom:

What is radius of operation of equipment? \_\_\_\_\_ miles

Remarks:







| A. Land, Recreation Vehicles OR Snowmobiles           |             |            |              |       |          |          |    |       |                          |                          |
|---|-------------|------------|--------------|-------|----------|----------|----|-------|--------------------------|--------------------------|
| License for Hwy Use                                   | Description | Model Year | Manufacturer | Model | Serial # | CC or CU | HP | Limit | Liability                | Physical Damage          |
| <input type="checkbox"/> Y <input type="checkbox"/> N |             |            |              |       |          |          |    | \$    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Y <input type="checkbox"/> N |             |            |              |       |          |          |    | \$    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Y <input type="checkbox"/> N |             |            |              |       |          |          |    | \$    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Y <input type="checkbox"/> N |             |            |              |       |          |          |    | \$    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Y <input type="checkbox"/> N |             |            |              |       |          |          |    | \$    | <input type="checkbox"/> | <input type="checkbox"/> |

| B. Watercraft – Under 26 feet in length  |  |   |                   |          |                            |                    |                |       |  |  |  |
|--|--|---|-------------------|----------|----------------------------|--------------------|----------------|-------|--|--|--|
| Description  | Model Year   | Manufacturer  | Model             | Serial # | HP                         | Rated Speed in MPH | Length in Feet | Limit |  |  |  |
|  |  |   |                   |          |                            |                    |                | \$    |  |  |  |
| Power  | Type of Hull   | Construction  | Navigation Period |          | Outboard Motor Information |                    |                |       |  |  |  |
| <input type="checkbox"/> Outboard<br><input type="checkbox"/> Inboard/Outboard<br><input type="checkbox"/> Inboard (Prop shaft)<br><input type="checkbox"/> Inboard (Jet Drive)<br><input type="checkbox"/> Sail | <input type="checkbox"/> Runabout<br><input type="checkbox"/> Cabin Cruiser<br><input type="checkbox"/> Other (Describe) | <input type="checkbox"/> Fiberglass<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Metal<br><input type="checkbox"/> Other (Describe) | From / /          |          | Manufacturer               | Model              | Serial #       |       |  |  |  |
|  |  |   | To / /            |          | Limit                      | HP                 | Model Year     |       |  |  |  |
| Description  | Model Year   | Manufacturer  | Model             | Serial # | HP                         | Rated Speed in MPH | Length in Feet | Limit |  |  |  |
|  |  |   |                   |          |                            |                    |                | \$    |  |  |  |
| Power  | Type of Hull   | Construction  | Navigation Period |          | Outboard Motor Information |                    |                |       |  |  |  |
| <input type="checkbox"/> Outboard<br><input type="checkbox"/> Inboard/Outboard<br><input type="checkbox"/> Inboard (Prop shaft)<br><input type="checkbox"/> Inboard (Jet Drive)<br><input type="checkbox"/> Sail | <input type="checkbox"/> Runabout<br><input type="checkbox"/> Cabin Cruiser<br><input type="checkbox"/> Other (Describe) | <input type="checkbox"/> Fiberglass<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Metal<br><input type="checkbox"/> Other (Describe) | From / /          |          | Manufacturer               | Model              | Serial #       |       |  |  |  |
|  |  |   | To / /            |          | Limit                      | HP                 | Model Year     |       |  |  |  |

| Driver Information (Include all drivers who may operate any recreational vehicles) |            |                |               |                                   |                         |               |
|--|------------|----------------|---------------|-----------------------------------|-------------------------|---------------|
| Operates Which Vehicle   | % of Usage | Name of Driver | Date of Birth | Year License/Year's of Experience | Driver's License Number | License State |
|  |            |                |               |                                   |                         |               |
|  |            |                |               |                                   |                         |               |
|  |            |                |               |                                   |                         |               |
|  |            |                |               |                                   |                         |               |

| Loss Payee Information  |         |      |         |       |        |  |
|---|---------|------|---------|-------|--------|--|
| Interest  | Vehicle | Name | Address | Phone | Loan # |  |
| <input type="checkbox"/> Loss Payee<br><input type="checkbox"/> Lender's Loss Payee<br><input type="checkbox"/> Contract for Sale |         |      |         |       |        |  |
| <input type="checkbox"/> Loss Payee<br><input type="checkbox"/> Lender's Loss Payee<br><input type="checkbox"/> Contract for Sale |         |      |         |       |        |  |
| <input type="checkbox"/> Loss Payee<br><input type="checkbox"/> Lender's Loss Payee<br><input type="checkbox"/> Contract for Sale |         |      |         |       |        |  |

| Underwriting Information  |  | Yes                      | No                       |
|---|--|--------------------------|--------------------------|
| (1) Membership in an organized club concerned with any recreation vehicle?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Used in organized race or competitive event?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Stored at a location other than the applicant's residence?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Used as a primary residence premises?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) Equipped for amphibious use?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) Homemade, kit built, or modified from factory specifications?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| (7) Rented or leased to others or used for other commercial purposes?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| (8) Does any vehicle or boat have body damage or cracked or broken glass?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| (9) Is any boat equipped with a stove? (Describe installation and fuel in remarks)                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| (10) Is any boat equipped with Coast Guard approved type fire extinguisher and personal flotation devices?            |  | <input type="checkbox"/> | <input type="checkbox"/> |
| (11) Is any boat equipped with auto engine converted to marine use by anyone other than the manufacturer of the boat? |  | <input type="checkbox"/> | <input type="checkbox"/> |



- Dairyman's Continuation Expense** **FZ-4P81**  
 Provides emergency expense and operating income during a partial or complete shutdown or the farming operations.
- Dairyman's Endorsement** **FZ-2Y59**  
**Premium \$50**  
 Provides additional coverage's for dairy farm operations such as: transport vehicle coverage, dairy operations continuation expense, increased hay stack limits, reduced separation between stacks of hay, and first party milk contamination. Not available in Alaska, Hawaii, Louisiana, Mississippi, Rhode Island, and Texas.
- Debris Removal** **FP 04 21**  
 Provides coverage in excess of the 5% of the applicable limit of insurance already included.
- Loss of Farming Income** **FZ-4P91**  
 Provides coverage for loss of income resulting from the interruption of the farming operations. Coverage is applicable as a result of damage or destruction to designated farm buildings, farm structures, farm machinery and equipment (other than mobile machinery, vehicles, equipment and livestock).
- Modified Seeds, Plants, Grains and Crops**  
 Modified seeds, plants, grains, crops, organisms, animals or other material coverage may be purchased. Please contact Underwriter for available limits.
- Pollution Clean Up and Removal** **FP 04 22**  
 Policy provides coverage for \$10,000 annual aggregate and can be increased to \$500,000. Coverage applicable to property damage only at insured location and caused by a covered property cause of loss.
 

|                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> \$25,000  | <input type="checkbox"/> \$50,000  | <input type="checkbox"/> \$75,000  |
| <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$300,000 | <input type="checkbox"/> \$500,000 |
- Rental Reimbursement** **FZ-2S06**  
**Combine/Cotton Pickers \$30 per unit**  
**all other items \$25 per unit**  
 Provides coverage up to \$200 per day for 20 days of rental expenses in the event of loss or damage caused by a covered cause of loss. This endorsement is applicable only to scheduled mobile farm machinery, vehicles, and equipment.



## GENERAL FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)