

Farm and Ranch Application



SCOTTSDALE INSURANCE COMPANY®

Home Office: One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752



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**NOTICE TO AGENT
BILLING INSTRUCTIONS**

Indicate below how you wish Renewals to be billed.
 Insured Mortgage Co. Agent

Farm and Ranch Application

Applicant's Name _____
 Mailing Address _____

Agent Name _____ Code _____
 Address _____

POLICY TERM: From _____ To _____ 12:01 A.M., Standard Time at the address of the Named Insured as stated herein

1. **Mortgagee:** _____
 Address: _____ Loan #: _____
2. **Mortgagee:** _____
 Address: _____ Loan #: _____

LOCATIONS

1. **Principal location #1** is confined to _____ acres in the _____ section of civil district _____ township _____ range _____ about (distance) _____ miles (direction) _____ from (nearest town) _____ and situated on (N., E., S., W.) _____ side of road leading to, county of _____ state of (zip code of risk) _____
2. **Principal location #2** is confined to _____ acres in the _____ section of civil district _____ township _____ range _____ about (distance) _____ miles (direction) _____ from (nearest town) _____ and situated on (N., E., S., W.) _____ side of road leading to, county of _____ state of (zip code of risk) _____

PREMIUM INFORMATION

1. **Permanent residence of insured:**..... Yes No
2. **Protection class:** _____
3. **Total acreage:** _____
4. **Distance to fire hydrant:** _____
5. **Distance to fire station:** _____
6. **Perils to be insured:** Named Perils Broad Form
7. **Deductible:** \$500—Basic \$250—5% Surcharge \$1,000—5% Credit

COVERAGES				
Section	Coverages	Limits of Liability	Rate	Premium
I	A. Dwelling	\$		\$
	B. Unscheduled household goods and personal effects	\$		\$
	C. Loss of use	\$		\$
	D. Scheduled farm personal property	\$		\$
	E. Scheduled farm and ranch property	\$		\$
II	F. Personal liability—Each occurrence	\$		\$
	G. Personal medical payments—Each person	\$		\$
	H. Physical damage to property of others—Each occurrence	\$ 500	—	\$ —
Total of above premiums				\$

MAIN DWELLING				
Year	Construction	Actual Value When Insured	Purchased (month/year)	Purchase Price
	Frame			
	Masonry			

1. Roof replaced? Yes No
When? _____
2. Wiring replaced? Yes No
When? _____
3. Plumbing replaced? Yes No
When? _____
4. Is dwelling mobile home or portable? _____
5. Is dwelling on all weather road? Yes No
6. Is dwelling within 1/4 mile of another dwelling? Yes No
7. Swimming pool on premises? Yes No
8. Pool Fenced? Yes No

UNDERWRITING INFORMATION		
Type of Farm/Ranch Operation	Number of Employees	Condition of Fencing
Field crops _____ number of acres	_____ Full-time	Average
Horses _____ number of head	_____ Part-time	Excellent
Dairy _____ number of head	_____ Seasonal	Poor
Livestock _____	_____ None	None

SCHEDULED FARM PERSONAL PROPERTY				
Item No.	Amount of Coverage	Description	Manufacturer's Serial #	Age
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

SCHEDULED FARM AND RANCH PROPERTY				
Item No.	Amount of Coverage	Description	Construction	Age
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

LOSS HISTORY			
Date	Description	Amount	Carrier

PRIVACY POLICY:

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures". By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

NEW YORK 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.

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.

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

PRODUCER'S SIGNATURE _____ DATE _____

APPLICANT'S SIGNATURE _____ DATE _____

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