

RAIN AND HAIL	AGRIBUSINESS FARM POLICY APPLICATION APPLICANT INFORMATION SECTION	DATE (MM/DD/YYYY)
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AGENCY: Name _____ Address _____ _____ city _____ state _____ zip code AGENCY CODE: _____	PHONE (A/C, No., Ext): _____ FAX (A/C, No.): _____ EMAIL: _____ INDICATE SECTIONS ATTACHED <input type="checkbox"/> FARM <input type="checkbox"/> AUTO-ACORD <input type="checkbox"/> UMBRELLA/EXCESS
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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) _____ _____ _____ E-MAIL ADDRESS(ES): _____	FEIN OR SOC SEC # (First Named Insured): _____ PHONE (A/C, No, Ext): _____	MAILING ADDRESS INCL ZIP+4 (of First Named Insured) _____ _____ _____ WEBSITE ADDRESS(ES): _____

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

PROGRAM		
<input type="checkbox"/> Standard	<input type="checkbox"/> Select	<input type="checkbox"/> Select Plus

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

PROPERTY DESCRIPTION (PLEASE CHECK ONE MAIN FARMING TYPE ONLY)			
Type I Farms	Type II Farms	Type III Farms	
<input type="checkbox"/> Horses <input type="checkbox"/> Livestock (excl. Horses) <input type="checkbox"/> Animal Specialities (excl. Bees, Fish, Worms)	<input type="checkbox"/> Poultry <input type="checkbox"/> Dairy	<input type="checkbox"/> Vegetables <input type="checkbox"/> Melons <input type="checkbox"/> Fruits <input type="checkbox"/> Tree Nuts	<input type="checkbox"/> Horticulture <input type="checkbox"/> Bees, Fish, Worms <input type="checkbox"/> Other Insect Farming
		<input type="checkbox"/> Grain <input type="checkbox"/> Other Field Crops	

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

PRIOR CARRIER INFORMATION (FARM OWNERS)

CARRIER	EFFECTIVE/EXPIRATION DATES	EXPIRING ANNUAL PREMIUM

PRIOR CARRIER INFORMATION (AUTOMOBILE)

CARRIER	EFFECTIVE/EXPIRATION DATES	EXPIRING ANNUAL PREMIUM

PRIOR CARRIER INFORMATION (UMBRELLA)

CARRIER	EFFECTIVE/EXPIRATION DATES	EXPIRING ANNUAL PREMIUM

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						CLOSED
						OPEN
						CLOSED
						OPEN
						CLOSED
						OPEN
						CLOSED
						OPEN
						CLOSED
						OPEN
						CLOSED
						OPEN
						CLOSED
						OPEN
						CLOSED
						OPEN
						CLOSED

Have you been (Not Applicable in MO): Canceled Non-Renewed Declined

Please explain:

INSPECTION CONTACT	PHONE (A/C, No, Ext):	ACCOUNTING RECORDS CONTACT	PHONE (A/C, No, Ext):

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states. Consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHT AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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.
Premises is in: open range area
 closed range area YES NO
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?
Receipts \$ _____ YES NO
23. Number of cows milked? _____
24. Are any premises used for hunting purposes?
 By owners: no charge fee
 Rented to others: Receipts \$ _____ YES NO
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? 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?
Number Breed

_____ YES NO
32. Do you own a trampoline? YES NO

LOCATIONS INFORMATION

LOCATION #	WITHIN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	WIND/HAIL DEDUCTIBLE %	NUMBER OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
FARM NAME			LIABILITY ONLY <input type="checkbox"/>		DISTANCE TO FIRE STATION HYDRANT MI FT
LOCATION #	WITHIN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	WIND/HAIL DEDUCTIBLE %	NUMBER OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
FARM NAME			LIABILITY ONLY <input type="checkbox"/>		DISTANCE TO FIRE STATION HYDRANT MI FT
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FARM NAME			LIABILITY ONLY <input type="checkbox"/>		DISTANCE TO FIRE STATION HYDRANT MI FT
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FARM NAME			LIABILITY ONLY <input type="checkbox"/>		DISTANCE TO FIRE STATION HYDRANT MI FT
LOCATION #	WITHIN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	WIND/HAIL DEDUCTIBLE %	NUMBER OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
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FARM NAME			LIABILITY ONLY <input type="checkbox"/>		DISTANCE TO FIRE STATION HYDRANT MI FT
LOCATION #	WITHIN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	WIND/HAIL DEDUCTIBLE %	NUMBER OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
FARM NAME			LIABILITY ONLY <input type="checkbox"/>		DISTANCE TO FIRE STATION HYDRANT MI FT

ISO COVERAGE A, B, C, & D

(Complete this page for each dwelling insured)

Property deductible:		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other (specify) <input type="checkbox"/> Florida Hurricane Deductible Note: A special % deductible applies to EQ ^{††}						
Location #								
Coverage (A, B, C, D)	Valuation*	Covered Causes of Loss			EQ ^{††}	If 30 years old or more, when was it updated for:		Limit
Main Dwelling		<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	<input type="checkbox"/> Special	<input type="checkbox"/> Y <input type="checkbox"/> N	Heat	Wiring	Plumbing
Other Structures		Same as Main Dwelling						
Household Personal Property		<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	<input type="checkbox"/> Special	<input type="checkbox"/> Y <input type="checkbox"/> N			
Loss of Use								
Replacement Cost Protection (Inc. Ordinance or Law Cov.)[†]							A _____ B _____ C _____	
Year Built	Sq. Ft.	Type of Construction	Type 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Occupancy		Type of Heat	Woodstove	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Owner/Primary	<input type="checkbox"/> Tenant/Permanent	Age of Unit	If yes, please complete wood stove questionnaire.	
				<input type="checkbox"/> Owner/Seasonal	<input type="checkbox"/> Tenant/Seasonal		Wood Insert	<input type="checkbox"/> Yes <input type="checkbox"/> No
Program			<input type="checkbox"/> Additional Insured	Name and Address				
<input type="checkbox"/> Standard			<input type="checkbox"/> Loss Payee					
<input type="checkbox"/> Select			<input type="checkbox"/> Mortgagee					
<input type="checkbox"/> Select Plus			<input type="checkbox"/> Lienholder					
Protective Devices			<input type="checkbox"/> Additional Insured	Name and Address				
<input type="checkbox"/> Smoke Detector			<input type="checkbox"/> Loss Payee					
<input type="checkbox"/> Automatic Sprinkler System			<input type="checkbox"/> Mortgagee					
<input type="checkbox"/> Automatic Fire Alarm			<input type="checkbox"/> Lienholder					
★ Watchman / Security Services			A. Certain causes of loss are excluded with respect to buildings or structures vacant more than 30 consecutive days. Use 'Waiver of Vacancy' to extend coverage beyond 30 days.					
<input type="checkbox"/> Hourly Rounds & Signals to Central Station			B. A loss condition reduces the applicable Limit of Insurance by 50% if a building or structure is unoccupied or vacant more than 120 consecutive days. Use 'Waiver of Unoccupancy and Vacancy' to waive the Unoccupancy and Vacancy Loss Condition for periods of vacancy and unoccupancy beyond 120 days.					
<input type="checkbox"/> Hourly Rounds & No Signals to Central Station			<input type="checkbox"/> Does Not Apply			Vacancy or Unoccupancy Starts: _____		
<input type="checkbox"/> No Hourly Rounds & No Signals to Central Station			<input type="checkbox"/> Waiver of Vacancy			Ends: _____		
<input type="checkbox"/> Privately Owned Fire Department			<input type="checkbox"/> Waiver of Unoccupancy and Vacancy					
★ Burglary and Robbery Protective Systems			Inflation Guard		<input type="checkbox"/> Sump Overflow and Backup			
<input type="checkbox"/> Premises Burglar Alarm			<input type="checkbox"/> 4% <input type="checkbox"/> 6% <input type="checkbox"/> 8% <input type="checkbox"/> 10%		<input type="checkbox"/> Contents Rental to Others Theft			
<input type="checkbox"/> Loud Sounding Gong			Number of Families _____					
<input type="checkbox"/> Security Service			Special Loss Settlement _____					
★ Certificate Required								

* Valuation: RC = Replacement Cost; ERC[†] = Extended Replacement Cost; ACV = Actual Cash Value; FBV = Functional Building Value

[†] Included in Select Plus and Equine Extra

^{††} EQ = Earthquake

SCHEDULED PERSONAL ITEMS

TYPE: 1. Jewelry, 2. Furs, 3. Cameras, 4. Musical Instruments, 5. Silverware, 6. Fine Arts, 7. Golf Equipment, 8. Stamps, 9. Coins, 10. Firearms, 11. Other

Item No.	Type No.	Description of Item (Serial #, if any) -- Attach appraisal for Items over \$5000	Deductible	Insurance Amount

OPTIONAL COVERAGES

INCREASED SPECIAL PROPERTY LIMITS

Item	Requested Limit*	Refer to Farm Quote for limits included.
Jewelry, watches, furs	\$ _____	
Money	\$ _____	
Securities	\$ _____	
Silverware	\$ _____	
Firearms	\$ _____	
Electronic Apparatus I	\$ _____	
Electronic Apparatus II	\$ _____	

* Higher limits, broader coverage, used Schedule/Valuable Personal Property/Articles

INCREASED POLICY PROVIDED LIMITS

Coverage	New Limit	Provided Limit
Tenant's Improvements/Alterations	\$ _____	10% of Cov C Tenant limit
Cost of Restoring Farm Records	\$ _____	\$ 2,000
Extra Expense	\$ _____	\$ 1,000
Power & Light Poles	\$ _____	Varies by Product
Borrowed Farm Equipment (\$50,000 add'l available)	\$ _____	\$25,000 (if Cov E or F provided)

ISO 2003 OPTIONAL COVERAGES (2003 STATES ONLY)

1. Units Owners Coverage	Coverage A _____ Coverage C _____ Coverage D _____ Loss Assessment Prop. _____ Loss Assessment Liab. _____
2. Assisted Living	Name of Relative _____ Name of Facility _____ Address of Facility _____ Liability Limit _____

SCHEDULED FARM PERSONAL PROPERTY (ISO COVERAGE E) ACV VALUATION

Applicant: _____

Producer: _____

Item	Loc #	Description (If applicable, include year, make, model, and serial number)	Away From Premises (2003 only)*	Deductible	Cause of Loss**	Foreign Obj.	Cab Glass	Limit of Insurance
1.			Y N			Y N	Y N	
2.			Y N			Y N	Y N	
3.			Y N			Y N	Y N	
4.			Y N			Y N	Y N	
5.			Y N			Y N	Y N	
6.			Y N			Y N	Y N	
7.			Y N			Y N	Y N	
8.			Y N			Y N	Y N	
9.			Y N			Y N	Y N	
10.			Y N			Y N	Y N	
11.			Y N			Y N	Y N	
12.			Y N			Y N	Y N	
13.			Y N			Y N	Y N	
14.			Y N			Y N	Y N	
15.			Y N			Y N	Y N	
16.			Y N			Y N	Y N	
17.			Y N			Y N	Y N	
18.			Y N			Y N	Y N	
19.			Y N			Y N	Y N	
20.			Y N			Y N	Y N	
Total Limit								\$
21.	Animal Collision					\$	Limit Per Head	# of Head

* Does not apply to Livestock or Machinery

** 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"/> Additional Insured			
<input type="checkbox"/> Loss Payee			
<input type="checkbox"/> Lienholder			
<input type="checkbox"/> Leased			Scheduled Item Number:
Interest	Rank:	Name and Address	Interest in Item Number
<input type="checkbox"/> Additional Insured			
<input type="checkbox"/> Loss Payee			
<input type="checkbox"/> Lienholder			
<input type="checkbox"/> Leased			Scheduled Item Number:
Interest	Rank:	Name and Address	Interest in Item Number
<input type="checkbox"/> Additional Insured			
<input type="checkbox"/> Loss Payee			
<input type="checkbox"/> Lienholder			
<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

Property excluded from blanket coverage:

Remarks:

FARM BARN, BUILDINGS AND STRUCTURES — ISO COVERAGE G

Loc No.	Bldg No.	Limit of Insurance	Ded	Description	Const. ¹	Type 1, 2* or 3*	C/L ²	Val. ³	Type of Heat	Year Built	Roof		Sq. Ft.	EQ [†]		Open Sides (Y/N)
											Type	Age		Yes	No	
														<input type="checkbox"/>	<input type="checkbox"/>	
														<input type="checkbox"/>	<input type="checkbox"/>	
														<input type="checkbox"/>	<input type="checkbox"/>	
														<input type="checkbox"/>	<input type="checkbox"/>	
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														<input type="checkbox"/>	<input type="checkbox"/>	
														<input type="checkbox"/>	<input type="checkbox"/>	
														<input type="checkbox"/>	<input type="checkbox"/>	
														<input type="checkbox"/>	<input type="checkbox"/>	

* Buildings with hay storage do not qualify for Type 1 rates

¹ Construction (Const.)

FR = Frame NC = Non Combustible
M = Masonry FRS = Fire Resistive

[†] EQ = Earthquake

² Causes of Loss (C/L)

1 = Basic 2 = Broad 3 = Special

³ Valuation (Attach Valuation Estimator For Each Structure) (Val.)

R = RC A = ACV FBV = Functional Building Valuation

Inflation Guard 4% 6% 8% 10%

- Automatic Sprinkler System
- Automatic Fire Alarm
- Watchman / Security Services*
 - Hourly Rounds & Signals to Central Station
 - Hourly Rounds & No Signals to Central Station
 - No Hourly Rounds & No Signals to Central Station
- Privately Owned Fire Department
- Burglary and Robbery Protective Systems*
 - Premises Burglar Alarm
 - Loud Sounding Gong
 - Security Service

- Damage to below ground Foundation (Per Building)

Limit For Below Ground Foundation _____

Limit For Consequential Expenses _____

- Replacement Cost Protection (Inc. Ordinance or Law Cov.)

Demolition Cost Coverage A _____

Cost to Reconstruct B _____

 C _____

* CERTIFICATE REQUIRED

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

Interest	Name and Address	Interest in Item Number
<input type="checkbox"/> Additional Insured		Location: Building:
<input type="checkbox"/> Loss Payee		Scheduled Item Number:
<input type="checkbox"/> Mortgagee		Other
<input type="checkbox"/> Lienholder		
Interest	Name and Address	Interest in Item Number
<input type="checkbox"/> Additional Insured		Location: Building:
<input type="checkbox"/> Loss Payee		Scheduled Item Number:
<input type="checkbox"/> Mortgagee		Other
<input type="checkbox"/> Lienholder		

FARM LIABILITY SECTION

Applicant: _____

Producer: _____

Coverages	Limit of Liability
Occurrence	\$ _____
Aggregate	\$ _____
Fire Damage Limit	\$ _____
Medical Payment	\$ 5000
<input type="checkbox"/> Exclude Personal and Advertising Injury	
<input type="checkbox"/> Exclude Advertising Injury	

Code	Coverage	Basis
	Farm, 0 to 160 Acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated	
	Farm, 161 to 500 Acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated	
	Farm, 501 to 2000 Acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated	
	Farm, Over 2000 Acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated	
01235	Farm Stands	
01350	Farm Employees: Employers' liability and employees' medical payments Occurrence Limit \$ _____ Medical Payment Limit \$ _____	
01352	Farm Employees: Employers' liability and employees' medical payments (optional extension of coverage involving motor vehicles and watercraft)	
0136A	Chemical Drift	
01360	Crop Dusting Cost \$ _____ Limit \$ _____	
01380	Home Day Care: One to three persons	
01381	Home Day Care: Four to six persons	
01415	Residence Employees: Over Two Employees	
02995	Insured's Liability: While employed by others in nonfarm jobs - teachers	
02996	Insured's Liability: While employed by others in nonfarm jobs - teachers, not otherwise classified	
02997	Insured's Liability: While employed by others in nonfarm jobs - optional coverage for teachers, liability for corporal punishment of pupils	
03210	Insured's Liability: While employed by others in nonfarm jobs - salesmen, collectors and messengers, including installation, demonstration or servicing operations	
03320	Insured's Liability: While employed by others in nonfarm jobs - clerical office employees, salesmen, collectors and messengers, but no installation, demonstration or servicing operations	
07106	Custom Farming: Farming operations performed by the insured for others for a charge under contract of agreement	
09250	Additional Owned Dwellings: One-family dwelling occupied by owner	
09251	Additional Owned Dwellings: One-family dwelling not occupied by owner	
09252	Additional Owned Dwellings: Two-to-four family dwellings at least partially occupied by owner	
09253	Additional Owned Dwellings: Two-to-four family dwellings not occupied by owner	
Additional Insureds		
ADF01	Additional Insureds: Person or organization from whom the insured leases land	
ADF02	Additional Insureds: Person or organization that exercises financial control over the insured	
ADF03	Additional Insureds: Non-resident co-owner of a non-farm initial or additional residence	
ADF04	Additional Insureds: Executors, Administrators, Trustees or Beneficiaries	
ADF05	Additional Insureds: Person or organization from whom the insured leases farm premises including building or other structures	
ADF06	Additional Insureds: Independently contracting operator-manager of a farm owned by or leased to the insured	
ADF07	Additional Insureds: Person or organization from whom the insured leases equipment - additional insured is not covered for occurrences involving sole negligence of that person or organization	
04122	Additional Insureds: Resident of the insured's household	
	Other:	
	Other:	
	Other:	
	Other:	
	Other:	
	Other:	
	Other:	
	Other:	

COMMERCIAL GENERAL LIABILITY

Applicant: _____

Producer: _____

Coverages	Limit of Liability
Occurrence	\$ _____
Aggregate	\$ _____
Fire Damage Limit	\$ _____
Medical Payment	\$ 5000
<input type="checkbox"/> Include Products / Completed Operations <input type="checkbox"/> Exclude Personal and Advertising Injury <input type="checkbox"/> Include Personal Liability (Code 05223)	

Code	Coverage	Exposure Basis
	Farm, 0 to 160 Acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated	
	Farm, 161 to 500 Acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated	
	Farm, 501 to 2000 Acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated	
	Farm, Over 2000 Acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated	
01350	Farm Employees: Employers' liability and employees' medical payments Occurrence Limit \$ _____ Medical Payment Limit \$ _____	
01352	Farm Employees: Employers' liability and employees' medical payments (optional extension of coverage involving motor vehicles and watercraft)	
01355	Grazing: Away from the farm premises - up to 100 animals	
01356	Grazing: Away from the farm premises - 101 to 500 animals	
01357	Grazing: Away from the farm premises - 501+ animals	
0136A	Chemical Drift	
01360	Crop Dusting Cost \$ _____ Limit \$ _____	
01391	Products/Certain Farm Operations: Animals and livestock breeders or dealers, except poultry hatcheries	
01415	Residence Employees: Over Two Employees	
01901	Products/Certain Farm Operations: Farm products - NOC	
07106	Custom Farming: Farming operations performed by the insured for others for a charge under contract of agreement	
09250	Additional Owned Dwellings: One-family dwelling occupied by owner	
09251	Additional Owned Dwellings: One-family dwelling not occupied by owner	
09252	Additional Owned Dwellings: Two-to-four family dwellings at least partially occupied by owner	
09253	Additional Owned Dwellings: Two-to-four family dwellings not occupied by owner	
12362	Distributors - No food or drink	
12583	Dealers: Feed, Grain or Hay	
16604	Produce Handling or Packing	
16890	Seed Merchants: Excluding erroneous delivery, error in mixture and germination failure	
16891	Seed Merchants: Erroneous delivery, error in mixture and resulting germination failure	
16892	Seed Merchants: Erroneous delivery, and error in mixture, excluding germination failure	
18437	Stores: No Food or Drink - Other Than Not-For-Profit NOC	
40045	Animals: Draft	
4004A	Animals: Racing	
40046	Animals: Saddle - For Hire	
40047	Animals: Saddle - Private	
40066	Athletic Programs: Amateur - Other Than Not-For-Profit	
40067	Athletic Programs: Amateur - Not-For-Profit	
44193	Grandstands or Bleachers: Other Than Not-For-Profit	
44194	Grandstands or Bleachers: Not-For-Profit	
45224	Hunting Preserves: Other Than Not-For-Profit	
45539	Land: Occupied by persons other than the insured for business purposes (Lessor's Risk Only)	
47221	Riding Academies	
49451	Vacant Land: Other Than Not-For-Profit	
63219	Exhibitions: In Buildings - No Admission Charged - Other Than Not-For-Profit	
63220	Exhibitions: In Buildings - No Admission Charged - Not-For-Profit	
9911A	Stables: Private	
99111	Stables: Boarding	
9999A	Care, Custody or Control: Unscheduled and Scheduled Horses (Need to Complete CCC Questionnaire)	
Additional Insureds		
ADC01	Additional Insured: Co-owners of premises	
ADC02	Additional Insured: Controlling interest	
ADC03	Additional Insured: Executors, Administrators, and Trustees	
ADC04	Additional Insured: Mortgagees, Assignees, or Receivers	
ADC05	Additional Insured: Owners or other interests from whom land has been leased	
ADC06	Additional Insured: Independent instructors or trainers	
ADC07	Additional Insured: Managers or operators of premises or interest from whom premises have been rented or leased on policies covering lessees or tenants	
ADC08	Additional Insured: Vendor's product liability on policies covering manufacturers or distributors	
ADC09	Additional Insured: Designated person or organization	
ADC10	Additional Insured: Lessors of leased equipment who have signed a contract or agreement that requires them to be added as an additional insured on a policy covering a lessee	
ADC11	Additional Insured: Lessors of leased equipment	
	Other:	
	Other:	

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 <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Inboard (Prop shaft) <input type="checkbox"/> Inboard (Jet Drive) <input type="checkbox"/> Sail	<input type="checkbox"/> Runabout <input type="checkbox"/> Cabin Cruiser <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Metal <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 <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Inboard (Prop shaft) <input type="checkbox"/> Inboard (Jet Drive) <input type="checkbox"/> Sail	<input type="checkbox"/> Runabout <input type="checkbox"/> Cabin Cruiser <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Metal <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 <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale						
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale						
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale						

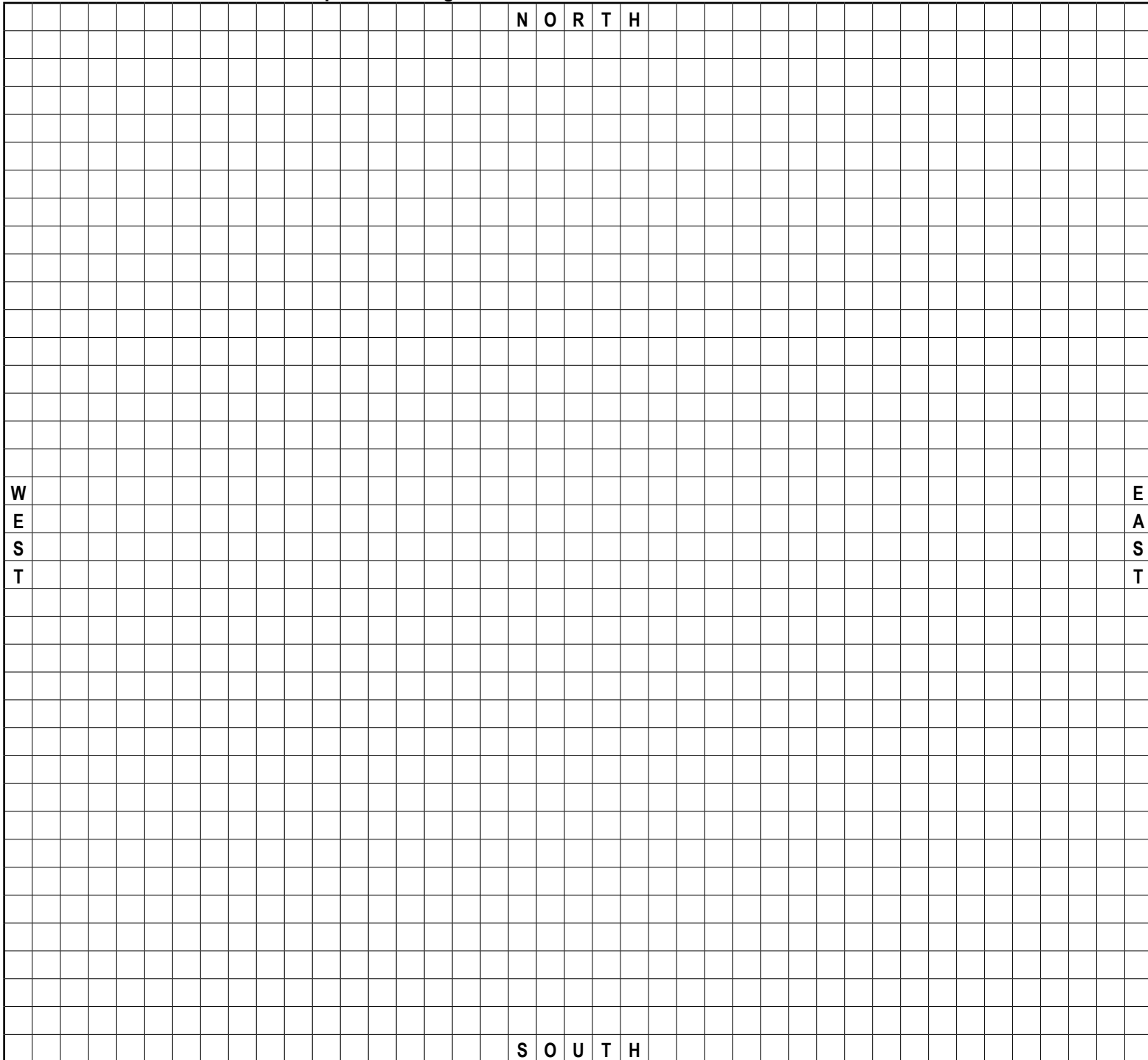
Underwriting Information							
(1) Membership in an organized club concerned with any recreation vehicle?	<input type="checkbox"/>	<input type="checkbox"/>					
(2) Used in organized race or competitive event?	<input type="checkbox"/>	<input type="checkbox"/>					
(3) Stored at a location other than 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"/>					

Applicant: _____
 Location: _____

Producer: _____

SHOW ALL BUILDINGS ON THE PREMISES (WHETHER INSURED OR NOT) AND DISTANCE IN FEET BETWEEN THEM. LABEL ALL BUILDINGS AND ATTACH DATED PHOTOGRAPH OF EVERY BUILDING. (INDICATE "NC" IF NOT COVERED.)

Complete one diagram for each location with insured structures.



- Notes: 1. Please provide directions to farm location from nearest cross street or main highway.
 2. Original photos of all structures must accompany application.
 3. Please complete a diagram for each location.

Computer **FP 04 08**

Electronic data processing equipment and electronic media and records may be covered on either a scheduled or blanket basis against the Special Causes Of Loss and certain other insurable exposures unique to such property.

Enable Computer Coverage
Coverage _____
Type _____
Deductible _____
Limit _____
Description _____

Golf Cart (2003 only) **FP 05 27**

Make _____
Model _____
Serial or Motor # _____
Limit _____

Dairymen's Endorsement **AP 04 30**

This endorsement provides additional coverage for dairy farm operations including transport vehicle coverage and first party milk contamination.

Include Dairymen's Endorsement

Disruption of Farming Operations

Disruption of Farming Operations covers the following:

1. The reduction in net profit from disruption of specified farming operations due to damage to farm buildings, machinery, supplies or equipment at specified insured locations by a covered cause of loss;
2. Continuing normal operating expenses;
3. Expenses incurred to resume normal farming operations;
4. Expenses incurred to repair or replace damaged property, to the extent that such expenses reduce the amount of loss otherwise payable.

Note: You must have a Coverage E or G with "Disruption of Farming applies" checked in order to make this coverage available.

Location of Farming Operations _____
Building # _____
Coverage E # _____
Exposure Percent _____
Total Number of Days _____
Limit _____

Credit Fraud

The Limit of Insurance for credit cards, fund transfer cards, forgery and counterfeit currency may be increased above the included \$1,000.

Increased Limit _____

Debris Removal **FP 04 21**

This quote provides for the removal of the debris of covered property for an amount equal to roughly 25% of the loss, before application of the deductible (please see policy form for details). An additional amount of insurance may be purchased to apply when the provided coverage is exhausted.

Note: You must have at least one Coverage A or Coverage G on the quote to enable this coverage.

Additional Limit _____

Program - Standard Equine **AP 04 35**

This endorsement provides a wide variety of additional property coverage intended for equine operations.

Attach Standard Equine Endorsement

Transit **AP 04 32**

Transit Endorsement covers farm personal property while in transit.

Commodity _____
Limit _____
Deductible _____

Pollutant Cleanup and Removal (on and off premises) **AP 04 39**

This quote automatically provides a \$10,000 annual aggregate Limit of Insurance applicable exclusively to the costs to remove pollutants from land or water at each location.

Select an amount below if you would like to increase the annual aggregate.

- \$25,000
- \$50,000
- \$75,000
- \$100,000

Custom Farming **FL 04 69**

The first \$10,000 receipts for custom farming are free of charge. If you have requested additional coverage under the Farm Liability/Commercial Liability sections, please specify the following:

Exposure \$ _____
Type of Custom Farming _____

Modified Seeds, Plants, Grains, Crops

Modified seeds, plants, grains, crops, organisms, animals or other material coverage may be purchased. Please select an amount below if you would like to buy this coverage:

- \$25,000
- \$50,000
- \$100,000
- \$250,000



FRAUD STATEMENTS

THIS NOTICE IS PART OF YOUR APPLICATION FOR: _____
TYPE OF INSURANCE

GENERAL 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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO

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 of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: 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.

APPLICABLE 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.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

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 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.

APPLICABLE 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

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.

APPLICABLE IN 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.

APPLICANT'S SIGNATURE

DATE (MM/DD/YYYY)