

# FARM LIABILITY

<b>RAIN AND HAIL</b>	<b>AGRIBUSINESS FARM POLICY APPLICATION</b> APPLICANT INFORMATION SECTION	DATE (MM/DD/YYYY)
<b>AGENCY:</b> Name _____ Address _____ _____ city _____ state _____ zip 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
AGENCY CODE: _____		

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

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

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

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

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

<b>PROPERTY DESCRIPTION (PLEASE CHECK ONE MAIN FARMING TYPE ONLY)</b>			
<b>Type I Farms</b>	<b>Type II Farms</b>	<b>Type III Farms</b>	<b>Type IV Farms</b>
<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

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

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)						CHECK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
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:

<b>ACORD™ STATEMENT OF NO LOSS</b>									
<b>PRODUCER</b>   <b>CODE:</b> _____ <b>SUB CODE:</b> _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;"><b>INSURED'S NAME</b></td> <td style="width: 40%; padding: 2px;"><b>TELEPHONE NUMBER:</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>COMPANY:</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>APPROVED BY:</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>POLICY #</b></td> </tr> </table>	<b>INSURED'S NAME</b>	<b>TELEPHONE NUMBER:</b>	<b>COMPANY:</b>		<b>APPROVED BY:</b>		<b>POLICY #</b>	
<b>INSURED'S NAME</b>	<b>TELEPHONE NUMBER:</b>								
<b>COMPANY:</b>									
<b>APPROVED BY:</b>									
<b>POLICY #</b>									
<p><b>I CERTIFY THAT THERE HAVE BEEN NO LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON _____ TO _____ .</b></p> <p style="text-align: center;"> <span style="margin-right: 150px;">CANCELLATION DATE</span> <span>DATE AND TIME SIGNED</span> </p> <p style="text-align: center; margin-top: 20px;">             _____              APPLICANT'S SIGNATURE         </p> <p style="text-align: center; margin-top: 20px;"><b>RECEIPT</b></p> <p style="text-align: center;"> <b>\$ _____ AMOUNT RECEIVED BY: _____</b>  <span style="float: right; margin-right: 100px;">PRODUCER</span> </p> <p style="text-align: center; margin-top: 20px;">             _____              WITNESS <span style="float: right; margin-right: 100px;">DATE AND TIME</span> </p>									

ACORD 37 (1/96)

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## 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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? Receipts \$ \_\_\_\_\_  YES  NO
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? If yes, Depth? \_\_\_\_\_  YES  NO  
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

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

LOCATIONS INFORMATION

## COMMERCIAL GENERAL LIABILITY

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

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

<b>Coverages</b>	<b>Limit of Liability</b>
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)	
<b>Additional Insureds</b>		
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:	