

FARM & RANCH APPLICATION

FARM INSURANCE

Policy Number	Cash Received \$	By:	Coverage Bound <input type="checkbox"/> Yes <input type="checkbox"/> No	Quote Only <input type="checkbox"/> Yes <input type="checkbox"/> No
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Agency Name and Code No.:	Billing Info <input type="checkbox"/> Direct Bill <input type="checkbox"/> Agency Bill <input type="checkbox"/> Account Bill <small>(mortgage direct bill is unavailable)</small>	Billing Mode <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
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APPLICANT

Name (last)	(first)	(middle initial)	Social Security #	Date of Birth
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Street	City	State	Zip Code
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County	Telephone Number (incl. area code)
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Co-Applicant's Name	Social Security #	Date of Birth
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NOTICE: When more than one named insured (husband and wife excepted) is shown--explain interest of each in comments section. Include name and DOB of all officers or partners.

Entity
 Individual Corp. LLC Partnership
 Joint Venture Trust Estate Other _____

POLICY PERIOD _____ 12:01 a.m. TO _____ 12:01 a.m.

INSURED LOCATIONS

The described premises covered hereunder are located on and combined to: (If more than 8 locations, list on separate sheet).

LOC	FIRE PROT.	ACRES	ADDRESS OR SECT/TWP/RANGE	COUNTY	COMMON NAME
1					
2					
3					
4					
5					
6					
7					
8					

SECTION I - FARM PROPERTY

All Peril Deductibles: Cov A, A1, B, C \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$15,000 \$20,000 \$25,000 (min \$1000 in TX)
 Cov D, E, F \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$15,000 \$20,000 \$25,000 (min \$1000 in TX)
 Wind/Hail Deductible Cov A & D \$1,000 \$2,500 \$5,000 (1% 2% 3% TX only)

FARMOWNERS – PRIMARY DWELLING - LOCATION NO.: _____

Coverages	Limit of Liability	Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Seasonal
A Dwelling - Form <input type="checkbox"/> Broad <input type="checkbox"/> Special <input type="checkbox"/> Contents Only	\$	Year Constructed _____ Number of years in dwelling _____ Fire Protection Class _____ Miles to Fire Dept _____ Distance to Fire Hydrant _____
A1 Private Structures	\$	Year Roof Replaced _____ Exclude Roof <input type="checkbox"/> Yes <input type="checkbox"/> No Class 4 Roof (TX Only) <input type="checkbox"/> Yes <input type="checkbox"/> No
B Unscheduled Personal Property	\$	Foundation: <input type="checkbox"/> Basement <input type="checkbox"/> Craw Space <input type="checkbox"/> Slab
C Loss of Use	\$	Construction Type: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Solid Masonry <input type="checkbox"/> Log <input type="checkbox"/> Modular <input type="checkbox"/> Manufactured <input type="checkbox"/> Asbestos/Stucco <input type="checkbox"/> EIFS <input type="checkbox"/> Other _____

Heating System Year HVAC replaced _____
 Check all applicable. If more than one, which is primary _____
 Electric Space Heater Gas-LP Coal Wood/Solid Fuel
 Kerosene Oil Gas-Natrl. Solar Other
 If Wood/Solid Fuel checked above, complete ACORD 73 Solid Fuel Questionnaire and attach photo of stove and flue system.
 # of wood stoves _____ # of kerosene heaters _____ # of fireplace inserts _____

Premises Alarm and Fire Protection Systems (check all that apply)
 Smoke Alarm Local Burglar Central Fire Central Burglary
 Fire Dept Alert Police Dept Alert Sprinkler System

Common Endorsement Options (Additional options found on page 4)
 Country Estate (PF579) R/C Unscheduled Personal Property (PF380)
 Extended R/C on Dwelling (PF721) Risks of Direct Physical Loss to Pers. Prop (PF587)
 Back Up of Sewers & Drains (PF588) Vacancy and Unoccupancy Permit (FM0475)
 Limit \$ _____ No. of months _____
 Farmowners Builders Risk (PF382) Repair Cost (PF421)
 Theft of Building Materials (PF385) Limit \$ _____

Electrical System Year Electrical Updated _____
 Does dwelling have: 100 amp 150 amp 200 amp
 Does dwelling have: Fusebox Circuit Breakers

Name: _____ **Policy #:** _____ **Effective Date:** _____

FARMOWNERS – SECONDARY DWELLING - LOCATION NO.: _____

Coverages	Limit of Liability	
A Dwelling - Form <input type="checkbox"/> Broad <input type="checkbox"/> Special <input type="checkbox"/> Contents Only	\$	Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Seasonal Year Constructed _____ Number of years in dwelling _____ Fire Protection Class _____ Miles to Fire Dept _____ Distance to Fire Hydrant _____ Year Roof Replaced _____ Exclude Roof <input type="checkbox"/> Yes <input type="checkbox"/> No Class 4 Roof (TX Only) <input type="checkbox"/> Yes <input type="checkbox"/> No Foundation: <input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab Construction Type: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Solid Masonry <input type="checkbox"/> Log <input type="checkbox"/> Modular <input type="checkbox"/> Manufactured <input type="checkbox"/> Asbestos/Stucco <input type="checkbox"/> EIFS <input type="checkbox"/> Other _____
A1 Private Structures	\$	
B Unscheduled Personal Property	\$	
C Loss of Use	\$	
Heating System Year HVAC replaced _____ Check all applicable. If more than one, which is primary _____ <input type="checkbox"/> Electric <input type="checkbox"/> Space Heater <input type="checkbox"/> Gas-LP <input type="checkbox"/> Coal <input type="checkbox"/> Wood/Solid Fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> Oil <input type="checkbox"/> Gas-Natrl. <input type="checkbox"/> Solar <input type="checkbox"/> Other If Wood/Solid Fuel checked above, complete ACORD 73 Solid Fuel Questionnaire and attach photo of stove and flue system. # of wood stoves _____ # of kerosene heaters _____ # of fireplace inserts _____		Premises Alarm and Fire Protection Systems (check all that apply) <input type="checkbox"/> Smoke Alarm <input type="checkbox"/> Local Burglar <input type="checkbox"/> Central Fire <input type="checkbox"/> Central Burglary <input type="checkbox"/> Fire Dept Alert <input type="checkbox"/> Police Dept Alert <input type="checkbox"/> Sprinkler System
Electrical System Year Electrical Updated _____ Does dwelling have: <input type="checkbox"/> 100 amp <input type="checkbox"/> 150 amp <input type="checkbox"/> 200 amp Does dwelling have: <input type="checkbox"/> Fusebox <input type="checkbox"/> Circuit Breakers		Common Endorsement Options (Additional options found on page 4) <input type="checkbox"/> Country Estate (PF579) <input type="checkbox"/> R/C Unscheduled Personal Property (PF380) <input type="checkbox"/> Extended R/C on Dwelling (PF721) <input type="checkbox"/> Risks of Direct Physical Loss to Pers. Prop (PF587) <input type="checkbox"/> Back Up of Sewers & Drains (PF588) <input type="checkbox"/> Vacancy and Unoccupancy Permit (FM0475) Limit \$ _____ No. of months _____ <input type="checkbox"/> Farmowners Builders Risk (PF382) <input type="checkbox"/> Repair Cost (PF421) <input type="checkbox"/> Theft of Building Materials (PF385) Limit \$ _____

FARM BUILDINGS, STRUCTURES, AND OTHER DWELLINGS

LOC	ITEM NO.	DESCRIPTION	YEAR BUILT	CONSTR	TYPE 1 2 3	LIMIT OF INSURANCE	BASIC, BROAD, OR SPECIAL PERILS	SQ. FT. SIZE	REP. COST	HAY STORED (Y/N)	HEAT TYPE
	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										
	11										
	12										
	13										
	14										
	15										
	16										
	17										
	18										
	19										
	20										

Do any buildings contain wood or kerosene-burning units? Yes No
(If yes, list Item No. and number of units in each, complete ACORD 73 Solid Fuel Questionnaire and attach photo of each stove and flue system.) _____
If replacement cost loss settlement is requested, please provide cost estimate.

Name: _____ **Policy #:** _____ **Effective Date:** _____

SECTION I ENDORSEMENTS
(Coverages may not be available in all states and this is not a complete list)

DWELLING RELATED ENDORSEMENTS

<input type="checkbox"/> Extra Security Endorsement (PF757) <input type="checkbox"/> Earthquake on Dwelling & Contents (PF401) Deductible <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> Home Based Business (FM 2037/FM2038) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><u>Class Code</u></td> <td style="width:45%;"><u>Description</u></td> <td style="width:40%;"><u>Gross Sales/Receipts</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> </table> <input type="checkbox"/> Outdoor Radio and TV Equipment (PF386) Increased Limit over \$1000 \$ _____ <input type="checkbox"/> Mine Subsidence on Dwellings (eligible counties in IL, IN, KY, OH only) <input type="checkbox"/> Special Computer Coverage (FM2034) <input type="checkbox"/> Building Additions and Alterations (PF429) Limit \$ _____ <input type="checkbox"/> Credit Card and Depositors Forgery Coverage Limit \$ _____ <input type="checkbox"/> Fire Department Service Charge Inc. Limit (PF1060) Limit \$ _____ <input type="checkbox"/> Business Property (Increased Limit) Limit \$ _____ <input type="checkbox"/> Physicians, Surgeons, Dentists, and Veterinarians Coverage (PF402) Limit \$ _____	<u>Class Code</u>	<u>Description</u>	<u>Gross Sales/Receipts</u>	_____	_____	\$ _____	_____	_____	\$ _____	<input type="checkbox"/> Increased Limits on Personal Property (PF394) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><u>Description</u></td> <td style="width:30%;"><u>Limit</u></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> </table> <input type="checkbox"/> Scheduled Personal Property (PF423) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><u>Description</u></td> <td style="width:15%;"><u>Ded.</u></td> <td style="width:25%;"><u>Limit</u></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table> <input type="checkbox"/> Boat Supplement (PF425) - complete ACORD 82 Watercraft Application <input type="checkbox"/> Miscellaneous Endorsements _____ _____ _____	<u>Description</u>	<u>Limit</u>	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	<u>Description</u>	<u>Ded.</u>	<u>Limit</u>	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
<u>Class Code</u>	<u>Description</u>	<u>Gross Sales/Receipts</u>																																	
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<u>Description</u>	<u>Ded.</u>	<u>Limit</u>																																	
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FARM PROPERTY RELATED ENDORSEMENTS

<input type="checkbox"/> Ultra Security Endorsement (PF852) <input type="checkbox"/> Loss of Farm Income (PF396) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><u>Building</u></td> <td style="width:40%;"><u>Limit</u></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> </table> <input type="checkbox"/> Farm Extra Expense (PF390) Limit \$ _____ <input type="checkbox"/> Earthquake (PF401) <input type="checkbox"/> Farm Buildings <input type="checkbox"/> Farm Personal Property Deductible <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> Recreational Vehicle Physical Damage (PF388) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><u>Make</u></td> <td style="width:15%;"><u>Model</u></td> <td style="width:20%;"><u>Serial No.</u></td> <td style="width:50%;"><u>Limit</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> </table> <input type="checkbox"/> Private Power and Light Poles Increased Limit over \$250 \$ _____ <input type="checkbox"/> Farm Personal Property Transportation (PF393) Property Description _____ Limit \$ _____ <input type="checkbox"/> 4-H Club Members & FFA Members Livestock (PF383) Number of Members _____ Livestock Description _____	<u>Building</u>	<u>Limit</u>	_____	\$ _____	_____	\$ _____	_____	\$ _____	<u>Make</u>	<u>Model</u>	<u>Serial No.</u>	<u>Limit</u>	_____	_____	_____	\$ _____	_____	_____	_____	\$ _____	_____	_____	_____	\$ _____	_____	_____	_____	\$ _____	<input type="checkbox"/> Death of Sheep – Attack (PF398) Limit \$ _____ <input type="checkbox"/> Livestock Blizzard (PF892) Limit \$ _____ Type of Livestock _____ <input type="checkbox"/> Livestock Suffocation (PF391) - questionnaire required <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"><u>Desc. of Livestock</u></td> <td style="width:20%;"><u>Building</u></td> <td style="width:40%;"><u>Limit</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> </table> <input type="checkbox"/> Milk Contamination (PF551) Limit \$ _____ <input type="checkbox"/> Builders Risk on Farm Outbuilding (PF382) Description of Outbuilding: _____ <input type="checkbox"/> Incidental Business Property Held For Sale (PF406) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><u>Description of Property</u></td> <td style="width:30%;"><u>Limit</u></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> </table> <input type="checkbox"/> Mine Subsidence on Outbuildings (eligible counties in IL, IN, KY, OH only) <input type="checkbox"/> Reproductive Materials Coverage (PF554) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"><u>Storage Tank Desc.</u></td> <td style="width:20%;"><u>Material</u></td> <td style="width:40%;"><u>Limit</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> </table> <input type="checkbox"/> Miscellaneous Endorsements _____ _____ _____	<u>Desc. of Livestock</u>	<u>Building</u>	<u>Limit</u>	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____	<u>Description of Property</u>	<u>Limit</u>	_____	\$ _____	<u>Storage Tank Desc.</u>	<u>Material</u>	<u>Limit</u>	_____	_____	\$ _____	_____	_____	\$ _____
<u>Building</u>	<u>Limit</u>																																																					
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_____	\$ _____																																																					
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_____	_____	\$ _____																																																				
_____	_____	\$ _____																																																				

Name: _____ Policy #: _____ Effective Date: _____

SECTION II – FARM LIABILITY

Coverages	Limit of Liability	Coverages	
Bodily Injury & Property Damage Liab. (Combined Single Limit) – Each Occurrence	\$ _____	Employers Liability (OH - Stop Gap Liability)	<input type="checkbox"/> Included <input type="checkbox"/> Excluded
Medical Payment – Each Occurrence	\$ _____	Employees' Medical Payments	
Total Acres - All Locations _____		# of Full Time Employees _____	# of Part Time Employees _____
		Total Days Employed _____	Payroll Amt \$ _____ (IA, MN, TX only)
		Workers' Compensation policy in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION II ENDORSEMENTS

(Coverages may not be available in all states and this is not a complete list)

<input type="checkbox"/> Additional Residence Occupied by Owner # of 1 Family Dwgs _____ # of 2 Family Dwgs _____ Address: _____ Address: _____ Address: _____	<input type="checkbox"/> Residence Premises Rented to Others (PF374) # of 1 Family Dwgs _____ # of 2 Family Dwgs _____ Address: _____ Address: _____ Address: _____
<input type="checkbox"/> Limitation of Insured's Farm Personal Liability (PF725)	<input type="checkbox"/> Office, Professional, Private School, or Studio Occupancy (PF437) <u>Type of Occupancy</u> _____ <u>Location</u> _____
<input type="checkbox"/> Business Pursuits Corporal Punishment (PF387)	<input type="checkbox"/> Hired and Non-Owned Auto Liability (PF4531)
<input type="checkbox"/> Named Insured Medical (PF373) Limit \$ _____ <u>Name</u> _____ <u>Date of Birth</u> _____ _____ _____ _____	<input type="checkbox"/> Watercraft Liability (PF422) - complete ACORD 82 application
<input type="checkbox"/> Fire Legal Liability Increased Limit over \$100,000 \$ _____	<input type="checkbox"/> Uninsured Watercraft Coverage (FM2081) # of owned watercraft _____ Limit \$ _____
<input type="checkbox"/> Snow Removal (PF458)	<input type="checkbox"/> Recreational Vehicle Liability (PF395) <u>Make</u> _____ <u>Model</u> _____ _____ _____
<input type="checkbox"/> Fee Hunting & Fishing Liability (PF4535) - questionnaire & waiver required Annual Receipts \$ _____	<input type="checkbox"/> Farm Pollution Liability Increased Limit (PF431) <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000
<input type="checkbox"/> Equine Liability (PF4543) - questionnaire required	<input type="checkbox"/> Miscellaneous Endorsements _____ _____ _____
<input type="checkbox"/> Care, Custody or Control of Others Livestock (PF4544) No. of Livestock _____ Limit per head \$ _____	
<input type="checkbox"/> Incidental Business Pursuits (PF406) <u>Receipts</u> Type of Operation _____ \$ _____ Type of Operation _____ \$ _____	
<input type="checkbox"/> Custom Farming (PF430) Receipts over \$2000 \$ _____ Activity _____	

APPLICABLE POLICYWIDE DISCOUNTS/SURCHARGES

<input type="checkbox"/> Auto/Farm Discount	<input type="checkbox"/> Prime of Life Discount	<input type="checkbox"/> Financial Stability (Underwriting Tier – PA) Farm Level Code _____ Discount/Surcharge _____%	<input type="checkbox"/> IRPM (Requires prior approval) Credit or Debit _____%
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PREMIUM SUMMARY

Section I – Property Coverages	Premium	Section II – Liability Coverages	Premium
Coverage A – Dwelling(s)		Coverage G – Farm Personal Liability	
Coverage A1 – Private Structures Coverage		Coverage H – Medical Payments to Others	
Coverage B – Personal Property		Coverage I – Farm Employers Liability	
Coverage C – Loss of Use		Coverage J – Farm Employee's Medical	
Coverage D – Barns, Farm Buildings, Structures		Section II – Endorsements	
Coverages E & F – Farm Personal Property			
Section I – Endorsements		TOTAL POLICY PREMIUM	

Name:	Policy #:	Effective Date:
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ADDITIONAL INSURED

ADDITIONAL INSURED	ADDITIONAL INSURED
<input type="checkbox"/> Occupant (PF409) <input type="checkbox"/> Non-Occupant (PF470) <input type="checkbox"/> Designated Loc Only (PF375)	<input type="checkbox"/> Occupant (PF409) <input type="checkbox"/> Non-Occupant (PF470) <input type="checkbox"/> Designated Loc Only (PF375)
Name:	Name:
Address:	Address:
Interest:	Interest:
ADDITIONAL INSURED	ADDITIONAL INSURED
<input type="checkbox"/> Occupant (PF409) <input type="checkbox"/> Non-Occupant (PF470) <input type="checkbox"/> Designated Loc Only (PF375)	<input type="checkbox"/> Occupant (PF409) <input type="checkbox"/> Non-Occupant (PF470) <input type="checkbox"/> Designated Loc Only (PF375)
Name:	Name:
Address:	Address:
Interest:	Interest:
ADDITIONAL INSURED	ADDITIONAL INSURED
<input type="checkbox"/> Occupant (PF409) <input type="checkbox"/> Non-Occupant (PF470) <input type="checkbox"/> Designated Loc Only (PF375)	<input type="checkbox"/> Occupant (PF409) <input type="checkbox"/> Non-Occupant (PF470) <input type="checkbox"/> Designated Loc Only (PF375)
Name:	Name:
Address:	Address:
Interest:	Interest:

MORTGAGEE AND/OR ADDITIONAL INTERESTS

MORTGAGEE AND/OR ADDITIONAL INTEREST	MORTGAGEE AND/OR ADDITIONAL INTEREST
<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract Seller <input type="checkbox"/> Other _____	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract Seller <input type="checkbox"/> Other _____
Name:	Name:
Address:	Address:
Interest:	Interest:
Loan No:	Loan No:
MORTGAGEE AND/OR ADDITIONAL INTEREST	MORTGAGEE AND/OR ADDITIONAL INTEREST
<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract Seller <input type="checkbox"/> Other _____	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract Seller <input type="checkbox"/> Other _____
Name:	Name:
Address:	Address:
Interest:	Interest:
Loan No:	Loan No:
MORTGAGEE AND/OR ADDITIONAL INTEREST	MORTGAGEE AND/OR ADDITIONAL INTEREST
<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract Seller <input type="checkbox"/> Other _____	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract Seller <input type="checkbox"/> Other _____
Name:	Name:
Address:	Address:
Interest:	Interest:
Loan No:	Loan No:
MORTGAGEE AND/OR ADDITIONAL INTEREST	MORTGAGEE AND/OR ADDITIONAL INTEREST
<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract Seller <input type="checkbox"/> Other _____	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract Seller <input type="checkbox"/> Other _____
Name:	Name:
Address:	Address:
Interest:	Interest:
Loan No:	Loan No:

SUPPLEMENTAL INFORMATION

The following information needs to be completed and emailed to the farm underwriter at the time the application is submitted:

- Photos of all buildings.
- Diagram of all farm locations showing all buildings indicating those not to be insured. Show distance in feet between buildings and identify buildings by item number.
- Cost estimators on all dwellings and outbuildings insured for replacement cost loss settlement.
- Any applicable questionnaires.

Name:		Policy #:		Effective Date:	
UNDERWRITING INFORMATION					
1. Previous insurance carrier: Policy Number: Exp. Date:		12. Principal type of farming?			
2. Loss history-List all losses, whether or not covered by insurance, for the last 3 years. (Attach separate list if necessary.) Date Amount Description of Loss		13. Property farmed by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Manager <input type="checkbox"/> Other _____			
		14. Total gross receipts from the farming operations? \$ _____			
		15. Does applicant have any other source of income other than farming? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
3. Has the applicant been cancelled or non-renewed in last 3 years? (Not applicable in Missouri) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why?		16. Any unusual hazards/operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
4. Is this business new to the agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Are any premises used by others for hunting, fishing, or other recreational activities for a fee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
5. How long have you known the applicant?		18. Does the applicant have any power generation occurring on the premises? (i.e. net metering, wind, solar, digester, etc). <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Does the applicant have a website for the farming operation? (including incidental businesses activities) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide website address: _____		19. Does the applicant mix, process, slaughter, butcher, or otherwise prepare his/her or any other growers' product for an "end consumer"? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
7. Does this company have other policies for the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No Pol. No.:		20. Does the applicant raise horses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the insured also do any of the following?: (check all that apply) <input type="checkbox"/> Boarding <input type="checkbox"/> Breeding <input type="checkbox"/> Training <input type="checkbox"/> Riding Lessons <input type="checkbox"/> Showing <input type="checkbox"/> Racing <input type="checkbox"/> Other _____			
8. Is there other insurance on any items insured under Section I? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		21. Does the applicant keep records of all chemical application dates, rates of application, weather and soil conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long are these records kept? Does the applicant hold any permits required for handling chemicals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of permit? Does the applicant conduct regular inspections of all chemical storage units, application machinery, and manure pits/lagoons? <input type="checkbox"/> Yes <input type="checkbox"/> No Are records available? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant's operation ever been investigated or inspected due to chemical or manure run-off or spill, contamination or odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details about the occurrence and how it was resolved?			
9. Are there any dwellings vacant or unoccupied? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:					
10. Does the applicant own any dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____ What breeds? _____ Any history of dog bite incidents? <input type="checkbox"/> Yes <input type="checkbox"/> No					
11. Is there a swimming pool? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Is swimming pool? <input type="checkbox"/> Inground <input type="checkbox"/> Above ground Is pool fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No Diving board? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Depth of pool ____ft. Distance of board to water: ____ inches					
RESIDENTIAL COST ESTIMATOR MUST BE COMPLETED AND ATTACHED TO THE APPLICATION WITH ANY APPLICABLE PHOTOS.					
Comment Section: Please provide any additional information, including name and date of birth of all officers of any corporation, partnership, limited partnership, or LLC.					

INSURANCE FRAUD WARNING: 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 CIVIL PENALTIES.

OHIO FRAUD WARNING: 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 DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE OF INSURANCE INFORMATION PRACTICES: PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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. CREDIT-SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. 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 RIGHTS 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.

APPLICANT'S STATEMENT: I/We warrant (declare) that I/we have read the above application and any attachments. The information in them is true, complete and correct, and contains an accurate description and statement of the condition, situation, value, occupancy, and title to the property herein described to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying. I/we agree to notify the company in writing of any change.

Producer's Signature _____

Date Signed: _____

Applicant's Signature _____

Date Signed: _____

Horse Questionnaire



FARM INSURANCE

Policy # _____ Named Insured _____

How many horses are on your premises? _____
Number of horses owned by you, on premises: _____ Owned by you off premises: _____ Owned by others: _____
Type and use of horses on premises: _____

What type of fencing contains the horses? _____

- 1. Yes No Fences regularly inspected?
- 2. Yes No Any horses kept near an intersection or roadway?
- 3. Yes No Do you board horses? # boarded _____
- 4. Yes No Do you breed horses? # per year: _____
- 5. Yes No Do you stand a stallion on premises?
- 6. Yes No Are horses trained on premises?
- 7. Yes No Are riding lessons given on premises?
- 8. Yes No Do you have a riding arena on premises?
- 9. Yes No Do you rent/lease horses to the public?
- 10. Yes No Do you provide tack or equipment? If yes, is it examined to be free of fault prior to each ride?
- 11. Yes No Do you assess a participant's ability prior to assigning an animal to a participant?
- 12. Yes No Are warning signs posted or is written notice given to alert participants of dangerous conditions on the property or with the event?
- 13. Yes No Do you compete in any races? (Barrel, Derby, etc..) # per yr: _____ Type: _____
- 14. Yes No Do you have any race horses?
- 15. Yes No Any horse pulls on premises?
- 16. Yes No Any of your horses used in horse pulls off premises?
- 17. Yes No Are there any hay, carriage, or sleigh rides on premises or off premises? # per yr: _____ Type: _____
- 18. Yes No Any shows, sales, or clinics on premises?
- 19. Yes No Do you transport your own horses? # trips: _____ Avg Distance: _____
- 20. Yes No Do you transport horses for others? # trips: _____ Avg Distance: _____

Explain all "Yes" answers in detail below:

Equine activities such as boarding, breeding, and training for the purpose of monetary or other compensation are excluded as a business activity. Liability is excluded for horses being ridden in or prepared for a prearranged race.

Insured's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____

Please attach loss history for all claims involving horses within the last three (3) years.

Litchfield Mutual/Patrons Group
CHRISTMAS TREE GROWERS QUESTIONNAIRE

DATE: _____ AGENCY: _____ CODE: _____
INSURED: _____ POLICY #: _____
ADDRESS: _____ RENEWAL DATE: _____

Is Insured a member of a Patrons Group affiliated Christmas Tree Growers Association? _____

Which Association? _____

Total number of acres that are Christmas Trees: _____

Total number of acres that are cut by insured: _____

Total number of acres that are cut by customer: _____

What type of saw is used? _____

Annual receipts: \$ _____

Are other items sold, including food, wreaths, sprays, etc.? _____

Are there tractor drawn rides to and from the lots? _____

If yes, is there a fee charged? _____

Receipts from this activity: \$ _____

Retail store or shop? _____

Sales lot away from farm? _____

Print Form

Please submit via FAX (860-567-5407) or email:
Cheryl.Sloan@StateAuto.com
Jackie.Lynch@StateAuto.com
Carol.Fletcher@StateAuto.com