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| **FARM/RANCH APPLICATION** |
| *ATTACH PHOTOGRAPHS FOR ALL INSURED BUILDINGS* |
| *INDICATE BUILDING NUMBER AND DATE TAKEN* |

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| **GENERAL INFORMATION** | | | | | |
|  |  | **Quote** | **Issue** |
|  | | **Effective Date** |  |
| **Agency** | | **Producer Code** |  |

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| **Named Insured** | | | | | | | | | | | **Insured Telephone No.** | | | | |
| **Mailing Address** | | | |  | |  | | | |  | | |  | |  |
|  | | | | Number | | | Street | | | Town | | | State | | Zip |
| **Named Insured Is:** | | | Individual | | Corporation | | | **Premium to be Paid** | | | | Direct Bill | | Agency Bill | |
| Partnership | | Joint Venture | | | L.L.C. | | | | Other | | | Prepaid | | Prepaid | |
|  | | | | | | | | | | | | Two Pay | | Semi-annual | |
|  | | | | | | | | | | | | Four Pay | | Quarterly | |
| Website: |  | | | | | | | | | | | Six Pay | | Monthly | |
|  | | | | | | | | | | | | Ten Pay | |  | |
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| **UNDERWRITING QUESTIONS** |

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| 1. | Describe Farming operations: | | |
| 2. | Number of years farming experience by insured: | | |
| 3. | Is farming the major source of insureds income?  Yes  No if no, explain | | |
| 4. | Are there any fire and/or burglary alarms on the premises?  Yes  No If yes, where and indicate kind | | |
| 5. | Does Insured maintain smoke detectors in employees living quarters?  Yes  No | | |
| 6. | Are there any UL approved lightning rods on any buildings?  Yes  No If yes, which building  Master Label # (s) | | |
| 7. | Are any of the dwellings constructed with or contain asbestos material?  Yes  No If yes, indicate which dwellings | | |
| 8. | Are any livestock present on premises?  Yes  No If yes, indicate kind | | |
| 9. | Are any livestock anticipated during the year?  Yes  No if yes, indicate kind | | |
| 10. | Are all livestock areas fenced?  Yes  No | | |
| 11. | Are livestock near any public road or highway?  Yes  No | | |
| 12. | If Cattle are present on premises do you now or have you in the past supplemented cattle feed with bone meal, protein supplements or animal by-products.  Yes  No If YES, please explain including dates supplements were used. | | |
| 13. | Does the Insured slaughter, butcher, process, or otherwise prepare for "end consumer" his or any one else's cattle?  Yes  No If yes, Annual Income $ | | |
| 14. | Does Insured grow or store tobacco?  Yes  No | | |
| 15. | Has the Insured ever filed for Bankruptcy?  Yes  No | | |
| 16. | Does Insured prepare and sell animal feed?  Yes  No If yes please provide details and receipts | | |
| 17. | Does Insured mix, process or otherwise prepare for "end consumer" his or any other grower's product?  Yes  No If yes please provide details and receipts. | | |
| 18. | Swimming pools?  Yes  No If Yes, Diving Board  Yes  No | | |
| 19. | Other bodies of water?  Yes  No If yes, describe | | |
| 20. | Any horses?  Yes  No If yes, check:  Public Riding  Boarding  Racing  Other | | |
| 21. | Any commercial food processing by insured?  Yes  No If yes, describe | | |
| 22. | If dairy farm, are there any processing and/or retail sales of milk products to the public?  Yes  No Receipts $      Number of cows milked? | | |
| 23. | Does the Insured have any camping areas or places where trailers can be parked?  Yes  No Receipts $ | | |
| 24. | Any paying guests on premises (hunting, fishing, dude ranch or resort facility)  Yes  No | | |
|  | If yes, Annual income $ | Services Rendered | |
| 25. | List all non-farming activities including:  excavating  snow removal  or other non-farming pursuits | | |
|  | Describe | | Receipts $ |
| 26. | Does the Insured allow his premises to be used for any activities like snowmobile races, rodeos, roping contests or any other premises type activities?  Yes  No If yes, indicate activities and scope | | |
| 27. | Does the Insured rent, lease or allow any individuals, corporations or other interests to use a portion of the farm for activities other than farming?  Yes  No If yes, indicate activities and scope: | | |
| 28. | Does the Insured operate snowmobiles, four wheelers or dirt bikes?  Yes  No If yes, are they used exclusively on the Insured location?  Yes  No If no, number of vehicles used off premises: | | |
| 29. | Does the Insured maintain any vacation, seasonal premises or short term rental properties?  Yes  No If yes, provide details: | | |
| 30. | Is any land held for real-estate development or speculation?  Yes  No If yes, provide details: | | |
| 31. | Does the Insured plan any construction or renovation work to be done on the premises in the next 12 months?  Yes  No | | |
| 32. | Does Insured build, repair or design machinery, equipment or systems for a charge or fee?  Yes  No If yes, Annual income $ | | |
| 33. | Are there any unusual hazards on the insured premise such as, but not limited to; open dump pits, silage pits, sump holes, lakes, reservoirs, trampoline?  Yes  No If yes, provide details: | | |
| 34. | Is there an airstrip on the premises?  Yes  No If yes, provide type of use, who uses it and frequency of use: | | |
| 35. | Custom Farming Receipts $ | | |

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| WHAT INSURERS, INCLUDING TRAVELERS, PRESENTLY CARRY THE APPLICANT'S COVERAGE? | | | | | | |
| **Present Insurer** | | **Coverage** | | **Expiration Date** | | **Premium** |
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| LIST ALL LOSSES PAST THREE YEARS FOR THE COVERAGE REQUESTED (For larger accounts attach statement of policy year premiums, losses, number of claims and any pricing modifications by coverage.) | | | | | | |
| **Coverage** | **Date** | | **Loss**  **Amount** | | **Describe loss and any corrective action** | |
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| DURING THE PAST THREE YEARS HAS ANY COVERAGE BEEN CANCELLED, DECLINED, NON-RENEWED?  Yes  No (If yes, give dates, insurer and reasons.) (Not applicable in Missouri) |
| Details |

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| **FRAUD STATEMENT** |
| **Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application.** |
| **ALASKA:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law. |
| **ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. |
| **CALIFORNIA:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. |
| **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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. |
| **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. |
| **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. |
| **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. |
| **IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. |
| **KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. |
| **LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. |
| **MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. |
| **MASSACHUSETTS: NOTICE:** If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance. |
| **MINNESOTA:** A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME. |
| **NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. |
| **NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES. |

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| **NEW YORK:** 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. | | | | | | | |
| **OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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. | | | | | | | |
| **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. | | | | | | | |
| **OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. | | | | | | | |
| **PENNSYLVANIA:** 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES. | | | | | | | |
| **RHODE ISLAND:** In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.  DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?  YES  NO | | | | | | | |
| **TENNESSEE:** 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. | | | | | | | |
| **VERMONT:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties. VIRGINIA: 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. | | | | | | | |
| **VIRGINIA:** 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. | | | | | | | |
| **WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. | | | | | | | |
| **ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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. Not applicable in Nebraska. | | | | | | | |
| The signing of this Application does not bind the Applicant or The St. Paul Travelers Companies to complete this insurance unless otherwise indicated below: | | | | | | | |
| Coverage Bound        A.M., Date | | | | | Exceptions: | | |
|  | | P.M. |  | | | | |
| Agent |  | | |  | | Applicant |  |

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| Date |  |  | Title |  |
| **DIAGRAM** *(Provide a diagram showing insured and uninsured buildings and distance between, when there are more than two building on the premises.)* | | | | |

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| **NORTH** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **EAST**  **WEST** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **SOUTH** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of  Farm  Ranch | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- |
| (921) Berries, Fruits, & Nuts | (926) Poultry | (90A) Citrus | (92A) Cotton |
| (923) Vegetables | (928) Horses | (90B) Nurseries | (92B) Tobacco |
| (924) Grain & Field Crops | (929) Livestock-Containment | (90C) Fish Farms | (92C) Hobby Farms |
| (925) Dairy | (935) Ranches-Open Range | (90D) Estate Farms | (92D) Wineries |
|  |  |  | (92E) Vineyards |
|  |  |  | (92F) Bee Keeper |
|  |  |  | (927) Other |

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| Animal Collision | | 500 | 1,000 | 2,500 |
|  | Number of Head | | | |

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| Borrowed Farm Equipment  Yes  No | | | | | | | |
| **GENERAL LIABILITY** | | | | | | | |
|  | | Total Acreage | | | | | |
| Choose either: | Farm Liability | | | OR | Commercial General Liability  with: | | |
|  | (Personal liability and product | |  | |  | Personal Liability | |
|  | liability is included, subject to | |  | | Included | | Excluded |
|  | the provisions and conditions | |  | |  | Product Liability | |
|  | of the coverage forms) | |  | | Included | | Excluded |

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|  | Limit of Insurance | |  | | Limit of Insurance | |
| General aggregate |  |  | | |  | |
| (other than products/completed operations) | $ | Employers Liability | | | $ | |
| Products-completed operations aggregate limit | $ | Medical Payments | | | $ | |
| Personal and advertising injury | $ |  | | |  | |
| Each occurrence | $ |  | | |  | |
| Fire damage (any one fire) | $ | Total Payroll | | | $ | |
| Medical payments (any one person) | $ | Total Number of Employees | | |  | |
|  |  | Total Farming Receipts | | | $ | |
| Additional insureds: (Relationship to Named Insured) Property or General Liability what are their insurable interests | | Watercraft Liability | | | | Length |
|  | |  | |  | | Horsepower |
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| **PREMISES INFORMATION** **List primary location 1st; other location; then other land** | | | | | | | | | | |
| Loc.  No. | Buildings?  (Circle) | Route/Road | Section | Township | Range | County | State | Zip  Code | Prot.  Class |
| **1** | Yes  No |  |  |  |  |  |  |  |  |
| **2** | Yes  No |  |  |  |  |  |  |  |  |
| **3** | Yes  No |  |  |  |  |  |  |  |  |
| **4** | Yes  No |  |  |  |  |  |  |  |  |
| **5** | Yes  No |  |  |  |  |  |  |  |  |
| **6** | Yes  No |  |  |  |  |  |  |  |  |
| **7** | Yes  No |  |  |  |  |  |  |  |  |

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| **DWELLINGS (Including additional Dwellings) and HOUSEHOLD PROPERTY COVERAGES** | | | | | | | | | | |
| Coverages and Amounts of Insurance: 10% of Coverage A amount applies to Coverage B – other Private Structures Appurtenant to Dwelling. 10% of Coverage A applies to Coverage D. Other structure must be scheduled under Coverage G. | | | | | | | | | | |
| Loc.  No. | Dwelling  No. | Coverage A  Dwelling | Coverage C Unscheduled  Personal Property (1) | Coverage D  Loss of Use | Mobile Home  Y/N | Type of  Constr. | Rented-Others  Y/N | Deductible | Causes of Loss (2) |
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| **Unit Owners Coverage** | | | | | | | | | | |
| Coverage may be provided to the owner(s) of a condominium or cooperative dwelling unit which is used principally for family residential purposes. The minimum Limit of Insurance for Coverages A and C is $5,000. A $1,000 Limit of Insurance is provided for both the Property and Liability assessments. 50% of Coverage C applies to Coverage D unless otherwise noted. Please refer to supplemental application CP-6660 for additional space. | | | | | | | | | | |
| Loc.  No. | Building  No. | Coverage A Limit(s) of Insurance | Coverage C Limit(s) of Insurance | Coverage D Limit(s)  of Insurance | Type of Constr. | Loss Assessment Limit(s) of Insurance Property | Loss Assessment Limit(s) of Insurance Liability | Deductible | Covered Causes of Loss Basic or Broad |
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| **DWELLING DETAIL INFORMATION** | | | | | | | | | | | | | | | | | | | |
| Dwg  No. | Type  1, 2  or 3 | Lightng  Rod  Y/N | Local  Alarm  Y/N | Central  Station  Y/N | Smoke  Heat  Detec  Y/N(3) | Wood  Stoves  Y/N | Space  Heater  Y/N | Year  Built | Year  Last  Up-  dated | EQ.  Cov  Y/N | Repl, Full  Dwlg  Repl or  A.C.V. | Pers  Prop  R.C. | Sq Ft  of  Grd  Floor | Occup  Seas  or Vac  Y/N | Define  Heating  System  and Fuel | Rural  Fire District  Y/N | Miles  to  Fire  Dept | Near  Water  Source  N/Y | |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

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| Inflation Guard | 4% | 6% | 8% | 10% | 12% | 14% |  |
| Are any dwellings/premises rented to others? | | | | Yes | No | If yes, describe | |
| Mortgagee/Loss Payee | | | | | | | |
| Agents Comments: | | | | | | | |

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| Footnotes: | (1) | Options - % of Dwelling  0% 50% 70%  40% 60% 80% | (2) | Cause of Loss Options  Basic Broad Special | (3) | Smoke detectors are required for all dwellings |

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| **FARM PERSONAL PROPERTY APPLICATION AND INVENTORY** |

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| APPLICANT'S NAME |

|  |  |
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| Indicate after each item on Inventory whether insured by  (Attached Schedule if more space is needed) | {Coverage E (Scheduled Farm Personal Property)  {Coverage F (Unscheduled Farm Personal Property) |

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| **MACHINERY** | | | | | | | | | | |
| Description | E | F | Make | Model | VIN | Cause of Loss  Basic, Broad, Special | Foreign  Obj. Y/N | Limit of  Insurance | Ded Amt |
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| **LIVESTOCK AND POULTRY** | | | | | | | |
| Description | E | F | No. of Units | Unit Price | Cause of Loss  Basic, Broad, Special | Limit of Insurance | Ded Amt |
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| **GRAIN, FEED, HAY OR HARVESTED PRODUCE** | | | | | | | |
| Description | E | F | No. of Units | Unit Price | Cause of Loss  Basic, Broad, Special | Limit of Insurance | Ded Amt |
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| Hay, straw & fodder in the open is only eligible for fire and lightning, vehicles, windstorm or hall and theft. Grain in the open is only eligible for fire of lightning, vehicles or theft. | | | | | | | |

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| **TOOLS, EQUIPMENT AND SUPPLIES** | | | | | | | |
| Description | E | F | No. of Units | Unit Price | Cause of Loss  Basic, Broad, Special | Limit of Insurance | Ded Amt |
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| **IRRIGATION EQUIPMENT** | | | | | | | |
| Description | E | F | No. of Units | Unit Price | Cause of Loss  Basic, Broad, Special | Limit of Insurance | Ded Amt |
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| Highest value of all equipment at any one location  Which Location |

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| **FARM BARNS, BUILDINGS AND STRUCTURES – COVERAGE G** |

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|  |  |  |  |  |  |  |  |  |  |  | Roof | |  | |  | |  |
| Loc  No. | Bldg  No. | Amount of  Insurance | Description | Ded | Con-  struc  tion | Type  1,2\*  or 3 | Causes of  Loss | Repl Cost  or  A.C.V. | Blanket  Y/N | Year  Built | Type | Age | Sq.  Ft. | | 100%  Value | | Open  Sides  Y/N |
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\*Type 1 buildings with hay storage must be classified as Type 2

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Inflation Guard | 0% | 4% | 6% | 8% | 10% | 12% | 14% |

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| **Miscellaneous Scheduled Personal Property** |
| *Attach Schedule or copy of Appraisal* |
| (Fine arts, jewelry, guns, furs, cameras, coins, golf equipment, silverware) |

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| Name of Coverage: | Limit of Insurance $ |
| Name of Coverage: | Limit of Insurance $ |
| Name of Coverage: | Limit of Insurance $ |
| Name of Coverage: | Limit of Insurance $ |

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| **Optional Coverages** | | | | | | | | | | | | |
| AGRI-Plus II Property Endorsement | | | | | | | | | | | | |
| Computer Coverage | | | | | | | | | | | | |
| Watercraft Hull Coverage: | | Year | | Length | | Horsepower | | Model/Mfg | | Limit | |
| Extra Expense | | | | | | | | | | | | |
| Restoring Records | | | | | | | | | | | | |
| Dwelling Glass | | | | | | | | | | | | |
| Dairy Farms Endorsement | | | | | | | | | | | | |
| Equine Property Endorsement | | | | | | | | | | | | |
| Sewer Back up | | | | | | | | | | | | |
| Orchard and Vineyard Growers Property Endorsement | | | | | | | | | | | | |
| High Value Dwelling Endorsement | | | | | | | | | | | | |
| Identity Fraud Expense Coverage | | | | | | | | | | | | |
| Equipment Breakdown Coverage | | | | | | | | | | | | |
| Extended Replacement Cost Coverage | | | | | | | | | | | | |
| Location No. | | Building No. | | RC % | | Location No. | | Building No. | | RC % | |
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| **Other Coverages** |
| IM – Transportation – Attach Completed Accord Inland Marine Application |
| IM – Truck Cargo – Attach Completed Accord Inland Marine Application |
| Crime – Attach Completed Accord Crime Application |
| Automobile – Attach Completed Accord Automobile Application |
| Excess – Attach Completed Accord Umbrella Application |