

Farm Property Application

Exclusively Underwritten By



Broker: _____ Broker Number: _____
Broker License Number: _____
Policy and/or Renewal #: _____
Requested Effective Date: _____

Applicant: _____ Business Name: _____
Mailing Address: _____ Contact Person: _____
City: _____ County: _____ State: _____ Zip: _____
Phone: _____ Website: _____ Email: _____

Location Address #1: _____ County: _____ Acres: _____
Location Address #2: _____ County: _____ Acres: _____

Does Insured: Own Lease Pay Plan Desired? Yes No Ask your broker for more information.

Past and/or current Insurance Company: _____ Annual Premium: \$ _____

Have you had any claims and/or reported incidents in the past 5 years? Yes No

If yes, explain all claims and/or incidents. Give dates, cause of loss, amounts paid.

Unless this is a new purchase, we will require loss runs from your previous carrier.

Have you had coverage cancelled or refused in the past 5 years? *(Not applicable in Missouri.)* Yes No
If yes, explain:

Name and address of Mortgagee:

Name and address of Loss Payee:

*Note items applicable to.

*Note items applicable to.

Do you have any personal non-farm business pursuits *(whether on or off the property)*? Yes No

Are there any farming pursuits or other business (other than equine) on the property? Yes No

If yes, please describe activities and include annual revenues:

Are any portions of the farm/ranch leased by any other individual for farming use or otherwise? Yes No
If yes, describe:

If yes, does the person leasing any portion of the property have their own insurance? Yes No
A certificate of such insurance will be required.

Building Coverage Form

Applicant: _____

Please use a separate Building Coverage Form for each location with structures to be insured.

Legal Description of Property: _____

Nearest Responding Fire Dept: _____ Miles from Dept: _____

Is there a year round water supply? Yes No If yes, describe: _____

Deductible: \$500 \$1,000 \$2,500 1% Other: \$ _____

Location #	Main Dwelling	Other Dwellings and Farm Structures				
Building/Diagram #						
Use or Description						
A. Coverage Amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B. Appurtenant Structures	\$ _____	Please note: A Replacement Cost questionnaire must be completed on each building. Please be sure to include accurate dimensions and construction information. Each building must be insured for at least 80% of its replacement cost in order to avoid a penalty in the event of a claim. Replacement Cost is determined by the information that you provide. Please check with a local contractor to determine accurate replacement cost.				
C. Household Contents	\$ _____					
D. Loss Of Use	\$ _____					
Covered Causes of Loss	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special
*Loss Settlement	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>	RC <input type="checkbox"/> ACV <input type="checkbox"/>
Occupancy	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>
# of Families						
Year Built						
Type of Construction**						
Roof: Type*** Age						
Heating: Main Source Supplemental Age						
Cooling	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Smoke Alarm Type of System	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Burglar Alarm Type of System	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
# of Open Sides						
Fire Extinguishers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sprinkler System	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hay Storage	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Renovation/Updates:	Wiring _____ yr. Heating _____ yr. Plumbing _____ yr.	Wiring _____ yr. Heat _____ yr. Plumb. _____ yr.	Wiring _____ yr. Heat _____ yr. Plumb. _____ yr.	Wiring _____ yr. Heat _____ yr. Plumb. _____ yr.	Wiring _____ yr. Heat _____ yr. Plumb. _____ yr.	Wiring _____ yr. Heat _____ yr. Plumb. _____ yr.
Wood Stove in building	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Building under construction If yes, give estimated completion date.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exposed Urethane Styrene	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Square Footage						

Is this your primary residence? Yes No If "No", please describe property supervision.

Do you maintain any vacation or seasonal premises? Yes No

Is there any non-farm offices or private schools in an insured building? Yes No

*Loss Settlement: RC = Replacement Cost / ACV = Actual Cash Value

**Type of Construction: Wood Frame, Masonry, Masonry Veneer, All Steel Frame (Non-combustible), Pole Frame, Mobile Home/Mobile Building, Log.

***Type of Roof: Asphalt Shingles, Wood Shingles, Copper, Tile, Slate, Tin, Steel, Built Up Tar and Gravel.

Property Diagram

Applicant:

Location #

Please include a Property Diagram for each location with insured buildings.

Show all buildings on premises (whether or not insured).
Show distance in feet between buildings as well as square footage of buildings.
Label all buildings and attach current photographs.
Label "NC" if not covered.

Photos of all insured buildings will be required. Please label appropriately.

A large rectangular area filled with a grid of small dots, intended for drawing a property diagram. The grid consists of approximately 30 columns and 40 rows of dots.

Scheduled Personal Property

Applicant: _____

Loss Settlement

RC

ACV

Category	Item Description	Limit of Coverage
Jewelry		
Fine Arts		
Cameras		
Musical Instruments		
Furs		
Gold/Silverware		
Firearms		
Other		

Please note: An appraisal is necessary on Fine Arts valued over \$25,000. Please include accurate descriptions including serial or item numbers (if applicable).

Do you own Personal Watercraft? Yes No

If coverage is desired, please describe items including value: _____

Do you own ATV's or Golf Carts? Yes No Are they for farm use? Yes No

If coverage is desired, please describe items including value: _____

Additional Limits and Coverage Options

This policy does not provide Workers' Compensation coverage
This policy does not provide Employers Liability coverage
This policy does not provide Property Coverage for livestock (horses and cattle)
This policy does not provide coverage for Live Plants or any Produce, Grain, or other Crops
This policy does not provide Equipment Breakdown coverage

Is Loss of Farm income coverage required? Yes No
If yes, for how many months is coverage desired (in 30 day increments)?
Please indicate your monthly revenue: _____

Is Inflation Guard coverage required Yes No
An inflation guard will allow for the buildings to be automatically increased at policy renewal.
Select limit desired (example 4%): _____

Is coverage desired for Farm Personal Property (other than machinery or livestock) in excess of \$10,000 kept off premises? Yes No

Replacement Cost Form – Page 1 of 2

Applicant: _____		
Location # _____	Sketch floors and indicate outside dimensions.	
Main Dwelling Diagram # <input type="checkbox"/> Economy <input type="checkbox"/> Average <input type="checkbox"/> Custom <input type="checkbox"/> Luxury	Partition Walls <input type="checkbox"/> Drywall <input type="checkbox"/> Plaster <input type="checkbox"/> Other Ceiling Finish: <input type="checkbox"/> Drywall <input type="checkbox"/> Plaster <input type="checkbox"/> Other Wall Finish: <input type="checkbox"/> Paint <input type="checkbox"/> Tile <input type="checkbox"/> Wallpaper	
Exterior Wall Construction I _____ % Wood, Stucco, Vinyl II _____ % Brick Veneer III _____ % All Stone or All Brick Sub-Structure: <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Basement Is Basement Finished: <input type="checkbox"/> Yes <input type="checkbox"/> No Total Ground Floor Area: _____ # of Stories _____ Ceiling Height _____ # Bathrooms ½ ___ Full _____ # Kitchens _____ # Bedrooms _____ # Fireplaces _____ # Chimneys _____	Garage (# Cars) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> Attached <input type="checkbox"/> Carport <input type="checkbox"/> Detached <input type="checkbox"/> Built-In Slope of building site: <input type="checkbox"/> Level <input type="checkbox"/> 15% <input type="checkbox"/> 30% <input type="checkbox"/> 45% Primary type of Flooring: <input type="checkbox"/> Carpet <input type="checkbox"/> Hardwood <input type="checkbox"/> Tile <input type="checkbox"/> Vinyl Awnings: _____ Widths: _____ <input type="checkbox"/> Aluminum <input type="checkbox"/> PVC <input type="checkbox"/> Canvas Open Porch: _____ sq. ft. Closed Porch: _____ sq. ft. Deck: _____ sq. ft. Balcony: _____ sq. ft. Who lives in this dwelling: _____	
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Exterior Wall Construction I _____ % Wood, Stucco, Vinyl II _____ % Brick Veneer III _____ % All Stone or All Brick Sub-Structure: <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Basement Is Basement Finished: <input type="checkbox"/> Yes <input type="checkbox"/> No Total Ground Floor Area: _____ # of Stories _____ Ceiling Height _____ # Bathrooms ½ ___ Full _____ # Kitchens _____ # Bedrooms _____ # Fireplaces _____ # Chimneys _____	Garage (# Cars) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> Attached <input type="checkbox"/> Carport <input type="checkbox"/> Detached <input type="checkbox"/> Built-In Slope of building site: <input type="checkbox"/> Level <input type="checkbox"/> 15% <input type="checkbox"/> 30% <input type="checkbox"/> 45% Primary type of Flooring: <input type="checkbox"/> Carpet <input type="checkbox"/> Hardwood <input type="checkbox"/> Tile <input type="checkbox"/> Vinyl Awnings: _____ Widths: _____ <input type="checkbox"/> Aluminum <input type="checkbox"/> PVC <input type="checkbox"/> Canvas Open Porch: _____ sq. ft. Closed Porch: _____ sq. ft. Deck: _____ sq. ft. Balcony: _____ sq. ft. Who lives in this dwelling: _____	
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Wood / Coal Burning Stove Supplemental Information

Applicant: _____

Location #: _____

Type of Stove: _____

Stove installed by: Owner Licensed Contractor

Condition of Stove: Good Fair Poor

What type of floor protection: _____

What type of wall protection: _____

Is there at least 1" inch air space between the stove wall and Protective shield and wall: Yes No

Type of Chimney: _____

Last time Chimney was cleaned: _____

Condition of Chimney: Good Fair Poor

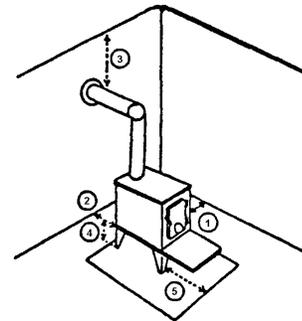
Do all masonry chimneys have approved professionally installed inserts? Yes No

Stove Pipe: Yes No How many elbows? _____
If yes, is a ventilated thimble being used? Yes No

Pass through walls and/ or ceilings? Yes No
Is a heat saver being used? Yes No

Stove Clearances:

1. Side of the unit to the nearest wall: _____
2. Rear of unit to wall: _____
3. Top of stove pipe to ceiling: _____
4. Bottom of unit to floor: _____
5. Front of unit to front edge of floor protection: _____



Mobile Home Supplemental Information

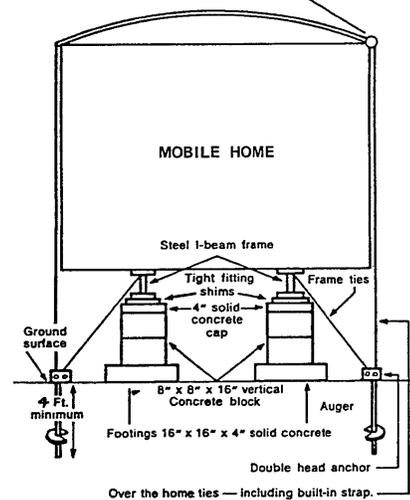
Make of mobile home: _____

Model: _____

Year built: _____

Year Installed: _____

Over Home ties buffered at corner if home does not include built-in strap.



Length of Home	Frame Ties and Anchors per Side	Over Home Ties
Up to 40'	4	2
41' to 60'	6	3
61' to 82'	8	4

Does the Mobile Home meet the minimum tie down requirements? Yes No

NO COVERAGE WILL BE PROVIDED FOR COMMERCIAL TRAIL RIDE OPERATIONS!

GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Alabama - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas, District of Columbia, Louisiana, Rhode Island, 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.

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas - An act committed by 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

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.

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 denial of insurance benefits.

Maryland - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey, 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.

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 and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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 such person to criminal and civil penalties.

Tennessee, Virginia, 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.

DECLARATION

DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ ALL OF ITS CONTENTS AND THE APPLICABLE FRAUD WARNING(S):

Your failure to disclose any material information that could reasonably result in a claim may result in the insurance policy/coverage that you are applying for being void and/or subject to rescission. If any of the information in this application has been falsely stated by you or if material information has not been disclosed by you which may influence the Company's underwriting decision, any insurance policy/coverage issued to you by the Company may be void and/or subject to rescission.

I/We, the undersigned, confirm to the best of my/our knowledge and belief that the above statements are true, complete and correct, and that I/we have disclosed all material information. I/We acknowledge that this application is not a binder of insurance coverage or an insurance policy. I/We acknowledge my/our completion of this application does not obligate me/us to purchase an insurance policy/coverage from the Company. I/We also acknowledge that my/our operation may be subject to inspection by the Company or its authorized representative.

This application will become a part of and be incorporated into any insurance policy/coverage that may be issued by the Company to me/us.

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.

(Must be signed and dated)

Applicant's Signature: _____

Date: _____

Broker Signature: _____
(required in NH)

Date: _____