



Farm, Ranch, and Equine

FARM AND EQUINE APPLICATION

IN SC - "THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 120 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 120 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY."

GENERAL INFORMATION

Desired Coverage: Property Inland Marine Farm Liability CGL Farm Liability Equine Liability Only
 Effective Date: Expiration Date:
 New Business Renewal Rewrite Account Bill Direct Bill Pay Plan

AGENCY INFORMATION

Agency Name:	Agency Code:
Sub-Producer Name:	Sub-Producer Code:

APPLICANT INFORMATION

First Name Insured:		
Address:		
City:	State:	Zip:
Phone Number:	Email:	
Insured's Occupation:	Spouse's Occupation:	
Farm/Ranch Business Name:		
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Trust or Estate		
If Named Insured is not an individual, list the individuals that make up the entity and the percentage of ownership for each:		
Type of Farm/Ranch Operations: <input type="checkbox"/> Cattle - # <input type="checkbox"/> Horses - # <input type="checkbox"/> Sheep - # <input type="checkbox"/> Hogs - # <input type="checkbox"/> Other - #		
Description of Operations:		
Total Receipts from Entire Farm/Ranch Operations (all Locations):		
Number Years of Experience in this Type of Operation:		
How Long Has Agency Known the Applicant:		
Additional Named Insureds (<input type="checkbox"/> supplemental additional named insureds attached):		

PRIOR CARRIER AND LOSS HISTORY (PREVIOUS 3 YEARS)

PRIOR INSURANCE INFORMATION

Company	Type of Policy	Effective Date	Expiration Date	Annual Premium

LOSS HISTORY

Date of Loss	Description of Loss	Amount Paid

No Losses (in last 3 years) Loss Runs Attached Apply Loss Free Credit

UNDERWRITING QUESTIONS

1. Has the insured been canceled or non-renewed in the last 5 years? (N/A for Missouri) If yes, please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. During the last 5 years has the insured been indicted for or convicted of any degree of crime of fraud, bribery, arson or other arson related crime in connection with this or any other property? If yes, please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Has the insured had any bankruptcy, judgements, liens or foreclosures within the past 10 years? If yes, please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Is Farming the primary source of insured income? If no, what is?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Is any business other than farming conducted by the insured? If yes, explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Are any of the farm premises open to the public for activities such as roadside stands, U-Pick, recreational, rent-a-garden, auction, sales, show, food or beverage service, hay rides, fishing, kennels, animal boarding or Christmas tree sales? If yes, please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Does the insured rent or lease any land, buildings or stables to others? If yes, explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Are customers allowed on the premises? If yes, explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Overall maintenance and condition of the grounds, fencing and buildings: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
10. Are all pastures totally fenced? Describe type of fencing: Height of fencing:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. How often is fencing checked:		
12. Who is responsible for fence repair?		
13. Are there any swimming pools situated on any insured location? If yes, is there a diving board? Is there a water slide? Are swimming pools completely fenced in? Attach photos of swimming pool	<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
14. Are there any other bodies of water (lake, pond) situated on any insured location?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Are there any trampolines situated on any insured location? Is there a safety net around the trampoline? Used for private personal use only? Attach photos of trampoline	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Does the insured have dogs? Number: _____ Breed: _____ Dog bitten or caused injury to anyone? If yes, please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. Does the insured have horses? If yes, please complete the Equine section of application.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. Does insured have non-domestic or exotic animals on the premise? If yes, please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. Are any wood burning stoves or solid fuel devices used in dwellings or outbuildings? If yes, complete and attach the Wood Burning Stove questionnaire .	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. Does the insured plan on any construction or renovations in the next twelve (12) months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. Are independent contractors hired to perform any farm operations? If yes, attach Certificate of Insurance.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22. Any recreational vehicles used on the premises? If yes, number and type: Who is allowed to use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
23. Any hemp grown on the premises? If yes, complete the Hemp application.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

POLICY LEVEL COVERAGES

Policy Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other
Inflation Guard % (N/A if ITV Increase is selected): <input type="checkbox"/> NONE <input type="checkbox"/> 2% <input type="checkbox"/> 4% <input type="checkbox"/> 6% <input type="checkbox"/> 8%
ITV Increase % (0-10) (N/A if Inflation Guard is selected):
Equipment Breakdown Enhancement Endorsement: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, skip next five (5) items below
Optional EBD Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other
BI/EE Deductible (in Days):
Refrigerated Contamination Limit: <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
Pollutant Clean-Up and Removal Limit: <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
Spoilage Coverage Limit: <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000

LOCATION INFORMATION

Supplemental Location Schedule Attached

LOC #	LEGAL DESCRIPTION (Include County, State, Zip Code or Section, Township & Range)	# OF ACRES	WIND/HAIL % DED	FEET TO FIRE HYDRANT	MILES TO FIRE DEPT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Pollutant Clean Up and Removal (\$10,000 Aggregate Limit Included) \$25,000 \$50,000 \$100,000

Debris Removal (25% of Loss Included) Additional Limit:

Disruption of Farming Operations Coverage

Location #:

Percentage of Exposure Covered:

Limit of Insurance:

Indemnity Period (Days):

Description of Farming Operations:

Mine Subsidence Coverage (IL, IN, KY, OH, WV only)

If Mine Subsidence Coverage is not desired, Insured must waive in writing

PROPERTY INFORMATION COVERAGE A - DWELLING

Additional Dwelling Schedule Attached

	Dwelling # _____ Location # _____			
Cov A Dwelling Limit of Insurance				
Structure Type (1)				
Dwelling Type (2)				
Year Built (3)				
Total Square Footage				
Occupancy Type (4)				
Primary or Secondary				
Construction Type (5)				
Number of Stories				
Roof Construction Material				
Roof Age				
ITV Increase % (0-10)				
Structure Deductible				
Cov B Appurtenant Structures Limit				
Cov C Household Personal Property				
Cov D - Loss of Use				
Causes of Loss (6)				
Loss Valuation Basis (7)				
Replacement Cost %				
Extended Replacement Cost (RC must be 100%) (8)	<input type="checkbox"/> 125% <input type="checkbox"/> 150%			
Household Personal Property Replacement Cost Coverage	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Sump Overflow and Water Backup Minimum Limit \$5,000 (can be increased in \$100 increments)	<input type="checkbox"/> YES <input type="checkbox"/> NO Total Limit:			
Dwelling Plus	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Earthquake Coverage Earthquake Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Exclusions				
Theft	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Vandalism	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Rental to Others Theft	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Inflation Guard	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Wind Hail	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Cosmetic Damage	<input type="checkbox"/> YES <input type="checkbox"/> NO			
ACV Roof Endorsement	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Interior Damage Amendment	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Smoke Detectors	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Protective Devices and Services (9)				
Year Electrical Updated				
Year Plumbing Updated				
Year Heating Updated				

(1) Dwelling, Mobile Home, Tenants, Unit, Builders Risk

(2) 1, 2, 3

(3) If dwelling was constructed more than 25 years ago, please submit an Older Dwelling Questionnaire with application

(4) Owner Occupied, Tenant Occupied

(5) Frame, Brick, Brick Veneer, Metal, Log, Mobile Home

(6) Basic, Broad, Special, Special/Broad

(7) Replacement Cost (RC), Actual Cash Value (ACV), Functional Replacement Cost (FRC), Special Loss

(8) Extended Replacement Cost (125% or 150%)

(9) Smoke Alarm, Automatic Sprinklers, Burglar, Local, Central Station Alarm, Name of Monitoring Company

Livestock - Blanket

Class	Causes of Loss	Limit of Insurance Per Class	Deductible

Peak Season Endorsement

Property Type	Increase in Limit of Insurance	From	To

Value Reporting Endorsement

Property Type	Length of Seasonal Risk	Value Reporting Frequency/Reporting Period	Reporting Date	Reported Value

Animal Collision Limit per animal: Total # of animals:

FARM PERSONAL PROPERTY – UNSCHEDULED

All Coverage on Actual Cash Value basis. Irrigation Equipment and Cotton Pickers are excluded. Co-insurance Clause - you must maintain insurance on unscheduled farm personal property to the extent of at least 80% of its actual cash value).

Farm Personal Property - Unscheduled (Attach list of inventory to be covered under blanket)

Limit of Insurance: Causes of Loss: Deductible:

Property Not Covered:

FARM BUILDINGS – SCHEDULED

Supplemental Farm Buildings Schedule Attached

	Structure # _____ Location # _____			
Description				
Limit of Insurance				
Contains Residential Living Quarters	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Structure Type (1)				
Construction (2)				
Year Built				
Total Square Footage				
Roof Construction Material (3)				
Roof Age				
Causes of Loss (4)				
Loss Valuation Basis (5)				
Grain Bins Only - # of Bushels				
ITV Increase % (0-10) (N/A if Inflation Guard is selected)				
Structure Deductible				
Exclusions				
Theft	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Vandalism	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Wind Hail	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Inflation Guard	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cosmetic Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Rental to Others Theft Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No			
ACV Roof Endorsement	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Unoccupancy and Vacancy Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Damage to Below Ground Foundation and Related Consequential Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Earthquake Coverage Earthquake Deductible	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Protective Devices and Services (6)				

(1) 1, 2, 3

(2) Frame, Masonry, Non-combustible, Fire Resistant, Mixed (Masonry/Frame)

(3) Asphalt, Metal, Tile, Wood/Shake, Other (describe)

(4) Basic, Broad, Special

(5) Replacement Cost (RC), Actual Cash Value (ACV), Functional Replacement Cost (FRC)

(6) Smoke Alarm, Automatic Sprinklers, Burglar, Local, Central Station Alarm, Name of Monitoring Company

Farm Building - Blanket

Blanket Limit of Insurance:

Blanket Deductible:

Property Not Covered:

RC-100

ACV

FARM BUILDINGS – SCHEDULED

Supplemental Farm Buildings Schedule Attached

	Structure # _____ Location # _____			
Description				
Limit of Insurance				
Contains Residential Living Quarters	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Structure Type (1)				
Construction (2)				
Year Built				
Total Square Footage				
Roof Construction Material (3)				
Roof Age				
Causes of Loss (4)				
Loss Valuation Basis (5)				
Grain Bins Only - # of Bushels				
ITV Increase % (0-10) (N/A if Inflation Guard is selected)				
Structure Deductible				
Exclusions				
Theft	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Vandalism	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Wind Hail	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Inflation Guard	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cosmetic Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Rental to Others Theft Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No			
ACV Roof Endorsement	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Unoccupancy and Vacancy Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Damage to Below Ground Foundation and Related Consequential Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Earthquake Coverage Earthquake Deductible	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Protective Devices and Services (6)				

(1) 1, 2, 3

(2) Frame, Masonry, Non-combustible, Fire Resistant, Mixed (Masonry/Frame)

(3) Asphalt, Metal, Tile, Wood/Shake, Other (describe)

(4) Basic, Broad, Special

(5) Replacement Cost (RC), Actual Cash Value (ACV), Functional Replacement Cost (FRC)

(6) Smoke Alarm, Automatic Sprinklers, Burglar, Local, Central Station Alarm, Name of Monitoring Company

Farm Building - Blanket

Blanket Limit of Insurance:

Blanket Deductible:

Property Not Covered:

RC-100

ACV