

**FARM / RANCH APPLICATION**

Producing Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Producing Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Producing Agent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Prior Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Target Premium: \_\_\_\_\_\_\_\_\_\_

Named Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN/FEIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET / PO BOX CITY STATE ZIP CODE

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET / PO BOX CITY STATE ZIP CODE

ם Individual ם Corporation ם Partnership ם LLC ם Joint Venture ם Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Farm:** ם Hobby ם Grain ם Livestock ם Row Crop ם Dairy ם Poultry ם Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Loc #** | **# Acres** | **Section** | **Township** | **Range** | **Address** | **County** | **State** | **ZIP Code** | **Protection Class** |
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\* If more locations must be described, complete additional sheet

**ADDITIONAL INTEREST**

ם Mortgagee ם Loss Payee ם Additional Insured ם Lessor of Leased Equipment ם Contract Holder

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Loan Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street / PO Box City State Zip Code

Applies To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* If additional lien holders needed, attach separate sheet.

**FARM DWELLING & HOUSEHOLD PROPERTY COVERAGE**

**COVERAGE A & B DEDUCTIBLE OPTIONS: □ $**1000 □ $2500 □ $5000 □ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COVERAGE A - Farm Dwelling and Coverage B Household Property**

Please complete the description of each dwelling to be insured under Cov. A or containing household goods to be insured under Cov. C.

**Please provide a completed dwelling replacement cost estimate for each dwelling to be insured.**

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| **LOC**  **#** | **ITEM**  **#** | **YEAR BUILT** | **SQ. FOOT** | **CONSTRUCTION**  **F = Frame**  **M=Masonry** | **DWELLING CONDITION**  **E = Excellent**  **G = Good**  **P= Poor** | **ROOF TYPE**  **S = Shingle**  **M = Metal**  **O = Other** | **OCCUPANCY**  **O = Owner**  **T = Tenant**  **S = Seasonal** | **HEATING SYSTEM** | **PROTECTIVE**  **DEVICES**  **(Ex. Smoke detector, dead bolts, local or central alarm system)** |
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| **LOC**  **#** | **ITEM**  **#** | **COVERAGE A**  **DWELLING LIMIT** | **FORM:**  **BA - Basic**  **BR - Broad**  **SP - Special** | **Coverage C LIMIT**  **Unscheduled Personal**  **Property (Household)** | **FORM:**  **BA - Basic**  **BR - Broad**  **SP - Special** | **SYSTEMS UPDATES:**  **(complete if older than 20 years)**  **Roof Elec Plumb Heat** |
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\* If more dwellings must be described, complete additional sheets.

**FARM BUILDINGS AND STRUCTURES**

**COVERAGE F DEDUCTIBLE OPTIONS:** □ $1,000 □ $2,500 □ $5,000 □ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COVERAGE F - FARM BUILDINGS AND STRUCTURES**

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| **LOC**  **#** | **ITEM**  **#** | **DESCRIPTION** | **CONSTRUCTION**  **F = Frame**  **M = Masonry**  **JM = Joisted Masonry**  **NC = Non-combustible** | **BLDG**  **AGE** | **ROOF**  **Type Age** | | **SIZE**  **L x W** | **FORM:**  **BA - Basic**  **BR - Broad**  **SP - Special** | **VALUATION**  **RC or ACV** | **BUILDING LIMIT** |
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**\*** If more buildings must be described, please complete additional sheet.

**DIAGRAM, DIMENSION, DISTANCE OF BUILDINGS**

Sketch all buildings, showing size and number of feet separating each structure. Each structure should be identified by name and / or item #. Buildings not insured should also be drawn and identified. A clear up-to-date photo of each building, showing two sides of the structure and one slope of the roof, must be submitted. Indicate on picture location #, description and insurance amount. (Attach additional sheets if needed)

N

W E

S

**FARM LIABILITY**

**COVERAGE G - FARM / PERSONAL LIABILITY EACH OCCURRENCE: □** $500,000 □ $1,000,000

**COVERAGE H - MEDICAL PAYMENTS to OTHERS –**

**EACH PERSON/ EACH ACCIDENT: □** $5,000/$25,000 □ $10,000/$25,000

Total # of acres: \_\_\_\_\_\_

Additional set farm buildings, with dwelling, location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional set farm buildings, without dwelling, location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional residence maintained by insured, # \_\_\_\_ location(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional residence rented to others, #\_\_\_\_, location(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

Custom Farming: Total Annual Receipts: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What Type:\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

Custom Application of herbicides or chemicals ם Yes ם No

**Employers Liability & Medical Payments:**

All Full Time Employees working more than 6 months per year: \_\_\_\_\_

All Part Time Employees working 2 to 6 months per year: \_\_\_\_\_

All Part Time Employees working less than 2 months per year: \_\_\_\_\_

# of Full Time Residence Employees (not farm employees): \_\_\_\_\_

**Additional Insured’s**

Name of Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Interest to be covered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Interest to be covered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

Partnership: Name and Address of Partners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of Partners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of Partners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Corporation: ם Yes ם No

Name and Address of each member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percent Owned: \_\_\_\_\_

Name and Address of each member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percent Owned: \_\_\_\_\_

Is each member engaged in the farming operation? ם Yes ם No

**RECREATION MOTOR VEHICLE COVERAGE**

|  |
| --- |
| Does the applicant or members of the applicant’s family own a snowmobile, motorcycle, all terrain vehicles or a comparable unit? ם Yes ם No **If “Yes”** please complete the following information below and indicate if physical damage or off premises liability coverage is desired. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit**  **#** | **Type**  **A – ATV**  **S- Snowmobile**  **M - Motorcycle** | | **Year** | **Make** | **Model** | **Serial /Vin #** | | **Engine Size (cc’s)** | | **Value** | **Physical Damage**  **Y or N** | **Off-Premises Liability**  **Y or N** | | **Youthful Operator**  **Y or N** |
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| **Operator #** | | **Name** | | | | | **Date of Birth** | | **Driver License #** | | | | **State Licensed** | |
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**LIVESTOCK SURCHARGE**

Livestock Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of head: \_\_\_\_\_\_

Livestock Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of head: \_\_\_\_\_\_

Livestock Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of head: \_\_\_\_\_\_

**Business Pursuits**

Type of Business Pursuits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Incidental Business Receipts $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hunting and Fishing total annual receipts: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lodging and Meals Provided? ם Yes ם No Total Lodging and Meals Receipts: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COVERAGE FOR EQUINE LIABILITY AVAILABLE

MUST COMPLETE SUPPLEMENTAL EQUINE LIABILITY APPLICATION

EQUINE LIABILITY INCLUDES ANY BOARDING, BREEDING, TRAINING, SALES AND SHOWS

OF OWNED AND NON-OWNED HORSES

DESIRE CARE, CUSTODY AND CONTROL POLICY FOR NON-OWNED HORSES

COMPLETE SUPPLEMENTAL APPLICATION

**FARM PERSONAL PROPERTY**

(Coverage D & E)

Coverage D Scheduled – Scheduling of all Farm Personal Property, except what is excluded in the policy conditions, is allowed

Coverage E Blanket ($25,000 minimum) – Excluding Bulk Milk Tanks, Bulk Feed Tanks, Barn Cleaners, Pasteurizers, Boilers, Portable Buildings, or other property excluded by the policy conditions.

Check Coverage Desired Cov. D ם Cov. E ם Cov. D&E ם

Coverage Requirements Scheduled – 100% of ACV; Blanket – 100% ACV

Deductible Options ם $500 ם $1,000 ם $2,500 ם $5,000 ם Other $\_\_\_\_\_\_\_\_\_\_

ATV’S PROHIBITED ON COV D OR E TOTAL INVENTORY REQUIRED

**FARM PERSONAL PROPERTY INVENTORY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Description** | **Total Value** |  | **Item** | **Description** | **Total Value** |
| Tractor |  |  |  | Hay Baler |  |  |
| Tractor |  |  |  | Hay Rake |  |  |
| Tractor |  |  |  | Plows |  |  |
| Tractor |  |  |  | Plows |  |  |
| Combine |  |  |  | Discs |  |  |
| Combine |  |  |  | Harrows |  |  |
| Corn Head |  |  |  | Cultivators |  |  |
| Corn Head |  |  |  | Rotary Hoes |  |  |
| Grain Head |  |  |  | Mowers |  |  |
| Grain Head |  |  |  | Augers |  |  |
| Grain Harvester |  |  |  | Planters |  |  |
| Grain Harvester |  |  |  | Side Delivery Rakes |  |  |
| Cotton Picker |  |  |  | Ensilage Blowers |  |  |
| Cotton Picker |  |  |  | Grinders & Mixers |  |  |
| Sprayers |  |  |  | Wagons & Trailers |  |  |
| Sprayers |  |  |  | Self Unloading Wagons |  |  |
| Milking Machine |  |  |  | Manure Loaders |  |  |
| Grain Drier- Port |  |  |  | Manure Spreaders |  |  |
| Self Feeders |  |  |  | Port Irrigation Equip. |  |  |
| Post Hole Digger |  |  |  | Power Generators |  |  |
| Log Splitter |  |  |  | Compressors |  |  |
| Chain Saws |  |  |  | Fuel Tanks |  |  |
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**Machinery Inventory**

* **If additional equipment, attach schedule**

**Total Scheduled Farm Machinery: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FARM PERSONAL PROPERTY CONT.**

**FARM PERSONAL PROPERTY INVENTORY**

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| --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Description** | **Total Value** |  | **Item** | **Description** | **Total Value** |
| Building Supplies |  |  |  | Gasoline, Oil, Grease |  |  |
| Fencing Supplies |  |  |  | Spare Parts |  |  |
| Fertilizers |  |  |  | Small Hand & Power Tools |  |  |
| Fertilizers |  |  |  | Herbicides |  |  |
| Medicines |  |  |  | Pesticides |  |  |
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**FARM SUPPLIES INVENTORY**

**Total Farm Supplies Inventory: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FARM PRODUCTS INVENTORY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Description** | **Total Value** |  | **Item** | **Description** | **Total Value** |
| Hay & Straw  (In Stacks) |  |  |  | Grain Under Seal |  |  |
| Hay & Straw  (In Buildings) |  |  |  | Small Grain |  |  |
| Silage |  |  |  | Corn |  |  |
| Commercial & Mixed Feeds |  |  |  | Soybeans |  |  |
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**Total Farm Products Inventory: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LIVESTOCK** (animals over $2,000 per head must be scheduled)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Units** | **Unit Value** | **Total Value** |  | **Item** | **Units** | **Unit Value** | **Total Value** |
| Dairy Cows |  |  |  |  | Sows |  |  |  |
| Dairy Calves |  |  |  |  | Feeder Pigs |  |  |  |
| Stock Cows |  |  |  |  | Boars |  |  |  |
| Stock Calves |  |  |  |  | Rams |  |  |  |
| Feeder Cattle |  |  |  |  | Ewes |  |  |  |
| Bulls |  |  |  |  | Lambs |  |  |  |
| Horses |  |  |  |  | Goats |  |  |  |
| Horses |  |  |  |  | Chickens (Turkeys Excluded |  |  |  |

* **If additional livestock, attach schedule**

**Total Livestock Inventory: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FARM PERSONAL PROPERTY CONT.**

**FARM PERSONAL PROPERTY INVENTORY**

**Peak Season Limits**

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| --- | --- | --- | --- |
| **Peak Season** | **Increased Limit** | **Start Date** | **End Date** |
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**Inventory Totals:**

**Total Scheduled Farm Machinery (total from page 6) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Scheduled Farm Supplies (total from page 7) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Scheduled Farm Products (total from page 7) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Scheduled Livestock (total from page 7) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Scheduled Farm Personal Property: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Milk Contamination Coverage: Maximum $2,500 per occurrence: ם Yes ם No**

**Irrigation Equipment: Schedule on Page 2, under Coverage F**

**SCHEDULED INLAND MARINE PERSONAL PROPERTY**

**(Jewelry, Computers, etc.)**

All articles to be insured on a scheduled basis must be individually itemized with the amount of insurance applying to each article. Attach APPRAISAL within 5 years with application.

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| --- | --- | --- |
| **ITEM #** | **DESCRIPTION OF ARTICLE** | **AMOUNT OF INSURANCE** |
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* COVERAGE FOR LIVE ANIMALS IN TRANSIT – Complete Supplemental Application
* MOTOR TRUCK CARGO COVERAGE – Complete Supplemental Application

**UNDERWRITING QUESTIONS**

**General:**

ם Yes ם No 1. Is the applicant known to the agent? If “Yes”, # of years: \_\_\_\_\_\_\_\_

ם Yes ם No 2. Has the agent personally inspected the premises or property, If “Yes”, date of last inspection: \_\_\_\_\_\_\_\_\_

ם Yes ם No 3. Has any policy been cancelled or non-renewed in the past 5 years? If “Yes”, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Prior Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cancellation Date: \_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 5. During the last ten years, has any applicant been convicted of any degree of the crime of arson?

If “Yes’, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 6. Has the applicant been involved in any lawsuits? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 7. Have any judgments or liens been rendered against the applicant? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 8. Is the applicant a subsidiary of another? If “yes” Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 9. Does the applicant have subsidiaries? If “yes” Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 10. Has the applicant sustained any losses or claims in last 3 years?

If “yes”, describe all losses and amounts paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 11. Does the insured have another occupation besides farming? If “yes”, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 12. Does anyone other than the owner or insured have an interest in the property? If “yes” list names and interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Operations:**

1. Year business started: \_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Gross annual farming receipts: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 3. Is farming the applicant’s main source of income? If “no”, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Who actually farms the premises? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Describe the farm / ranch operations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 6. Does the applicant have a website pertaining to these operations? If “yes”, address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 7. Does the applicant perform maintenance on equipment? Describe type of repairs, where they are done and who does the repairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 8. Is a formal safety program in place? If “yes”, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 9. Are any of the applicant’s operations insured with another company? If “yes”, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 10. Does the applicant have any other business? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNDERWRITING QUESTIONS CONT.**

**Premises:**

ם Yes ם No 1. Does the applicant own a dog? If Yes, what kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 2. Any history of dog bites or destruction of property? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 3. Does the applicant own any potentially dangerous animals or exotic pets? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 4. Is there a swimming pool on premises? \_\_\_ Above Ground In Ground \_\_\_ Fenced? Yes or No

(Complete and attach a Farm Swimming Pool Questionnaire and attach a photo)

ם Yes ם No 5. Is there an airstrip on premises? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 6. Is there any unusual hazard on premises such as (but not limited to) open dump pits, silage pits, sink holes, ponds, lakes or reservoirs? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 7. Are the farms premises open to the public for any 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 uses? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 8. Is any part of the farm used or leased for organized recreational use? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 9. Are any portions of the farm rented or leased or used by any individual, corporation, or interest for other than farming? Explain” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 10. Are any premises used for hunting purposes? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 11. Is there a charge or fee?

ם Yes ם No 12. Are any items provided? If “yes”, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 13. Does the applicant milk cows? Number of cows milked? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 14. Is there any processing of milk? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 15. Are there any retail sales of milk products to the public? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 16. Does the applicant mix, process, slaughter, butcher, or otherwise prepare for any “end consume” his or any other grower’s product? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 17. Does the applicant handle any product such as seed, fertilizer, sprays, etc. for resale? Receipts: $\_\_\_\_\_

ם Yes ם No 18. Does the applicant build, repair, or design machinery, equipment, or systems for anyone at a charge or a fee? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 19. Are any contract or service operations performed for others such as snow removal, tiling, excavating, or ditching? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 20. Does the applicant maintain a non-farm office or private school in an insured building? If “yes” Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNDERWRITING QUESTIONS CONT.**

**Property**

ם Yes ם No 1. Is the entire premises occupied year round? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Fire Department Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Distance to Fire Department:\_\_\_\_\_\_ miles

4. Fire Department Protection Class: \_\_\_\_\_\_\_\_\_\_\_ 5. Distance to Fire Hydrant: \_\_\_\_\_\_\_\_\_ feet

ם Yes ם No 6. Are all residences and buildings located on a year round accessible road? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 7. Auxiliary Heating – Any wood or coal fired stoves used in any buildings? (Identify which buildings)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 8. Is the system checked and cleaned annually?

Complete Farm Supplemental Heating Questionnaire and attach photo

ם Yes ם No 9. Are all buildings used as originally intended? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. How far away from structures is gasoline and fuel tanks stored? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 11. Is any property kept on a location(s) other than an insured location?

Where is it kept: During farming season: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During off season: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Maximum value of equipment at any one location? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. What is the radius of operations of equipment? \_\_\_\_\_\_\_\_\_\_\_\_\_ miles

ם Yes ם No 14. Are poultry or swine brooders used in any covered farm buildings? If “yes” which buildings? \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Livestock** (if applicable)

ם Yes ם No 1. If any livestock are kept, are all areas adequately fenced, and are fences in a good state of repair?

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Livestock premises are in: \_\_\_\_\_\_\_ Open range area \_\_\_\_\_\_\_\_ Closed range area

2. Total # of livestock on all insured locations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 3. Does the applicant own any horses? If “yes”, how many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 4. Are non-owned horses on any applicant premises? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 5. Does the applicant board, race, breed, or rent horses? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For Horse exposures, please attach appropriate supplemental questionnaire)

**UNDERWRITING QUESTIONS CONT.**

**Pollution** (if applicable)

ם Yes ם No 1. Does the applicant apply anhydrous ammonia to his farm or to the farm of others? If yes, Explain fully including total receipts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 2. Are pesticides stored in a locked enclosure?

ם Yes ם No 3. Does the applicant apply herbicides or pesticides for others? Explain, including total receipts:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 4. Does the applicant require a certificate of application? If yes, provide a copy of declaration page verifying coverage elsewhere.

ם Yes ם No 5. Has the applicant ever had complaints regarding overspray, waste run-off, or other pollution damages?

If yes, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Miscellaneous**

ם Yes ם No 1. Does the applicant own a boat? Submit supplemental application

ם Yes ם No 2. Does the applicant maintain any vacation or seasonal premises? If yes, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 3. Are there any “hold harmless” or “indemnifying” agreements in effect? If yes, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 4. Does applicant serve on any boards for remuneration? If yes, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 5. Is any land held for real estate development or speculation? If yes, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 6. Are there any Beekeeping Operations? Number of Colonies? \_\_\_\_\_ (Complete Supplemental Application

םYes ם No 7. Are there any Christmas Tree Sales operations?

ם Yes ם No 8. Any custom farming operations? If yes, What type of work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gross annual receipts? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 9. Are there any farmer’s market? If yes, what products are sold? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are gross annual receipts? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 10. Are products of others sold? If yes, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNDERWRITING QUESTIONS CONT.**

ם Yes ם No 11. Are there any sales from the sale of firewood? If yes, Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 12. Are there any hunting club operations? If yes , complete supplemental application, what type of hunting is allowed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 13. Are there any incidental activities coverage?

ם Yes ם No 14. Are there any orchard or U-Pick operations?

ם Yes ם No 15. Are there any roadside stands operated by the insured? If yes, explain what products are sold:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ם Yes ם No 16. Are there any Row Crop U-Pick Operations? If yes, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* 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 subject such person to criminal and civil penalties.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Printed Name Retail Agency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retail Agent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retail Agent Printed Name