



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

**GENERAL INFORMATION**

Quote                       Issue  
**Effective Date**  
**Producer Code**

**Agency**

**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     Other                       Prepaid                       Prepaid  
                                                                 Two Pay                       Semi-annual  
                                                                 Four Pay                       Quarterly  
                                                                 Six Pay                       Monthly  
                                                                 Ten Pay  
                                                                 Ten Equal

**UNDERWRITING QUESTIONS**

1. Describe Farming operations:
2. Number of years farming experience by insured:
3. Is farming the major source of insureds income? <input type="checkbox"/> Yes <input type="checkbox"/> No if no, explain
4. Are there any fire and/or burglary alarms on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and indicate kind
5. Does Insured maintain smoke detectors in employees living quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are there any UL approved lightning rods on any buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which building Master Label # (s)
7. Are any of the dwellings constructed with or contain asbestos material? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which dwellings
8. Are any livestock present on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate kind
9. Are any livestock anticipated during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, indicate kind
10. Are all livestock areas fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are livestock near any public road or highway? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain including dates supplements where used.
13. Does the Insured slaughter, butcher, process, or otherwise prepare for "end consumer" his or any one else's cattle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Annual Income \$
14. Does Insured grow or store tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Has the Insured ever filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Does Insured prepare and sell animal feed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide details and receipts.
18. Swimming pools? <input type="checkbox"/> Yes <input type="checkbox"/> No



## GENERAL FRAUD STATEMENT

(Not Applicable in California, Colorado, Florida, Kentucky, Louisiana, Maine, New Mexico, New Jersey, New York, Ohio, Pennsylvania, Rhode Island)

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.

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### APPLICABLE IN THE STATE OF CALIFORNIA

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents a 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.

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### APPLICABLE IN THE STATE OF 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.

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### APPLICABLE IN THE STATE OF 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".

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### APPLICABLE IN THE STATE OF 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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### PENNSYLVANIA FRAUD STATEMENT

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.

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### APPLICABLE IN THE STATE OF 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.

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### APPLICABLE IN THE STATE OF 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 person.

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### APPLICABLE IN NEW YORK STATE

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 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.

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### APPLICABLE IN THE STATE OF OHIO

### FRAUD WARNING

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD. This notice is given as required by the laws of the State of Ohio.

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### APPLICABLE IN THE STATE OF 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 policy holder 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 services".

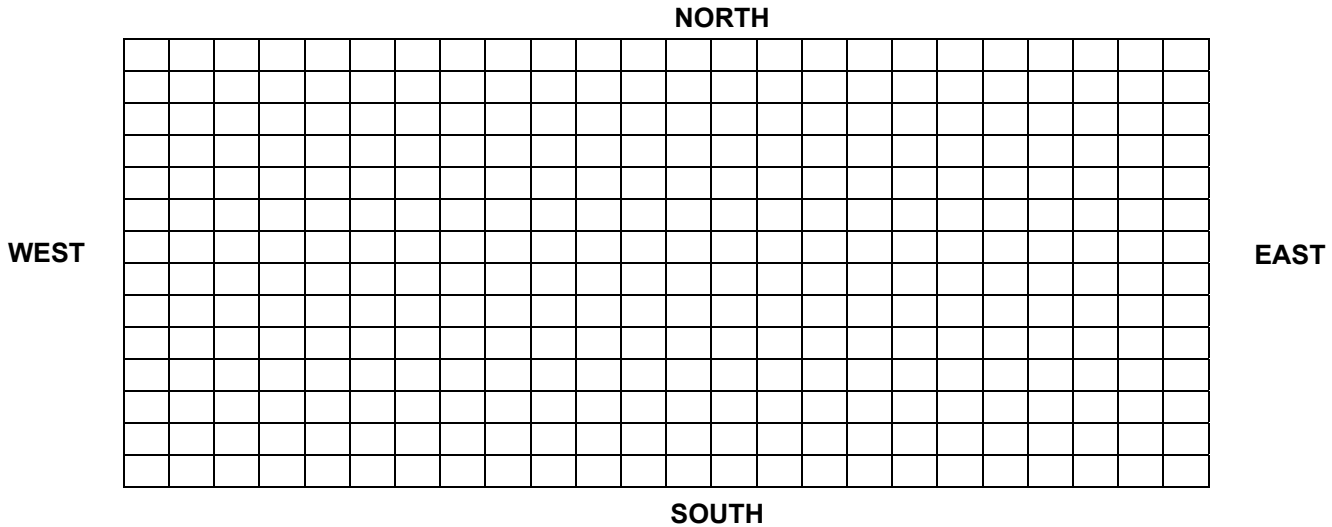
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### APPLICABLE IN THE STATE OF FLORIDA

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.



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



Type of  Farm  Ranch

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> (921) Berries, Fruits, & Nuts | <input type="checkbox"/> (926) Poultry               | <input type="checkbox"/> (90A) Citrus          | <input type="checkbox"/> (92A) Cotton      |
| <input type="checkbox"/> (923) Vegetables              | <input type="checkbox"/> (928) Horses                | <input type="checkbox"/> (90B) Nurseries       | <input type="checkbox"/> (92B) Tobacco     |
| <input type="checkbox"/> (924) Grain & Field Crops     | <input type="checkbox"/> (929) Livestock-Containment | <input type="checkbox"/> (90C) Fish Farms      | <input type="checkbox"/> (92C) Hobby Farms |
| <input type="checkbox"/> (925) Dairy                   | <input type="checkbox"/> (935) Ranches-Open Range    | <input type="checkbox"/> (90D) Gentlemen Farms | <input type="checkbox"/> (927) Other       |

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

Borrowed Farm Equipment  Yes  No

**GENERAL LIABILITY**

Total Acreage			
Choose <u>either</u> :	<input type="checkbox"/> Farm Liability	OR	<input type="checkbox"/> Commercial General Liability with:
	(Personal liability and product liability is included, subject to the provisions and conditions of the coverage forms)		Personal Liability <input type="checkbox"/> Included <input type="checkbox"/> Excluded Product Liability <input type="checkbox"/> Included <input type="checkbox"/> Excluded
	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)		Watercraft Liability	Length Horsepower



**FARM PERSONAL PROPERTY APPLICATION AND INVENTORY**

APPLICANT'S NAME

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

**MACHINERY**

Description	E	F	Make	Model	VIN	Cause of Loss Basic, Broad, Special	Foreign Obj. Y/N	Limit of Insurance	Ded Amt

**LIVESTOCK AND POULTRY**

Description	E	F	No. of Units	Unit Price	Cause of Loss Basic, Broad, Special	Limit of Insurance	Ded Amt

**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

Hay, straw & fodder in the open is only eligible for fire and lightning, vehicles, windstorm or hail and theft. Grain in the open is only eligible for fire of lightning, vehicles or theft.

**TOOLS, EQUIPMENT AND SUPPLIES**

Description	E	F	No. of Units	Unit Price	Cause of Loss Basic, Broad, Special	Limit of Insurance	Ded Amt


**IRRIGATION EQUIPMENT**

Description	E	F	No. of Units	Unit Price	Cause of Loss Basic, Broad, Special	Limit of Insurance	Ded Amt

Highest value of all equipment at any one location Which Location
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