

UM Application Ed. 1/99

# Stroud General Agency

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## FARM UMBRELLA APPLICATION

Named Insured and Mailing Address (number, street, town or city, state, ZIP code)	Producer

Phone Number:	
County:	Applicant's Primary Occupation:
Farm Type:	Spouse's Primary Occupation:

POLICY INFORMATION		
Transaction Type	Requested Limit of Liability	Retained Limit
New	\$	\$
Renewal	\$	

Expiring Pol. #:	Proposed Eff. Date:	Proposed Exp. Date:
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**UNDERLYING INSURANCE LIST ALL LIABILITY/COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE**

TYPE	CARRIER/POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY
Personal Automobile Liability				CSL
				BI/Pers.
				BI/Acc. PD
Commercial Automobile Liability				CSL
				BI/Pers.
				BI/Acc. PD
Farm / Personal Liability Incl Personal Inj yes no				CSL
				Personal Injury
General Liability Incl. Personal Liability yes no Incl. Personal & Adv. Injury yes no				Each Occ. _____
				General Agg. _____
				Prod & Comp Ops Agg. _____
				Personal & Adv. Injury _____
Employer's Liability				CSL
				Ea. Accident
				Disease Policy Limit
Other				Disease Ea. Employee

**UNDERLYING FARM EXPOSURE INFORMATION**

Total number of acres operated (All locations): \_\_\_\_\_  
 Number of dwellings occupied by insureds: \_\_\_\_\_ Number of dwellings rented to others: \_\_\_\_\_

Total number of Offices, Professional, Private School or Studio occupancies: \_\_\_\_\_

Total number of full and part-time farm employees: \_\_\_\_\_

Custom Farming Gross Receipts: \$ \_\_\_\_\_ Herbicide/Pesticide Application: Yes \_\_\_\_\_ No \_\_\_\_\_

Fruit or Vegetable "Pick Your Own" Gross Receipts: \$ Off-Ground Picking: Yes No

Are Horses Boarded? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes," number of stalls: \_\_\_\_\_

Incidental Business Pursuits: None \_\_\_\_\_ Class I \_\_\_\_\_ Class II \_\_\_\_\_

Number of Swimming Pool(s): Fenced: ; Yes \_\_\_\_\_ No \_\_\_\_\_ Diving board: Yes \_\_\_\_\_ No \_\_\_\_\_

Is Childcare or Adult care provided for a fee? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes." How many persons \_\_\_\_\_



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**CARE, CUSTODY & CONTROL**

Does the applicant lease, rent or use property of others? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes describe property and it's value:

**ADVERTISERS LIABILITY**

Media used: \_\_\_\_\_ Annual Cost: \$ \_\_\_\_\_

Are the services of an advertising agency used? Yes \_\_\_\_\_ No \_\_\_\_\_

Is any coverage provided under the agency's policy? Yes \_\_\_\_\_ No \_\_\_\_\_

**AIRCRAFT LIABILITY**

Does applicant own/lease/operate aircraft? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYER'S LIABILITY**

Is applicant self-insured in any state? Yes \_\_\_\_\_ No \_\_\_\_\_

Subject to: \_\_\_\_\_ Jones Act \_\_\_\_\_ FELA \_\_\_\_\_ Stop Gap \_\_\_\_\_ Other: \_\_\_\_\_

**PROTECTIVE LIABILITY**

Are the services of others hired? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes," describe:

Are certificates of insurance required of all sub or independent contractors? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," what limit is required? \$ \_\_\_\_\_

**PERSONAL INJURY LIABILITY**

Does the applicant serve on any board or as an elected official? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," please describe:

**UNDERLYING INSURANCE COVERAGE INFORMATION**

(Include all restrictions: e.g. laser endorsements, discrimination, subrogation waivers, or extensions of coverage-attach separate sheet if necessary)

**PREVIOUS EXPERIENCE**

Give details of all liability claims exceeding \$10,000 or occurrences that may give rise to claims, during the past 5 years, whether insured or not.

Date of Loss	Coverage	Description of Loss	Amount Paid

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 (NY: SUBSTANTIAL) CRIMINAL AND CIVIL PENALTIES

\_\_\_\_\_  
(Date) By \_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date) By \_\_\_\_\_  
(Applicant Signature)