AGRICULTURE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
	COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE:
		ACCOUNT NO:
CONTACT NAME:		
PHONE (A/C, No, Ext):	☐ NEW ☐ RNWL — EFFECTIVE DATE — EXPIRATION DATE — ☐ DIRECT BILL ☐ AGENCY BILL — PAYMENT PLAN	
FAX (A/C, No):		
E-MAIL ADDRESS:	☐ QUOTE — POLICY TYPE — EST TOTAL PREMIUM $	
CODE: SUBCODE:	☐ BOUND (DATE): — DEPOSIT $	
AGENCY CUSTOMER ID:	☐ ISSUE POLICY — BALANCE $	

INDICATE SECTIONS ATTACHED

☐ AGRICULTURE PROPERTY	☐ AGRICULTURE LIABILITY	☐ LIVESTOCK MORTALITY	☐ HOMEOWNERS	☐ WATERCRAFT
☐ AG PROPERTY SECTION SCHED AND UNSCHED PERSONAL PROPERTY	☐ AGRICULTURE PREMISES / LOCATION DIAGRAM	☐ EQUINE LIABILITY	☐ PERSONAL AUTO	
	☐ AG PROPERTY SECTION UNSCHED FARM PERSONAL PROPERTY	☐ COMMERCIAL AUTO	☐ PERSONAL INLAND MARINE	
		☐ COMML GENERAL LIABILITY	☐ UMBRELLA	

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)	MAILING ADDRESS INCL ZIP+4 (of First Named Insured)
FEIN OR SOC SEC # (of First Named Insured): — PHONE (A/C, No, Ext):	NUMBER OF YEARS FARMING EXPERIENCE BY THE INSURED:
E-MAIL ADDRESS(ES):	WEBSITE ADDRESS(ES):

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ JOINT VENTURE ☐ SUBCHAPTER "S" CORPORATION ☐ NOT FOR PROFIT ORG ☐ LLC NO. OF MEMBERS AND MANAGERS _____ — CR BUREAU NAME — ID NUMBER

INSPECTION CONTACT:	PHONE (A/C, No, Ext):	ACCOUNTING REC CONTACT:	PHONE (A/C, No, Ext):
E-MAIL ADDRESS:		E-MAIL ADDRESS:	

TYPE OF FARM / RANCH OPERATIONS (Mark and describe all that apply)

☐ AQUACULTURE	☐ FLOWERS	☐ HOBBY / GENTLEMAN FARM	☐ LIVESTOCK GRAZING	☐ POULTRY	
☐ COTTON	☐ FRUIT / CITRUS	☐ HORSES	☐ LIVESTOCK PROCESSING	☐ TOBACCO	
☐ DAIRY	☐ FUR BEARING ANIMALS	☐ LIVESTOCK CONFINEMENT	☐ NURSERY STOCK	☐ VEGETABLES	
☐ FIELD CROPS	☐ GREENHOUSES	☐ LIVESTOCK FEEDLOT	☐ NUTS	☐ VINEYARDS	

DESCRIBE FARM/RANCH OPERATIONS AND ANY INCIDENTAL BUSINESS ACTIVITIES. DESCRIBE ADDITIONAL ITEMS IN OPTIONAL CHECK BOXES.

LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES FOR THE PAST FIVE YEARS

DATE OF OCCURRENCE	TYPE OF LOSS	DESCRIPTION OF OCCURRENCE	AMOUNT PAID

PRIOR INSURANCE INFORMATION

PRIOR CARRIER	TYPE OF INSURANCE	POLICY #	AMOUNT OF COVERAGE

OTHER RELATED POLICIES

INSURED NAME	TYPE OF INSURANCE	POLICY #

REMARKS (Attach additional sheets if more space is required)

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AGENCY CUSTOMER ID: _____

LOCATION / SUBLOCATION SCHEDULE

LOC #	ADDRESS (Street / Route, City, State, Zip)	SUBLOCATION TYPE	RANGE	
BLDG / SUBLOC #		☐ DWELLING ☐ STRUCTURE	LATITUDE	LONGITUDE
SUBLOCATION DESCRIPTION:				

LOC #	ADDRESS (Street / Route, City, State, Zip)	SUBLOCATION TYPE	RANGE	
BLDG / SUBLOC #		☐ DWELLING ☐ STRUCTURE	LATITUDE	LONGITUDE
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SUBLOCATION DESCRIPTION:				

PREMISES INFORMATION

LOC #	COUNTY	SECTION	TOWNSHIP	FARM NAME	# ACRES

IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION?	IF YES, (A) SOURCE =	(B) QUANTITY =	PROT CLASS	FIRE DISTRICT CODE	FIRE DISTRICT NAME
☐ YES ☐ NO	☐ WELL ☐ POND / LAKE ☐ HYDRANT WITHIN 1,000 FT.	☐ LESS THAN 1,000 GALLONS ☐ 1,000-3,000 GALLONS ☐ OVER 3,000 GALLONS			

OPERATED BY	OWNED BY APPLICANT	DISTANCE TO	
		PUBLIC HYDRANT FT	FIRE STAT MI
☐ APPLICANT ☐ TENANT	☐ YES ☐ NO		

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OPERATED BY	OWNED BY APPLICANT	DISTANCE TO	
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☐ APPLICANT ☐ TENANT	☐ YES ☐ NO		

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES APPLICANT HAVE ANY OTHER BUSINESS OR OTHER NON-FARM ACTIVITIES ON OR OFF PREMISES, SUCH AS DUDE RANCH, BED & BREAKFAST OR RESORT FACILITY? IF SO, INCLUDE RECEIPTS: $	☐
2. IS FARMING THE PRIMARY SOURCE OF THE INSURED'S INCOME?	☐
3. IS THIS BUSINESS NEW TO THE AGENCY?	☐
4. HAS ANY POLICY BEEN CANCELLED OR NONRENEWED IN THE PAST 5 YEARS? (NOT APPLICABLE IN MO)	☐
5. HAVE YOU INSPECTED THIS PROPERTY IN THE LAST TWELVE (12) MONTHS?	☐
6. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	☐
7. ARE INDEPENDENT CONTRACTORS HIRED TO PERFORM ANY FARMING OPERATIONS?	☐
8. IS ANY PART OF THE FARM RENTED OR LEASED FOR RECREATIONAL USE?	☐
9. ARE THE FARM PREMISES OPEN TO THE PUBLIC FOR ACTIVITIES SUCH AS ROADSIDE STANDS, "U-PICK", RECREATIONAL, CAMPING, "RENT-A-GARDEN", AUCTION, SALES, SHOWS, RODEOS, HAY RIDES, FISHING, KENNELS, ANIMAL BOARDING, OR CHRISTMAS TREE SALES?	☐
10. ARE ANY PORTIONS OF THE FARM OR STRUCTURES RENTED OR LEASED OR USED BY ANY OTHER INDIVIDUAL, CORPORATION OR INTEREST FOR OTHER THAN FARMING?	☐
11. DOES THE APPLICANT OR SPOUSE OWN, RENT OR OPERATE AS A FARM, RANCH OR RESIDENCE ANY PREMISES OTHER THAN THOSE DESCRIBED IN THE PREMISES INFORMATION SECTION?	☐
12. IS ANY LAND HELD FOR REAL ESTATE DEVELOPMENT OR SPECULATION?	☐
13. DOES APPLICANT MAINTAIN ANY VACATION OR SEASONAL PREMISES?	☐
14. IS THE APPLICANT A SUBSIDIARY OF ANOTHER?	☐
15. DOES THE APPLICANT HAVE SUBSIDIARIES?	☐
16. DOES THE INSURED PLAN ANY CONSTRUCTION OR RENOVATION WORK TO BE DONE ON THE PREMISES IN THE NEXT 12 MONTHS?	☐
17. IS A FORMAL SAFETY PROGRAM IN EXISTENCE?	☐
18. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?	☐

AGENCY CUSTOMER ID: _____

REMARKS

ATTACHMENTS

☐	APPRAISALS
☐	BILL OF SALE
☐	COST ESTIMATOR
☐	INVENTORIES
☐	PHOTOS
☐	PREMISES DIAGRAM
☐	STATE SUPPLEMENT(S) (if applicable)
☐	
☐	
☐	

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER