AGENCY CUSTOMER ID: _____

LOC #: _____

AGRICULTURE PROPERTY SECTION

SCHEDULED AND UNSCHEDULED FARM PERSONAL PROPERTY

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

POLICY NUMBER	NAMED INSURED(S)

ACCOUNT NUMBER			EFFECTIVE DATE	EXPIRATION DATE
	☐	NEW		
	☐	RNWL		

GENERAL INFORMATION

1. IS ANY PROPERTY KEPT ON A LOCATION(S) OTHER THAN AN INSURED LOCATION? (Y / N) ☐

IF YES, WHERE IS IT KEPT? (A) DURING FARMING SEASON?

(B) DURING OFF SEASON?

2. WHAT IS MAXIMUM VALUE OF EQUIPMENT AT ANY ONE LOCATION?	INSIDE	IN OPEN
(A) DURING FARMING SEASON?	$	$
(B) DURING OFF SEASON?	$	$

3. IS THERE ANY EQUIPMENT LOANED OR RENTED TO/FROM OTHERS? (Y / N) ☐ IF YES, VALUE FOR BORROWED OR RENTED EQUIPMENT: $ _____

4. WHAT IS RADIUS OF OPERATIONS OF EQUIPMENT? MILES

5. IS EQUIPMENT WELL MAINTAINED? (Y / N) ☐

TRANSIT

LIMIT OF INSURANCE	COINS %	CAUSES OF LOSS (PERILS)	DEDUCTIBLE	PREMIUM

PEAK SEASON

CLASS CODE	DESCRIPTION	TIME PERIOD (MM/DD/YYYY) FROM	TIME PERIOD (MM/DD/YYYY) TO	APPLIES TO SCHD / UNSCHD	LIMIT OF INSURANCE	PREMIUM
					TOTAL:	

ADDITIONAL INTEREST

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED							LOCATION: / BUILDING:
☐ EMPLOYEE AS LESSOR							VEHICLE: / BOAT:
☐ LENDER'S LOSS PAYABLE							ITEM CLASS: / ITEM:
☐ LIENHOLDER							ITEM DESCRIPTION:
☐ LOSS PAYEE	REFERENCE / LOAN #:		INTEREST END DATE:				
☐ MORTGAGEE	LIEN AMOUNT:		PHONE (A/C, No, Ext):				
	E-MAIL ADDRESS:						

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED							LOCATION: / BUILDING:
☐ EMPLOYEE AS LESSOR							VEHICLE: / BOAT:
☐ LENDER'S LOSS PAYABLE							ITEM CLASS: / ITEM:
☐ LIENHOLDER							ITEM DESCRIPTION:
☐ LOSS PAYEE	REFERENCE / LOAN #:		INTEREST END DATE:				
☐ MORTGAGEE	LIEN AMOUNT:		PHONE (A/C, No, Ext):				
	E-MAIL ADDRESS:						

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED							LOCATION: / BUILDING:
☐ EMPLOYEE AS LESSOR							VEHICLE: / BOAT:
☐ LENDER'S LOSS PAYABLE							ITEM CLASS: / ITEM:
☐ LIENHOLDER							ITEM DESCRIPTION:
☐ LOSS PAYEE	REFERENCE / LOAN #:		INTEREST END DATE:				
☐ MORTGAGEE	LIEN AMOUNT:		PHONE (A/C, No, Ext):				
	E-MAIL ADDRESS:						

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Attach to ACORD 401

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AGENCY CUSTOMER ID: _____

LOC #: _____

MISCELLANEOUS

		LIMIT OF INSURANCE	COINS %	CAUSE OF LOSS (PERILS)	DEDUCTIBLE	PREMIUM
MISCELLANEOUS AGRICULTURAL MACHINERY AND IMPLEMENTS	NOT EXCEEDING $ PER ITEM					
MISCELLANEOUS TOOLS, EQUIPMENT AND SUPPLIES	NOT EXCEEDING $ PER ITEM					
					TOTAL:	

SCHEDULED FARM PERSONAL PROPERTY

#	DESCRIPTION - EQUIPMENT YEAR	MAKE	MODEL	SERIAL #	CAUSE OF LOSS (PERILS)	LIMIT OF INSURANCE	DEDUCTIBLE	PREMIUM
#	DESCRIPTION - NON-EQUIPMENT (LIVESTOCK INFO, FEED, HAY, ETC.)				CAUSE OF LOSS (PERILS)	LIMIT OF INSURANCE	DEDUCTIBLE	PREMIUM

AGENCY CUSTOMER ID: _____

LOC #: _____

AGRICULTURE UNSCHEDULED FARM PERSONAL PROPERTY

Use ACORD 406 to itemize individual category items with multiple units (i.e., Tractors, etc.).

AGRICULTURAL PRODUCE	UNIT PRICE	VALUE	CAUSE OF LOSS	DED
BARLEY				
CORN				
FODDER				
FRUIT				
GROUND FEED				
HAY				
MFG STK FEED				
NUTS				
OATS				
SILAGE				
SOYBEANS				
STRAW				
WHEAT				
TOTAL VALUE:				

POULTRY	UNIT PRICE	VALUE	CAUSE OF LOSS	DED
CHICKENS				
TURKEYS				
TOTAL VALUE:				

LIVESTOCK	UNIT PRICE	VALUE	CAUSE OF LOSS	DED
DAIRY COWS				
DAIRY HEIFERS				
DAIRY CALVES				
BEEF COWS				
BEEF CALVES				
FEEDER CATTLE				
BULLS				
SOWS & GILTS				
BOARS				
FEEDER PIGS				
EWES				
RAMS				
LAMBS				
HORSES				
PONIES				
MULES				
TOTAL VALUE:				

AGRICULTURAL MACHINERY AND IMPLEMENTS	# UNITS	VALUE	CAUSE OF LOSS	DED
TILLAGE:				
TRACTORS				
DISCS				
HARROWS				
PLOWS				
CULTIVATING:				
CULTIPACKERS				
CULTIVATORS				
DRILLS				
PLANTERS				
ROTARY HOES				
SEEDERS				
SPREADERS				
SPRAYERS				
HARVESTING:				
AUGERS				
BLOWERS				
CHOPPERS				
COMBINES				
CORN PICKERS				
COTTON PCKRS				
DRIERS				
ELEVAT (PORT)				
FORAGE:				
HARVESTERS				
GRAIN CLNRS				
GRAIN HEADS				
GRAPE:				
HARVESTERS				
HAY BALERS				
MOWERS				
NUTSHAKERS				
RAKES				
RICE HARVSTRS				
SILO BLOWERS				
SILO UNLOADRS				
TOMATO:				
HARVESTERS				
WAGONS				
TOTAL VALUE:				

AGENCY CUSTOMER ID: _____

LOC #: _____

AGRICULTURE UNSCHEDULED FARM PERSONAL PROPERTY

AGRIC TOOLS, EQUIPMENT AND SUPPLIES	# OF UNITS	VALUE	CAUSE OF LOSS	DED
AGRICULT CHEM:				
FERTILIZERS				
HERBICIDES				
INSECTICIDES				
PESTICIDES				
AIR COMPRESSORS				
BINS				
BOXES & BOX SHOOK				
ELECTRIC MOTORS				
FARM LUBRICANTS				
FENCING & POSTS				
GAS/DIESEL FUEL				
HAND TOOLS				
MATERIALS & SUPP				
MILKING EQUIP				
OFFICE EQUIP				
PAINTS				
PICKING EQUIP				
POULTRY EQUIP				
POWER TOOLS				
SADDLES & TACK				
SPARE PARTS				
TIRES				
VET SUPPLIES				
WELDRS & TRCHES				
TOTAL VALUE:				

IRRIGATION EQUIPMENT	# OF UNITS	VALUE	CAUSE OF LOSS	DED
CNTR PIVOT IRR				
DRIP				
HANDSET				
LTRL MOVE IRR				
PUMPS				
SOLID SET				
WHEEL-LINE				
TOTAL VALUE:				

ADDITIONAL ITEMS	# OF UNITS	VALUE	CAUSE OF LOSS	DED
TOTAL VALUE:				

SUMMARY SCHEDULED FARM PERSONAL PROPERTY

LIMIT OF INSURANCE:	$
PREMIUM:	$

SUMMARY UNSCHEDULED FARM PERSONAL PROPERTY

TOTAL ALL CATEGORIES:	$
LIMIT OF INSURANCE:	$
PREMIUM:	$

IF EXCLUSION OF PROPERTY FROM BLANKET COVERAGE IS DESIRED, PLEASE LIST THE SPECIFIC ITEMS

PROPERTY CLASS	PROP SUB-CLASS	ITEMS	VALUE
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

AGENCY CUSTOMER ID: _____

LOC #: _____

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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 policyholder 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 Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		**DATE**	**NATIONAL PRODUCER NUMBER**