SMALL FARM/RANCH APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): / FAX (A/C, No):	COMPANY	NAIC CODE:
		COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE:
CODE:	SUBCODE:	EFFECTIVE DATE / EXPIRATION DATE / ☐ DIRECT BILL ☐ AGENCY BILL	PAYMENT PLAN
AGENCY CUSTOMER ID		☐ QUOTE ☐ ISSUE POLICY ☐ BOUND (DATE):	POLICY TYPE / DEPOSIT $

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds) *	RELATIONSHIP *	MAILING ADDRESS (of First Named Insured)	PHONE (A/C, No. Ext):

* If more than one person is listed as the named insured, indicate the relationship to the first named insured.

PHONE # ON PREMISES:

E-MAIL ADDRESS:

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ JOINT VENTURE	DATE BUS STARTED	SIC	FEDERAL ID #	CONTACT	PHONE (A/C, No, Ext):

TYPE OF FARM/RANCH

☐ FIELD CROPS	☐ MUSHROOMS	☐ GREENHOUSES	☐ BEES	☐ TOBACCO
☐ FRUITS	☐ NUTS	☐ NURSERY STOCK	☐ FUR BEARING ANIMALS	☐ POULTRY
☐ VEGETABLES	☐ FLOWERS	☐ SOD	☐ LIVESTOCK	☐
☐ DAIRY	☐ VINEYARDS	☐ WORMS	☐ - TYPE:	☐

DESCRIBE FARM/RANCH OPERATIONS AND ANY INCIDENTAL BUSINESS ACTIVITIES

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	PROT CLASS	# ACRES TOTAL	# ACRES CULTIVATED	# ACRES IN PASTURE	FARMED BY	GROSS RECEIPTS

DOES APPLICANT HAVE ANY OTHER BUSINESS? (IF YES, DESCRIBE) ☐ YES ☐ NO

IS BUSINESS NEW TO AGENCY? ☐ YES ☐ NO

DATE OF LAST INSPECTION

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

HAS ANY POLICY BEEN CANCELLED OR NONRENEWED IN THE PAST 5 YEARS? IF YES, EXPLAIN. (NOT APPLICABLE IN MO) ☐ YES ☐ NO

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ADDITIONAL INTERESTS - PROPERTY

PREM NO	BLDG NO		EVIDENCE	BLDG NO		EVIDENCE
	☐		☐ CERTIFICATE	☐		☐ CERTIFICATE
			☐ POLICY			☐ POLICY
	INTEREST:		☐ SEND BILL	INTEREST:		☐ SEND BILL

ADDITIONAL INTEREST LIABILITY/LIABILITY CERTIFICATE RECIPIENT (Attach ACORD 45 for additional names)

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	☐ CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED					LOCATION:	BUILDING:
☐ LOSS PAYEE					VEHICLE:	BOAT:
☐ MORTGAGEE					SCHEDULED ITEM NUMBER:	
☐ LIENHOLDER					OTHER	
☐ EMPLOYEE AS LESSOR						
☐		ITEM DESCRIPTION:				

PROPERTY COVERAGE

LOCATION #	FIRE DISTRICT NAME	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STATION MI

DESCRIPTION OF PROPERTY	BLDG TYPE	CON-STRUC-TION	TYPE OF HEAT	AGE OF BLDG	AGE OF ROOF	SQUARE FEET	RC/ ACV	COINS %	PROT CLASS	CAUSE OF LOSS	DEDUCTIBLE	VALUE	LIMIT OF INSURANCE	PREMIUM
PRINCIPAL DWG														
HOUSEHOLD PP		N/A	N/A	N/A	N/A	N/A								
OTHER DWG														
HOUSEHOLD PP		N/A	N/A	N/A	N/A	N/A								
SNOWMOBILES		N/A	N/A	N/A	N/A	N/A								

ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

LIABILITY COVERAGE

LIABILITY COVERAGES	LIMITS OF LIABILITY	
BODILY INJURY AND PROPERTY DAMAGE LIABILITY	$	EACH "OCCURRENCE" LIMIT
	$	GENERAL AGGREGATE LIMIT
PERSONAL AND ADVERTISING INJURY LIABILITY	$	EACH "OCCURRENCE" LIMIT
	$	GENERAL AGGREGATE LIMIT
MEDICAL PAYMENTS	$	ANY ONE PERSON LIMIT
	$	EACH "OCCURRENCE" LIMIT
PROPERTY DAMAGE LIABILITY FIRE DAMAGE LIMIT	$	ANY ONE FIRE
ADDITIONAL COVERAGE -- DAMAGE TO PROPERTY OF OTHERS	$	
AAIS PERSONAL LIABILITY COVERAGE	NAME OF INSURED(S)	
	$	
	$	

COMMERCIAL GENERAL LIABILITY ☐ YES ☐ NO — IF YES, COMPLETE COMMERCIAL GENERAL LIABILITY APPLICATION

FARM PERSONAL LIABILITY (AAIS) ☐ YES ☐ NO

FARM COMMERCIAL LIABILITY (AAIS) ☐ YES ☐ NO

LIABILITY COVERAGE (Continued)

CODE	COVERAGE					INCR LIMITS FACTOR	BASIS/RATE	PREMIUM
	INITIAL FARM PREMISES	NOT MORE THAN ACRES						
	ADDITIONAL FARM PREMISES MAINTAINED BY NAMED INSURED			LOC #				
	ADDITIONAL NON-FARM PREMISES OCCUPIED BY INSURED ☐ SEASONAL ☐ PERMANENT			LOC #				
	ADDITIONAL RESIDENCE RENTED TO OTHERS		# FAMILIES	LOC #				
	CUSTOM FARMING RECEIPTS (RATE PER $1,000)		RECEIPTS $					
	ROADSIDE STANDS -- FARM PRODUCTS PRINCIPALLY ON THE INSURED FARM (RATE PER $1,000 GROSS SALES)		SALES $			☐		
	DAY CARE COVERAGE (HOME)	1-3 PERSONS						
		1-6 PERSONS						
	LIMITED FARM POLLUTION LIABILITY (REFER TO COMPANY)							
	CONTINGENT LIABILITY FOR CROP DUSTING BY INDEPENDENT AIRCRAFT (RATE PER $1,000 COST)		COST $	LIMIT $				
	DOMESTIC WORKERS' COMP ☐ INSERVANT ☐ OUTSERVANT		# OF RESIDENTIAL EMPLOYEES					
	ANIMAL COLLISION		LIMIT PER HEAD $	# OF HEAD				
	EMPLOYERS LIABILITY	# FULL TIME EMPLOYEES	# PART TIME EMPLOYEES	TOTAL PAYROLL $				
	OTHER:							

GENERAL INFORMATION

1. IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION? ☐ YES ☐ NO

IF YES, (A) SOURCE = ☐ WELL ☐ POND/LAKE ☐ HYDRANT WITHIN 1,000 FT. ☐ OTHER:

(B) QUANTITY = ☐ LESS THAN 1,000 GALLONS ☐ 1,000-3,000 GALLONS ☐ OVER 3,000 GALLONS

2. ARE ANY WOOD OR COAL FIRED STOVES USED IN ANY BUILDINGS? ☐ YES ☐ NO **IF YES, EXPLAIN**

3. ARE ANY BURGLARY AND/OR FIRE ALARMS ON THE PREMISES? ☐ YES ☐ NO **IF YES, TYPE OF ALARM** **DIAGRAM #**

INDICATE FLOORS PROTECTED BY ALARM

4. DOES APPLICANT PERFORM MAINTENANCE ON EQUIPMENT? ☐ YES ☐ NO

IF NO, PLEASE INDICATE TYPE OF REPAIRS DONE, WHERE PERFORMED AND BY WHOM

5. IS ENTIRE PREMISES OCCUPIED YEAR ROUND? ☐ YES ☐ NO

6. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (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.) ☐ YES ☐ NO

GENERAL INFORMATION (Continued)

EXPLAIN ALL "YES" RESPONSES	YES	NO
7. ARE INDEPENDENT CONTRACTORS HIRED TO PERFORM ANY FARMING OPERATIONS?		
8. IS ANY PART OF THE FARM USED OR LEASED FOR ORGANIZED RECREATIONAL USE?		
9. DOES APPLICANT BUILD, REPAIR OR DESIGN MACHINERY, EQUIPMENT OR SYSTEMS FOR ANYONE AT A CHARGE OR FEE?		☐
10. DOES APPLICANT MIX, PROCESS, SLAUGHTER, BUTCHER OR OTHERWISE PREPARE FOR ANY "END CONSUMER" HIS OR ANY OTHER GROWER'S PRODUCT?		
11. DOES APPLICANT HANDLE ANY PRODUCT, SUCH AS SEED, FERTILIZER, SPRAYS, ETC. FOR RESALE?	☐	☐
12. ARE ANY CONTRACT OR SERVICE OPERATIONS PERFORMED FOR OTHERS SUCH AS SNOW REMOVAL, TILLING, EXCAVATING OR DITCHING?		
13. ARE THE FARM PREMISES OPEN TO THE PUBLIC FOR 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?		
14. ARE ANY PORTIONS OF THE FARM RENTED OR LEASED OR USED BY ANY OTHER INDIVIDUAL, CORPORATION OR INTEREST FOR OTHER THAN FARMING?		
15. IS THERE ANY UNUSUAL HAZARD SUCH AS (BUT NOT LIMITED TO) OPEN DUMP PITS, SILAGE PITS, SUMP HOLES, PONDS, LAKES OR RESERVOIRS?	☐	
16. IS THERE AN AIRSTRIP ON THE PREMISES?	☐	☐
17. ARE ANY "HOLD HARMLESS" OR "INDEMNIFYING" AGREEMENTS IN EFFECT?	☐	☐
18. IF LIVESTOCK IS KEPT, ARE ALL AREAS ADEQUATELY FENCED AND ARE FENCES IN A GOOD STATE OF REPAIR? IF NO, PLEASE EXPLAIN. PREMISES IS IN: ☐ OPEN RANGE AREA ☐ CLOSED RANGE AREA		

EXPLAIN ALL "YES" RESPONSES	YES	NO
19. ARE THE DESCRIBED INSURED PREMISES THE ONLY PREMISES WHICH THE APPLICANT OR SPOUSE OWNS, RENTS OR OPERATES AS A FARM OR RANCH, OR MAINTAINS AS A RESIDENCE, OTHER THAN BUSINESS PROPERTY? IF NO, EXPLAIN.		
20. ANY NON-OWNED HORSES ON ANY INSURED PREMISES?		
21. DOES INSURED BOARD, RACE, BREED OR RENT HORSES?		
22. IS ANY LAND HELD FOR REAL ESTATE DEVELOPMENT OR SPECULATION?		
23. DOES APPLICANT MAINTAIN ANY VACATION OR SEASONAL PREMISES?		
24. IF DAIRY FARM, IS THERE ANY PROCESSING OF MILK?		
25. IF DAIRY FARM, IS THERE ANY RETAIL SALES OF MILK PRODUCTS TO PUBLIC? RECEIPTS $		☐
26. NUMBER OF COWS MILKED		
27. ARE ANY PREMISES USED FOR HUNTING PURPOSES? ☐ BY OWNERS: ☐ RENTED TO OTHERS: ☐ NO CHARGE ☐ FEE RECEIPTS $		
28. DOES APPLICANT MAINTAIN A NON-FARM OFFICE OR PRIVATE SCHOOL IN AN INSURED BUILDING?		
29. IS THERE A SWIMMING POOL ON PREMISES?		
IF YES, IS IT FENCED?		
IS THERE A DIVING BOARD?		
30. DOES APPLICANT SERVE ON ANY BOARDS FOR REMUNERATION?		
31. IS THE APPLICANT A SUBSIDIARY OF ANOTHER OR DOES THE APPLICANT HAVE SUBSIDIARIES?		
32. IS A FORMAL SAFETY PROGRAM IN EXISTENCE?	☐	
33. DOES APPLICANT HAVE ANY POTENTIALLY DANGEROUS ANIMALS OR EXOTIC PETS?		
34. IS THERE ANY WATERCRAFT OR SNOWMOBILE EXPOSURE?		
35. ARE THERE ANY ELEVATORS ON THE PREMISES?		

REMARKS

ATTACHMENTS

- ☐ STATE SUPPLEMENT(S) (If applicable)
- ☐ PHOTOS
- ☐ BILL OF SALE
- ☐ APPRAISALS
- ☐ INVENTORIES
- ☐
- ☐

NOTICE OF INFORMATION PRACTICES - A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. CREDIT SCORING INFORMATION MAY BE USED TO 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. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

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, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

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