

BEEKEEPING SUPPLEMENTAL APPLICATION

Please answer all questions. Attach additional sheets if more space is needed.

SECTION I. APPLICANT INFORMATION

1. Proposed Effective Date: _____ To _____
2. Named Insured(s): _____
3. Mailing Address: _____
4. City: _____ State: _____ Zip Code: _____
5. Email Address: _____ Phone: _____
6. Date of Birth: _____ Occupation / Employer: _____

SECTION II. APIARY

7. Number of hives: _____ Years beekeeping: _____
8. Apiary locations:

Address / Location	Hives	Owner of Land	Distance to Nearest Neighbor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Are hives fenced or screened from neighbors and public areas? ☐ Yes ☐ No
10. Is a water source provided for the bees on site? ☐ Yes ☐ No
11. Is the apiary registered with the state, where required? ☐ Yes ☐ No
12. Do you sell honey, wax or other hive products? ☐ Yes ☐ No

If yes, explain: _____

13. Annual product sales: _____
14. Do you rent hives for pollination or remove swarms for others? ☐ Yes ☐ No
15. Do you allow visitors, classes or tours at the apiary? ☐ Yes ☐ No

If yes, explain: _____

SECTION III. PROPERTY

16. Value of hives, bees and equipment \$ _____
17. Value of extraction / processing equipment \$ _____

SECTION IV. COVERAGE REQUESTED

18. Limit per occurrence
☐ \$300,000 ☐ \$500,000 ☐ \$1,000,000 ☐ \$2,000,000
☐ Other
19. Other limit or additional coverage requested: _____

SECTION V. LOSS HISTORY

20. Any sting, product or liability claims, lawsuits or demands against any household member in the past 5 years? ☐ Yes ☐ No

If yes, explain: _____

21. Has any insurer cancelled, declined or non-renewed similar coverage for you? ☐ Yes ☐ No

If yes, explain: _____

22. Are you aware of any incident or circumstance that could give rise to a claim? ☐ Yes ☐ No

If yes, explain: _____

23. List all claims in the past five (5) years:

Date of Loss	Type of Loss	Description	Amount Paid	Status (O/C)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Fraud Warnings:

Please refer to Acord 63 for state specific fraud warnings: This application cannot be considered complete until the signed ACORD 63 fraud warning statement has also been attached.

All Other States: 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 materially false information may be guilty of a criminal offense and may be subject to fines and confinement in prison, and denial of insurance benefits.

WARRANTIES AND REPRESENTATIONS

In submitting this application, the undersigned warrants and represents that:

- The information in this application and all attachments is true and complete as of the date submitted;
- The insurer may, and is intended to, rely upon such information in determining whether to issue coverage and, if so, at what premium and upon what terms;
- Upon any change in circumstances which bears upon the accuracy or completeness of the undersigned's representations herein prior to binding, he/she shall notify the insurer in writing and such notice shall become a part of this application;
- The insurer may change the quoted premium and/or the terms of any coverage if, subsequent to the submission of this application, it becomes aware of any such circumstances, whether by notice from the undersigned or otherwise;
- The undersigned authorizes the insurer and its agents to obtain information regarding the undersigned's prior insurance, claims history and, where permitted by law, motor vehicle and consumer reports; and
- The submission of this application shall not bind the insurer or its agents to the issuance of insurance coverage, nor shall it bind the undersigned to accept insurance coverage.

 Applicant Name (Required) Applicant Signature (Required) Title (Required) Date (Required)

 Applicant Phone (Required) Applicant Email (Required)

 Producer Name (Required) Producer Signature (Required) Date (Required)

 Producer Phone (Required) Producer Email (Required) State License # (Required) Producer NPN (Required)

 Societies Insurance | Agency NPN 16247324
 Producing Agency