



**Dwelling** (Coverage A, B, C and D) (AP7204)

Complete underwriting information on page 5 before proceeding.

		LIMITS OF INSURANCE					RATING INFORMATION									
	Loc. No.	Dwelling	Appurtenant Structures	Personal Property	Deductible	Loss of Use	Bldg. Class	Cause of Loss	Construction	Earthquake	MS	Repl. Cost Cov. C	Rebuilding Clause	Wood-Burning	Prot. Class	Photo No.
<input type="checkbox"/>	Owner Occupied															
<input type="checkbox"/>	Tenant															
<input type="checkbox"/>	Owner Occupied															
<input type="checkbox"/>	Tenant															
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<input type="checkbox"/>	Tenant															
<input type="checkbox"/>	Owner Occupied															
<input type="checkbox"/>	Tenant															

**Coverage A, B, C, D**

**Deductible:**  \$500  \$1,000  \$ \_\_\_\_\_

Outdoor Radio and TV Antennas or Satellite Systems Increased Limits  
 Loc. \_\_\_\_\_ Coverage A \$ \_\_\_\_\_ Loc. \_\_\_\_\_ Coverage B \$ \_\_\_\_\_

	Yes	No
Protective Devices – Dwellings If yes, description _____	<input type="checkbox"/>	<input type="checkbox"/>
Extended Replacement Cost – Dwelling If yes, description _____	<input type="checkbox"/>	<input type="checkbox"/>
Credit Cards and Fund Transfers: Increased Limit \$ _____		
Increased Special Limits of Business Personal Property: Increased Limit \$ _____		
Is Main Dwelling Within The City Limits Distance From Fire Hydrant _____ feet.	<input type="checkbox"/>	<input type="checkbox"/>
Dwelling Enhancement If yes, description _____	<input type="checkbox"/>	<input type="checkbox"/>

**Coverage E & F**

Coverage E – Schedule Farm Personal Property (AP7206)  Coverage F – Blanket Farm Personal Property (AP7207)

**Farm Personal Property**

Description	Year	Make	Model	Insurable Value	Irrigation Equipment	Quantity	Insurable Values
						<b>Sub-Total</b>	

**Farm Personal Property Continued**

Description	Quantity	Insurable Value	Personal Property (Noc)	Quantity	Insurable Values
			Bulk Milk Tank*		
			Milking Equip.*		
			Portable Bldg.*		
			Seed		
			Fertilizer		
			Chemicals		

Coverage E & F Continued

Grain or Produce in Buildings**							
Description	Const.		Quantity	Insurable Value	Livestock		Insurable Values
	M	F					
	<input type="checkbox"/>	<input type="checkbox"/>			Calves under 6 mo.	@ \$	
	<input type="checkbox"/>	<input type="checkbox"/>			Heifers-Open	@ \$	
	<input type="checkbox"/>	<input type="checkbox"/>			Heifers-Bred	@ \$	
	<input type="checkbox"/>	<input type="checkbox"/>			Dairy Cows	@ \$	
	<input type="checkbox"/>	<input type="checkbox"/>			Bulls	@ \$	
	<input type="checkbox"/>	<input type="checkbox"/>			Beef Cattle	@ \$	
	<input type="checkbox"/>	<input type="checkbox"/>			Feeder Cattle	@ \$	
	<input type="checkbox"/>	<input type="checkbox"/>			Horses	@ \$	
	<input type="checkbox"/>	<input type="checkbox"/>			Hogs	@ \$	
			<b>Sub-Total</b>		Shoats	@ \$	
<b>**M-All Metal, F-Frame/Other Construction</b>					Market Hogs	@ \$	
					Sheep	@ \$	
					Poultry	@ \$	
					Other	@ \$	

Items Excluded From Coverage F

\*Poultry, Tobacco, Cotton, Milk Tanks, Milking Equipment, Portable Building, etc., are excluded property under Coverage F and must be scheduled under Coverage E. Refer to Coverage F form for other excluded property

Sub-Totals

Machinery \_\_\_\_\_ Irrigation \_\_\_\_\_  
 Personal Property \_\_\_\_\_ Hay/Straw/Fodder \_\_\_\_\_  
 Grain \_\_\_\_\_ Livestock \_\_\_\_\_  
**Grand Total** \_\_\_\_\_  
**Coinsurance %** \_\_\_\_\_ X \_\_\_\_\_  
**Limit of Insurance** \_\_\_\_\_

Covered Causes of Loss

Basic  Broad  Special  EQ  Suffocation - Livestock or Poultry

Coverage E or F Deductible

\$500  \$1,000  \$ \_\_\_\_\_

Optional Coverages - Coverage E or F

Sheep - Additional Causes of Loss (AP7248)

Peak season (AP7217)

Amount of Increase \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
\$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
\$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Cab Glass\* (AP7218) Total Number of Units \_\_\_\_\_

Description of each unit:

Collision Resulting in Death of Livestock (AP7222)

Number of Head \_\_\_\_\_ Value per Head \$ \_\_\_\_\_

Note: No other Cause of Loss Form can apply when requesting this coverage.

Refrigerated Farm Personal Property (AP7226) Limit of Insurance \$ \_\_\_\_\_

Description:

Replacement Cost-Office Contents (AP8706)

Farm Operations Records restoration Increased Limit: \$ \_\_\_\_\_

Replacement Cost-Tack (AP8122)

Extra Expense Increased Limit: \$ \_\_\_\_\_

Damage In Course of Transit Increased Limit: \$ \_\_\_\_\_

Computer Coverage (AP7224)

Description		Limit of Insurance	Description		Limit of Insurance
Class I - Hardware	_____	\$ _____	Class I - Software	_____	\$ _____
	_____	\$ _____		_____	\$ _____
	_____	\$ _____		_____	\$ _____
				_____	\$ _____
				_____	\$ _____
				_____	\$ _____

Report Form (Stock or Produce) (AP7261 or AP7262)

Reporting:  Daily  Weekly  Monthly  Quarterly  Annually

\*Coverage included with Special Causes of Loss.

Equine Coverage Extension (AP7272)

Milk Contamination and Leakage Coverage (AP8771)



**Coverage G Continued**

**Other Optional Coverages**

- Unoccupancy or Vacancy Permit For Dwellings (AP7223) From \_\_\_\_\_ to \_\_\_\_\_ (Maximum 60 days)  
Location and Property Description: \_\_\_\_\_
- Mine Subsidence (AP7238 and AP7264) Illinois, (AP7225) Indiana and Kentucky and (AP7255) Ohio only.
  - I do want Mine Subsidence Coverage on all my farm structures.  I do **NOT** want Mine Subsidence Coverage on all my farm structures.
- Loss of Farm Income Coverage (AP7228) - Complete Loss of Farm Income Worksheet
  - 30  60  180  Other \_\_\_\_\_ days
  - Coinsurance \_\_\_\_\_ % (Minimum 30%)    Limit of Insurance \$ \_\_\_\_\_    Location No. \_\_\_\_\_
- Debris Removal Increased Limit (AP7230)  
Insured Location(s) \_\_\_\_\_    Increased Limit \$ \_\_\_\_\_

**Personal Inland Marine**

Scheduled Personal Property (AP7221)

	Limit of Insurance	Schedule
A. Jewelry	_____	_____
B. Furs	_____	_____
C. Cameras	_____	_____
D. Musical Instruments	_____	_____
E. Silver, etc.	_____	_____
F. Golfer's Equipment	_____	_____
G. 1. Fine Arts	_____	_____
2. Fine Arts with Breakage Coverage	_____	_____
H. Postage Stamps	_____	_____
I. Coin Collection	_____	_____
J. Guns	_____	_____
K. Other	_____	_____

Schedule all items with complete description above or on separate sheet of paper. An appraisal less than three years old must accompany this application for all items over \$10,000.

**Underwriting Information**

	Yes	No
1. Applicant is:		
<input type="checkbox"/> Owner-Occupant <input type="checkbox"/> Owner-Non Occupant <input type="checkbox"/> Non Owner-Occupant <input type="checkbox"/> Limited Liability Corp		
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____		
2. Does Owner have other employment?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , explain:		
3. How long has Insured been farming? _____		
4. Name of responding fire department _____      Distance from Main Dwelling _____ miles		
5. Are there any dwellings that are Unoccupied or Vacant?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , which dwellings? _____		



Farm General Liability Continued

- 1. Total Acreage Owned or Leased \_\_\_\_\_ Acres Class Code \_\_\_\_\_
- 2. Number of Non-Owner Occupied Dwellings \_\_\_\_\_ Class Code \_\_\_\_\_
- 3. Incidental Business Pursuits Receipts \$ \_\_\_\_\_  
Describe Business Pursuits \_\_\_\_\_ Class Code \_\_\_\_\_
- 4. Custom Farming: Receipts \$ \_\_\_\_\_ Description \_\_\_\_\_ Class Code \_\_\_\_\_
- 5. Livestock Surcharge  Yes  No Class Code \_\_\_\_\_
- 6. Gross Receipts (Including Government Payments) \_\_\_\_\_, if more than one enterprise,  
break out receipts by enterprise \_\_\_\_\_
- 7. If Gross receipts exceed \$1,000,000 or risk is more appropriately classified from CLM-Division Six, complete the following Schedule:

Loc. No.	Description	Class Code	Premium Basis	Territory
<b>Premise/Operations</b>				

Loc. No.	Description	Class Code	Premium Basis	Territory
<b>Products/Completed Operations</b>				

Personal Liability Coverage

Yes No

PERSONAL LIABILITY for "Personal Activities" desired?  Yes  No

1. If yes, then please list below the names and addressess of all individuals to be afforded Personal Liability coverage.

(Note that it is not necessary to list the spouse, children and relatives of these listed individuals if they live in a "residence premises" or dwelling that we insure for a premium charge.)

Name	Address (Include Zip)

Farm Employers Liability (AL7406) Not Available in All States

Full Time Employees (Working more than 180 days per year) _____	Payroll _____	Class Code _____
Part Time Employees (Number of Man-days) _____	Payroll _____	Class Code _____
Residence Employee (in excess of 2) _____	Payroll _____	Class Code _____
Employers' Liability "Stop Gap" (Montana and Washington) _____	Payroll _____	Class Code _____

**Unlicensed/Unregistered Farm Truck Coverage (AL7409) (Special Plates)\***

\*Not available for use in all states.

Year	Make	Model	Title GVW	Serial Number

**Recreational Motor Vehicle (AL7405)**

Class Code 07990

Year	Make	Model	Serial or Motor Number	Number of	Use

**Limited Crop Dusting Coverage (AL7435)**

Class Code \_\_\_\_\_

Cost (including chemicals and application) \$ \_\_\_\_\_ Aggregate Limits of Insurance \$ \_\_\_\_\_

Note: Copy of Aerial Applicator's policy declarations required prior to binding coverage.

**Watercraft Coverage (Navigator)**

Class Code \_\_\_\_\_

Note: Jet Skis Not Eligible.

<b>Boat 1</b>							Registration Number _____	
<b>Power</b>		<b>Type of Hull</b>		<b>Hull Material</b>		<b>Fuel Tank</b>		Hull Identification Number
<input type="checkbox"/> Inboard	<input type="checkbox"/> Waterjet	<input type="checkbox"/> Cabin Cruiser	<input type="checkbox"/> Houseboat	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Fiberglass			
<input type="checkbox"/> Outboard	<input type="checkbox"/> Sail	<input type="checkbox"/> Open Cockpit	<input type="checkbox"/> Other	<input type="checkbox"/> Metal	<input type="checkbox"/> Metal			
<input type="checkbox"/> Inboard/Outdrive		<input type="checkbox"/> Sailboat	_____	<input type="checkbox"/> Wood				
Year	Manufacturer/Model	Horsepower	Length	Max. Speed	Date Purch	Cost New \$	Present Value \$	Name of Boat
Waters Navigated		Territory	Berth/Storage Location		Lay-Up Period		Dry Afloat	
<b>Boat 2</b>							Registration Number _____	
<b>Power</b>		<b>Type of Hull</b>		<b>Hull Material</b>		<b>Fuel Tank</b>		Hull Identification Number
<input type="checkbox"/> Inboard	<input type="checkbox"/> Waterjet	<input type="checkbox"/> Cabin Cruiser	<input type="checkbox"/> Houseboat	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Fiberglass			
<input type="checkbox"/> Outboard	<input type="checkbox"/> Sail	<input type="checkbox"/> Open Cockpit	<input type="checkbox"/> Other	<input type="checkbox"/> Metal	<input type="checkbox"/> Metal			
<input type="checkbox"/> Inboard/Outdrive		<input type="checkbox"/> Sailboat	_____	<input type="checkbox"/> Wood				
Year	Manufacturer/Model	Horsepower	Length	Max. Speed	Date Purch	Cost New \$	Present Value \$	Name of Boat
Waters Navigated		Territory	Berth/Storage Location		Lay-Up Period		Dry Afloat	

**Watercraft Coverage Continued**

Engine/Outboard Motor 1					
Boat #	Year	Manufacturer/Model		Serial Number	
Horsepower		Date Purchased	Cost New	Present Value	Other
<input type="checkbox"/> Gasoline	<input type="checkbox"/> Diesel		\$ _____	\$ _____	

Engine/Outboard Motor 2					
Boat #	Year	Manufacturer/Model		Serial Number	
Horsepower		Date Purchased	Cost New	Present Value	Other
<input type="checkbox"/> Gasoline	<input type="checkbox"/> Diesel		\$ _____	\$ _____	

**Coverages/Limits of Liability**

Physical Damage Coverage	Boat #	Limit of Insurance			
Hull	1	\$			
	2	\$			
Outboard Motor	1	\$			
	2	\$			
Portable Accessories	1	\$			
	2	\$			
Trailer	1	\$	Year	Model/Manf.	Serial #
	2	\$			
Liability (Or Protection & Indemnity)		\$			
Medical Payments		\$			
Deductibles (Boat #, Type, Amount) _____					

**Additional Interest**

Boat #	Addl Int	Name and Address	Loan Number	Loss Pay
				\$ _____
				\$ _____

**Operators**

(List all residents and dependents (licensed or not) and regular operators)

No.	Name	Sex	Mar Stat	Date of Birth	Auto Drivers License #/Licensed State	Social Security #
1						
2						
3						
4						

**Underwriting Information**

	Yes	No
<b>Liability</b>		
1. Do you allow the general public on any insured location to pick their own fruits and/or vegetables? <b>If yes</b> , explain operation and provide amount of receipts.	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you process ( <i>make juices, preserves, butcher, etc.</i> ) your farm products for resale to others? <b>If yes</b> , explain operation and amount of receipts.	<input type="checkbox"/>	<input type="checkbox"/>
3. Is hunting or fishing for a fee permitted on an insured location? <b>If yes</b> , please explain:	<input type="checkbox"/>	<input type="checkbox"/>
4. Is any business other than farming not described above, conducted on insured locations? <b>If yes</b> , please explain:	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there an airstrip on an insured location? <b>If yes</b> , please explain:	<input type="checkbox"/>	<input type="checkbox"/>
6. Are any independent contractors hired to perform any operations?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are migrant workers hired or contracted to perform farm work?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a swimming pool on premise? <b>If yes</b> , <input type="checkbox"/> above ground <input type="checkbox"/> inground Is the swimming pool enclosed by at least a 4' high fence? Is gate to swimming pool kept locked when not in use?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9. Is any part of the farm used or leased for organized recreational use for a fee or not?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does applicant build, repair or design machinery, equipment or systems for anyone at a charge or fee?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does applicant handle any product, such as seed, fertilizer, sprays, etc. for resale?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does applicant lease farm or ranch land under written lease agreement?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are any locations described in this application leased to others for vacation or other recreational purposes?	<input type="checkbox"/>	<input type="checkbox"/>
14. Any nonowned animals or livestock kept on premise? <b>If yes</b> , please describe:	<input type="checkbox"/>	<input type="checkbox"/>
15. Any horses owned or nonowned? <b>If yes</b> , please describe:	<input type="checkbox"/>	<input type="checkbox"/>

**Underwriting Information Continued**

**Yes**

**No**

**Miscellaneous**

1. Date you last inspected premise and buildings? \_\_\_\_\_

2. Does this Company have other insurance for the Insured?  
Type and Policy Numbers \_\_\_\_\_

3. Has any other Company refused to carry your insurance?  
**If yes**, explain:

*Note: This question not applicable in the state of Missouri.*

4. Who is your current Insurance Company? \_\_\_\_\_

5. Have you had any losses during the past 5 years?  
**If yes**, describe below:

**Date of Loss**

**Description**

**Amount of Loss Reported, Paid or Reserved**

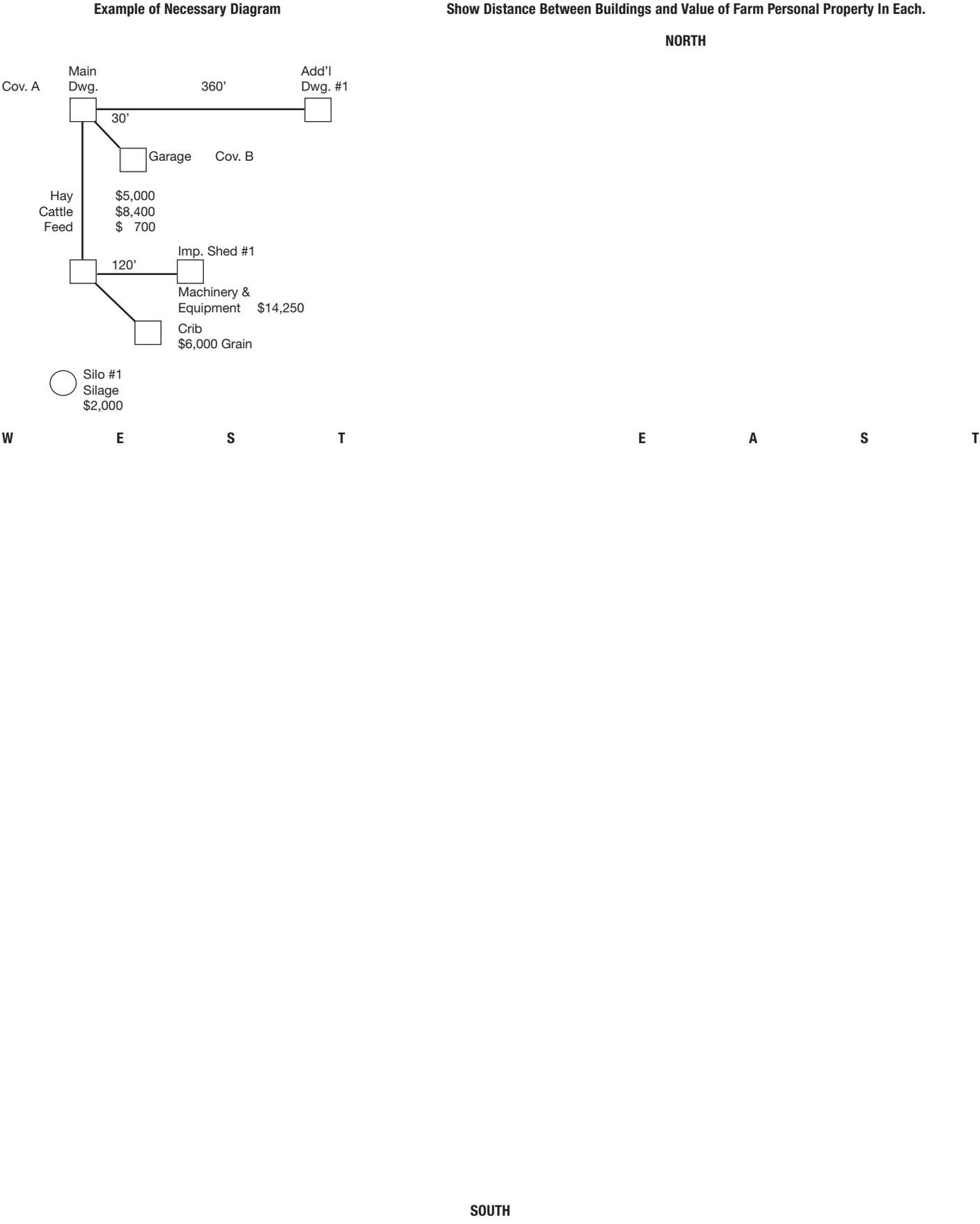
Date of Loss	Description	Amount of Loss Reported, Paid or Reserved

6. Is this risk produced by you or your employee?  
**If no**, explain:

Other Comments

Large empty text area for other comments.

Diagram and Photos of All Insured Buildings Are Required on All New Business.



## Insurance Fraud Warning

### Applicant's Initials

_____ <b>California</b>	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
_____ <b>Colorado</b>	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for 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 knowingly provides false, incomplete, or misleading facts or information to a policy holder 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.
_____ <b>Delaware</b>	Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
_____ <b>Florida</b>	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.
_____ <b>Kentucky</b>	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
_____ <b>Michigan</b>	Any person who knowingly and with intent to injure or defraud any insurer files any application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment of up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000,000.
_____ <b>Minnesota</b>	A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
_____ <b>New York</b>	All insurance applications and claim forms except auto: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
_____ <b>Ohio</b>	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
_____ <b>Oklahoma</b>	<b>WARNING:</b> Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information of guilty of a felony.
_____ <b>Pennsylvania</b>	Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

The above statements given above are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material, fact or circumstance concerning this application.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Agent's Signature \_\_\_\_\_

Date \_\_\_\_\_