

FARMOWNERS PACKAGE APPLICATION

EMAIL SUBMISSIONS TO: farm@basculeuw.com

Proposed Eff
Date

Equine Operations
Primary State

OPERATIONS	Type of Operations:													
	Describe ALL Equine/Farm Operations owned or operated by the insured or on the insured's premises, including operations owned or operated by others on the insured's premises or on their behalf.													
APPLICANT(S)	Insured Name(s):													
	Entity Type:		Indiv		Trust		Partn		Corp		LLC		Other	
	Please describe Other:													
	Phone #:							Email:						
	Mailing Address:													
EXPERIENCE / AFFILIATIONS	3+ Years of Equine Ops/Experience? Y or N:					If Training or Riding Instruction, Requires 5+ Years Experience? Y or N:								
	<i>Note: Risks without prior insurance experience will require explanation as to their Equine Experience pertaining to the type of operation referenced in the application and their personal loss experience.</i>													
	Loss History:		Any losses in the Past 3 years? If Yes, how many?					Any Liability Losses in the past 5 years?						
			More than \$10,000 paid in total?					Single loss greater than \$10,000?						
	Does the Insured have a current Accelerant Mortality Policy? If Yes, provide the Mortality Policy Number:													
Please list any Equine Association the insured is a <u>current</u> member of:														
PRIMARY LOCATION	Primary Location - Same as Mailing Address? Y or N								Number of Acres					
	<i>If Primary Location is not the same as Mailing Address, then complete Loc #1 Information</i>													
	Loc #	Acres	Street Address				City	State	Zip	Liability only Loc				
1														

NAMED INSURED:

List all Additional Location(s)							
ADDITIONAL LOCATION(S)	Loc #	Acres	Street Address	City	State	Zip	Liability only Loc
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						

FINANCIAL INTEREST INFORMATION					
TYPES = MORTGAGEE (M), ADDITIONAL INSURED (AI), or LOSS PAYEE (LP)					
FINANCIAL INTEREST(S)	LOC	ITEM	TYPE	NAME / ADDRESS	
	LOAN # / REFERENCE #				
	LOAN # / REFERENCE #				
	LOAN # / REFERENCE #				
	LOAN # / REFERENCE #				

NAMED INSURED: _____

PROPERTY - RESIDENCES					
Residence (A) Limit Indicated Below; Appt Structure (B) = 10%; HPP (C) = 70% FOO05 or 50% FO-1,2,3; Loss of Use/Fair Rental (D) = 30%)					
<i>Provide the following Information for each Residence Insured</i>					
RESIDENCE(S) (DWELLING/MOBILE HOMES) - PROPERTY COVERAGE	LOC # / ITEM #				
	Original Year Built Any Structure built prior to 1990 will require Aged Structure Questionnaire to be completed				
	Construction Frame, Masonry, Metal, Other				
	Occupancy Insured, Employee, Tenant, Other				
	Type of Residence Dwelling, Mobile Home, Other				
	Square Footage Living space only				
	Limit of insurance				
	Valuation Extended RC, RC, or ACV				
	Cause of Loss Basic, Broad, Special/Broad, or Special/Special (insured occ only)				
	Deductible \$500; \$1,000; \$2,500; \$5,000 or \$10,000				
	Wind/Hail Deductible 1%; 2%; 5% or Underwriting determined				
	Prot Device(s) Smoke, CO2, Local, Central, Other				
	Wood Heat - If "Yes" - Primary or Auxiliary				
	Roof Material				
Roof Age					
Additional Residences - complete Additional Properties Schedule					

NAMED INSURED: _____

PROPERTY - BARNs, OUTBUILDINGS, and STRUCTURES

Coverage E

Provide the following Information for each Structure Insured

BARNs AND OUTBUILDINGS - PROPERTY COVERAGE

LOC # / ITEM #					
Original Year Built Any Structure built prior to 1990 will require Aged Structure Questionnaire to be completed					
Construction Frame, Masonry, Metal, Other					
Occupancy Insured, Employee, Tenant, Other					
Type of Structure Describe					
Living Quarters? If Yes, must have 2 exterior exits					
Square Footage					
Limit of insurance					
Valuation RC, or ACV					
Cause of Loss Basic, Broad, Special					
Deductible \$500; \$1,000; \$2,500; \$5,000 or \$10,000					
Wind/Hail Deductible 1%; 2%; 5% or Underwriting determined					
Prot Device(s) Smoke, CO2, Local, Central, Other					
Wood Heat - If "Yes" - Primary or Auxiliary					
Roof Material Woodshake Roofs are Ineligible					
Roof Age Roof age > 20 years may be ineligible or ACV					

Additional Barns or Structures - complete Additional Properties Schedule

FARMOWNERS PACKAGE APPLICATION

NAMED INSURED:

LIABILITY - FARMOWNERS Personal or Commercial									
LIABILITY COVERAGE	Coverage(s)						Limit		
	(L) Liability Limit (Per Occurrence) Select \$500,000 or \$1,000,000								
	(M) Medical Payments to Others (Per Person) Select \$1,000; \$5,000; or \$10,000								
	(N) Farm Chemical Limited Liability - \$25,000 (Incl) or \$100,000								
	(O) Fire Legal Liability (when applicable) \$50,000 (Incl) or \$100,000								
LIABILITY EXPOSURES	Additional Exposures - Please answer the following						Exposure		
	<small>Any field left blank will indicate no exposure and/or coverage requested</small>								
	Total Number of Owner Occupied Residences located on the scheduled locations?								
	Total Number of Tenant Occupied Residences (Including Apartments/Living Quarters) located on the scheduled locations?								
	Any Residences or Apartments/Living Quarters located on the scheduled locations but not insured for Property? If Yes, please describe on Page 7								
	Any additional individuals (other than Spouse/Domestic Partner) requiring Insured Status (Named Insured or Additional Insured)? (Y or N). If "Y", please describe on Page 7								
	Any portion of the scheduled locations rented to others? (Y or N)								
	Equine / Alpaca / Llama - Exposures <small>Please complete the attached Equine Questionnaire</small>								
	Any Domestic Employee(s) employed by the Named Insured? (Y or N) <small>(Coverage may be available where Applicable - refer to state laws)</small>								
	If "Y" provided the number of Part Time Employees								
	If "Y" provided the number of Full Time Employees								
	Snowmobile/ATV/RTV (Off Premises Liability) - Schedule Below								
	Year		Make		Model		CC's	VIN	
Watercraft Liability - Schedule Below									
Year		Make		Model		Hull Id Number	Type	Length	Engine HP

NAMED INSURED:

EXCESS LIABILITY	EQUINE - EXCESS LIABILITY			
	COVERAGES			LIMIT
	EXCESS LIABILITY Select \$1,000,000; \$2,000,000; \$3,000,000; or \$4,000,000		\$1,000,000	\$3,000,000
			\$2,000,000	\$4,000,000

OPTIONAL EQUINE COVERAGE	OPTIONAL EQUINE COVERAGES				
	Professional Equine Services Liability?	Yes or No	Include Sales?	Yes or No	
	Equine CCC (Care, Custody, and Control)?	Yes or No	# Nonowned Horses		
	CCC LIMIT - SELECT BELOW (Per Horse / Policy Aggregate)				
		5,000 / 25,000		15,000 / 150,000	100,000 / 300,000
		5,000 / 50,000		25,000 / 250,000	150,000 / 400,000
		10,000 / 50,000		50,000 / 250,000	200,000 / 500,000
	10,000 / 100,000		75,000 / 300,000		

UNDERWRITING QUESTIONS / ADDITIONAL INFORMATION	Underwriting Questions - Please answer Y or N to <u>all</u> questions below: If any "Y" answers, please provide details under "Additional Information" below.	
	Has any policy been cancelled or nonrenewed in the past 5 years?	
	During the last 5 Years, 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?	
	Any portion of the scheduled location used for any Non-Equine/Alpaca/Llama activities?	
	Does the applicant/spouse/domestic partner own/operate any commercial ventures?	
	Does the applicant/spouse/domestic partner own/reside somewhere other than the described location(s)?	
	Is any land held for Real Estate Development or Speculation?	
	Does the applicant design or repair equipment to be used in the Equine/Alpaca/Llama activities?	
	Does the applicant sell fiber or manufacture items from fiber?	
	Is there a pool on the premises? If yes, is it fenced and not accessible to the public?	
	Is there a trampoline on the premises? If yes, is it enclosed with safety netting?	
	Is there an airstrip on the premises?	
	Does the applicant have any potentially dangerous animals or exotic pets?	
Additional Information:		

NAMED INSURED: _____

DECLARATIONS AND FRAUD WARNING STATEMENT

Please read the fraud warning statement applicable to applicable to your state. If your state is not shown, refer to the **GENERAL FRAUD WARNING STATEMENT**.

GENERAL FRAUD WARNING STATEMENT:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and/or civil penalties.

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, RHODE ISLAND and WEST VIRGINIA: Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: 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.

FLORIDA: Any Person who knowingly and with intent to inure, 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.

KANSAS: 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, electronic, electronic implulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for commercial or personal 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.

KENTUCKY and PENNSYLVANIA: 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.

MAINE: 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 or a denial of insurance benefits.

MARYLAND: Any person who knowingly or willingly 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

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

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NAMED INSURED: _____

DECLARATIONS AND FRAUD WARNING STATEMENT - continued

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GENERAL FRAUD WARNING STATEMENT:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and/or civil penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application of files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: 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 is guilty of a felony.

OREGON: 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.

TENNESSEE, VIRGINIA and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NEW YORK: 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 be subject to a civil penalty not to exceed five thousand dollars and the state value of the claim for each such violation.

The undersigned declares that he/she/they has reviewed this application and any attachments and declares the information provided is true, correct and complete to the best of his/her/their knowledge.

Signature of Applicant(s)

Date

Agent Signature

Date

NAMED INSURED:

PROPERTY - ADDITIONAL RESIDENCES

Residence (A) Limit Indicated Below;

Appt Structure (B) = 10%; HPP (C) = 70% F0005 or 50% FO-1,2,3; Loss of Use/Fair Rental (D) = 30%

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Wind/Hail Deductible 1%; 2%; 5% or Underwriting determined					
Prot Device(s) Smoke, CO2, Local, Central, Other					
Wood Heat - If "Yes" - Primary or Auxiliary					
Roof Material					
Roof Age					

NAMED INSURED: _____

PROPERTY - ADDITIONAL BARN AND OUTBUILDINGS

Coverage E

Provide the following Information for each Structure Insured

ADDITIONAL BARN AND OUTBUILDINGS - PROPERTY COVERAGE	LOC # / ITEM #				
	Original Year Built Any Structure built prior to 1990 will require Aged Structure Questionnaire to be completed				
	Construction Frame, Masonry, Metal, Other				
	Occupancy Insured, Employee, Tenant, Other				
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	Valuation RC, or ACV				
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	Prot Device(s) Smoke, CO2, Local, Central, Other				
	Wood Heat - If "Yes" - Primary or Auxiliary				
	Roof Material Woodshake Roofs are Ineligible				
Roof Age Roof age > 20 years may be ineligible or ACV					

