RAIN AND	HAIL	AGRIBUS APPLICANT	SINESS INFORMA	FARM TION SE	POLICY AI	PPLICAT	TION			DATE (MM/DD/YYYY)
AGENCY:			-				PH (A	IONE /C, No., Ext):		
Name							FA			
Address								MAIL:		
Address							INI	DICATE SECTIONS ATTACHED		
	oitu			ototo		-in a	and a	FARM		
A OFNOY CODE:	city			state		zip (	Louie	AUTO-ACORD		
AGENCY CODE:								UMBRELLA/EXCESS		
STATUS OF TRANSA					[					
☐ QUOTE ☐ BOUND	☐ ISSUE F		EF	FECTIVE D	ATE EX	PIRATION DA	TE			
DOOND										
APPLICANT INFORMA NAME (First Named Insured 8		nsureds)	FEIN OR SOC	SEC#			MAII	LING ADDRESS INCL ZIP+4 (of Fir	st Named Ins	ured)
TO THE (1 HOL NUMBER HOLICA )	a other Hamou I	,	(First Named	Insured):				-110712511250 11102 2111 14 (01111	ot riamou mo	urou,
		l	PHONE (A/C, No, Ext)	):						
E-MAIL ADDRESS(ES):							WEE ADD	BSITE RESS(ES):		
NAMED INSURED IS:										
☐ Individual		Corporation			LLC			NUMBER OF YEARS FARMIN	G/RANCHING	EXPERIENCE
☐ Partnership		Joint Venture								
PROGRAM										
☐ Standard	☐ Select	□ S	elect Plus							
LIABILITY TYPE										
☐ Farm Liability	☐ Commerc	ial General Liabili	ty		Occurrence	Limit \$		Aggre	gate Limit \$	
PROPERTY DESCRIP	TION (PLEAS	SE CHECK ON	E MAIN FA	RMING T	YPE ONLY)					
Type I Farm			II Farms		- ,		Type III Far	ms		Type IV Farms
☐ Horses		☐ Poultry			☐ Vegetable	es		Horticulture	☐ Gr	ain
☐ Livestock (excl. Hors	es)	☐ Dairy			☐ Melons			Bees, Fish, Worms	□ Ot	her Field Crops
☐ Animal Specialities					☐ Fruits			Other Insect Farming		
(excl. Bees, Fish, Wo	orms)				☐ Tree Nuts	i				
BILLING:				BILLING	RECIPIENT:	,	* Name and Ad	ddress of Third Party or Mortgag	ee Recipien	t
☐ Annual	☐ Tei	n Pay* (20% dowr	۱)	☐ Insu		-				
☐ Two Pay (60% down)	□ Tw	elve Pay* (15% d	own)	☐ Prod☐ Third	ucer l Party*					
☐ Four Pay (30% down)	* Requi	res Prior Approval	I	☐ Mort	-	_				
				ļ						
					t reasonable inq	uiry has bee	n made to obta	ain the answers to questions or	n this applica	ation. He/she certifies that the
answers are true, correct, a APPLICANT'S SIGNATURE	and complete to	the best of his/he	er knowledge	DATE		AGENT'S SI	GNATURE			DATE
							- · · <del>- · · · -</del>			
						1				1

PRIOR CARRIE	R INFORMAT	ION (FARM OWNERS)					
	CARRI		EFFECTIVE/EXP	IRATION DATES	EX	PIRING ANNUAL PREM	IUM
PRIOR CARRIE	R INFORMAT CARRI	ION (AUTOMOBILE)	EFFECTIVE/EXP	IDATION DATES	Ex	PIRING ANNUAL PREM	IIIM
	CARRI	LN	EFFECTIVE/EXP	IKATION DATES		FINING ANNUAL FREM	- IOW
PRIOR CARRIE	R INFORMAT	ION (UMBRELLA)					
	CARRI		EFFECTIVE/EXP	IRATION DATES	EX	PIRING ANNUAL PREM	IUM
LOSS HISTORY	( IS OR LOSSES	(REGARDI ESS OF FALILT AN	ID WHETHER OR NOT INSURED	OR OCCURRENCES TH	HAT MAY GIVE RISE TO	CHECK HERE	SEE ATTACHED
CLAIMS FOR THE		S (3 YEARS IN KS & NY)	NO WILLIAM ON NOT INSOINED	) ON OCCONNENCES II	IAI WAI OIVE NOE 10		LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION O	F OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
UCCURRENCE				OF CLAIM	PAID	RESERVED	OPEN
							CLOSED
							OPEN
							CLOSED OPEN
							CLOSED
							OPEN
							CLOSED
							OPEN CLOSED
							OPEN
							CLOSED
							OPEN
							CLOSED
							OPEN CLOSED
							OPEN
							CLOSED
							OPEN
	/N.L. (. A.	l. II : MO)				1. 1	CLOSED
		plicable in MO):	☐ Canceled	☐ Non-Renev	wed □ De	eclined	
Please expla	in:						
INSPECTION CONTA	ACT	PHONE (A/C, No, Ext):	la la	CCOUNTING RECORDS CO	NTACT PHONE (A/C, No, Ext):		
		(A/C, No, Ext):			(A/C, No, Ext):		
0000005705				1001011T "			

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states. Consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS
OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND
PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE
THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHT AND
OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

# APPLICATION UNDERWRITING INFORMATION/NATURE OF BUSINESS DESCRIPTION COMMENTS:

### **UNDERWRITING INFORMATION**

App	licant:			Pr	oducer:		
	ABILITY			16. <i>A</i>	Any private saddle animals owned? If so, use?	□ YES	□ NO
	'yes" is answered to any question, please explain ( ction) and provide annual gross receipts or cost.	use Com	iments	17. /	any non-owned horses on any insured premises?	□ YES	□ NO
1.	Are independent contractors hired to perform any $\hfill \Box$ farming operation?	] YES	□NO		f yes, complete Horse Liability Questionnaire and provide copy of Boarding Agreement.		
2.	Is any part of the farm used or leased for organized recreational use?	] YES	□NO		Does insured board, race, breed or rent horses? If res, complete Horse Liability Questionnaire.	□ YES	□NO
3.	Does applicant build, repair or design machinery, Equipment or systems for anyone for a charge or	] YES	□NO		Are any "hold harmless" or "indemnifying" agreements in effect? If yes, please provide copy.	□ YES	□ NO
4.	fee?  Does applicant mix, process, slaughter, butcher or □	1 YES	□ NO		Ooes applicant maintain any vacation, seasonal, or idditional primary residence?	□ YES	□ NO
	otherwise prepare for any "end" consumer? His or any other grower's product?			21. l	f dairy farm, is there any processing of milk?	□ YES	□ NO
5.	Does applicant handle any product, such as seed,	] YES	□NO	t	f dairy farm, is there any retail sales of milk products of the public? Receipts \$	□ YES	□ NO
6.	Are any contract or service operations performed for $\Box$ others such as tilling, excavating or ditching?	] YES	□NO	23. N	lumber of cows milked?		
7.	Are the farm premises open to the public for roadside stands, "U-Pick," recreational, "rent-a-garden," auction, sales, show, food or beverage service, animal	] YES	□NO	[	are any premises used for hunting purposes?  ☐ By owners: ☐ no charge ☐ fee ☐ Rented to others: Receipts \$	□ YES	□ NO
	boarding, or Christmas tree sales uses?			25. [	Does applicant maintain a non-farm office, private	□ YES	□ NO
8.	Are any portions of the farm rented or leased or used by any other individual, corporation or interest for other than farming?	] YES	□ NO	26. I		□ YES	□ NO
_	•			ľ	f yes, Depth? Fenced?	□ YES	□ NO
9.	Does applicant prepare and sell animal feed?	] YES	□NO		Diving Board or Slide?	☐ YES ☐ YES	□ NO
10.	Is there any unusual hazard such as (but not limited to) open dump pits, silage pits, sump holes, lakes or reservoirs?	] YES	□ NO	27. [	Does applicant serve on any boards for	□ YES	
44			<b>-</b> NO		enumeration?		
11.	Is there an airstrip on the premises? If yes, type of $\ \square$ use?	J YES	□ NO		s the applicant a subsidiary of another or does the applicant have subsidiaries?	□ YES	□ NO
12.	Is any land held for real estate development or $\hfill \square$ speculation?	] YES	□NO	29. I	s a formal safety program in existence?	□ YES	□ NO
13.	Is the applicant engaged in any other business, profession or trade? If yes, explain	] YES	□ NO		are there any packing or cold storage operations for others?	□ YES	□ NO
	·				Do you own dogs? If yes, how many and what	□ YES	□ NO
14.	If livestock is kept, are all areas well-fenced? If no, please explain.	] YES	□ NO		oreed? Number Breed 		
	Premises is in: ☐ open range area ☐ closed range area						
15.	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.	] YES	□NO	32. [	Oo you own a trampoline?	□ YES	□NO

### **LOCATIONS INFORMATION**

LOCATION #	WITHIN CITY LIMITS?	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	WIND/HAIL NUMBER DEDUCTIBLE % OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
EADM	☐ YES ☐ NO		LIABILITY ONLY	DISTANCE TO
FARIVI	INAME			FIRE STATION HYDRANT
				MI F
LOCATION #	WITHIN CITY LIMITS?	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	WIND/HAIL NUMBER DEDUCTIBLE % OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
FΔPM	│ ☐ YES ☐ NO I NAME		LIABILITY ONLY	DISTANCE TO
IANW	INAME		□ □	FIRE STATION HYDRANT
				MI F
LOCATION #	WITHIN CITY LIMITS?	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	WIND/HAIL NUMBER DEDUCTIBLE % OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
EADM	☐ YES ☐ NO NAME		LIABILITY ONLY	DISTANCE TO
TANW	INAME		LIABILITY ONLY	FIRE STATION HYDRANT
				MI F
LOCATION #	WITHIN CITY LIMITS?	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	WIND/HAIL NUMBER DEDUCTIBLE % OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
EADM	☐ YES ☐ NO		LIABILITY ONLY	DISTANCE TO
FARIVI	INAME		LIABILITY ONLY	FIRE STATION HYDRANT
				MI F
LOCATION #	WITHIN CITY LIMITS?	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	WIND/HAIL NUMBER DEDUCTIBLE % OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
EADM	☐ YES ☐ NO NAME		LIABILITY ONLY	DISTANCE TO
TANW	INAME		LIABILITY ONLY	FIRE STATION HYDRANT
				MI F
LOCATION #	WITHIN CITY LIMITS?	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	WIND/HAIL NUMBER DEDUCTIBLE % OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
EADM	☐ YES ☐ NO		LIABILITY ONLY	DISTANCE TO
FARIVI	INAME		LIABILITY ONLY	FIRE STATION HYDRANT
				MI F
LOCATION #	WITHIN CITY LIMITS?	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	WIND/HAIL NUMBER DEDUCTIBLE % OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
EADM	☐ YES ☐ NO NAME		LIABILITY ONLY	DISTANCE TO
FARIVI	INAME			FIRE STATION HYDRANT
				MI F
LOCATION #	WITHIN CITY LIMITS?	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	WIND/HAIL NUMBER DEDUCTIBLE % OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
EADM	☐ YES ☐ NO NAME		LIABILITY ONLY	DISTANCE TO
TANW	INAME			FIRE STATION HYDRANT
				MI F
LOCATION #	WITHIN CITY LIMITS?	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	WIND/HAIL NUMBER DEDUCTIBLE % OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
FΔPM	☐ YES ☐ NO NAME		LIABILITY ONLY	DISTANCE TO
I AINW	ITVAIVIL			FIRE STATION HYDRANT
				MI F
LOCATION #	WITHIN CITY LIMITS?	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	WIND/HAIL NUMBER DEDUCTIBLE % OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
EADM	☐ YES ☐ NO NAME		LIABILITY ONLY	DISTANCE TO
IANW	INAME		LIABILITY ONLY	FIRE STATION HYDRANT
	,			MI F
LOCATION #	WITHIN CITY LIMITS?	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	WIND/HAIL NUMBER DEDUCTIBLE % OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
EADM	☐ YES ☐ NO NAME		LIABILITY ONLY	DISTANCE TO
FARIVI	I IVAIVIL			FIRE STATION HYDRANT
				MI F
LOCATION #	WITHIN CITY LIMITS?	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	WIND/HAIL NUMBER DEDUCTIBLE % OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
EAD!	☐ YES ☐ NO		LIABILITY ONLY	DISTANCE TO
FAKM	IVAIVIE		LIABILITY ONLY	FIRE STATION HYDRANT
				MI F

### ISO COVERAGE A, B, C, & D

				(Complete	this page for ea	cn aweii	ing inst	urea)					
Property deduct	ible:		☐ \$250 Note: A s	☐ \$500 pecial % deduct	□ \$1,000 □ ible applies to EQ <sup>††</sup>	Other (spe	cify)	☐ Florida H	Hurricane De	ductible			
Location #													
Covera	ge (A, B, C, D)	Valuation*	C	Covered Causes of Loss EQ <sup>TT</sup>			If 30 year Heat	s old or more   Wiring	, when was i	t updated for: Roofing		Limit	
Main Dwelling			☐ Basic	☐ Broad	☐ Special	□Y	$\square$ N						
Other Structures	3		Same as Mai	n Dwelling									
Household Pers	onal Property		☐ Basic	☐ Broad	☐ Special	□Y	$\square$ N						
Loss of Use													
Replacemen	nt Cost Prote	ction (Inc. Ord	linance or La	aw Cov.)†	Α		_	В			C		
Year Built	Sq. Ft.	Type of Co	onstruction	Туре	Occı	ıpancy			Type of Heat	"	oodstove	☐ Yes	□ No
				1 2 3	☐ Owner/Primary	☐ Tenant/	Permanent	:	Age of Unit	lfy	es, please compl	ete wood sto	ve questionnaire.
					☐ Owner/Seasonal	☐ Tenant/	Seasonal			W	ood Insert	☐ Yes	□ No
	Program	1		tional Insured	Name and Address								
☐ Standard ☐ Select			☐ Loss	•									
☐ Select Plus			Lien										
Protective Device	ces		□ Addi	☐ Additional Insured Name and Address									
☐ Smoke Dete	ector		☐ Loss	□ Loss Payee									
☐ Automatic S	prinkler System			☐ Mortgagee									
☐ Automatic Fi	ire Alarm		Lien				6 9.P				6 . 4.	- 11 01	V-1
★ Watchman /	Security Services	S			oss are excluded with coverage beyond 30	•	bullaings	or structure	s vacant mo	re than 30 co	insecutive day	/s. Use V	vaiver of
	nds & Signals to 0			•	duces the applicable	•	urance by	50% if a bu	ilding or stru	cture is unoc	cupied or vac	ant more t	han 120
•	•	to Central Station			Use 'Waiver of Unoc		-		-				
•	-	als to Central Stati	on vac	•	cupancy beyond 120	days.							
·	vned Fire Departr				Not Apply			Va	cancy or Un		tarts:		
•	d Robbery Protec				er of Vacancy er of Unoccupancy ar	nd Vacancy				Ŀ	Ends:		-
	Burglar Alarm					•							
☐ Loud Sou	•		Infla	tion Guard 🔲	4% □ 6% □ 8%	□ 10%				Sump Over	flow and Bacl	кuр	
☐ Security S			Nun	nber of Families				☐ Contents Rental to Others Theft					
	★ Certificate R	eauired	Spe	cial Loss Settler	ment								

#### **SCHEDULED PERSONAL ITEMS**

TYPE: 1. Jewelry, 2. Furs, 3. Cameras, 4. Musical Instruments, 5. Silverware, 6. Fine Arts, 7. Golf Equipment, 8. Stamps, 9. Coins, 10. Firearms, 11. Other

Item No.	Type No.	Description of Item (Serial #, if any) Attach appraisal for Items over \$5000	Deductible	Insurance Amount

<sup>\*</sup> Valuation: RC = Replacement Cost; ERC<sup>†</sup> = Extended Replacement Cost; ACV = Actual Cash Value; FBV = Functional Building Value
<sup>†</sup> Included in Select Plus and Equine Extra
<sup>††</sup> EQ = Earthquake

### **OPTIONAL COVERAGES**

		OPTIONAL COVERAGES	
INCREASED SPECIAL PROPER	RTY LIMITS		
Item		Requested Limit*	Refer to Farm Quote for limits included.
Jewelry, watches, furs		\$	
Money		\$	
Securities		\$	
Silverware		\$	
Firearms		\$	
Electronic Apparatus I		\$	
Electronic Apparatus II		\$	
* Higher limits, broader covera	ge, used Schedule/Valuab	ole Personal Property/Articles	
INCREASED POLICY PROVIDE	D LIMITS		
Coverage		New Limit	Provided Limit
Tenant's Improvements/Alteration	1S	\$	10% of Cov C Tenant limit
Cost of Restoring Farm Records		\$	\$ 2,000
Extra Expense		\$	\$ 1,000
Power & Light Poles		\$	Varies by Product
Borrowed Farm Equipment (\$50,	000 add'l available)	\$	\$25,000 (if Cov E or F provided)
ISO 2003 OPTIONAL COVERA	GES (2003 STATES ONLY)		
Units Owners Coverage	Coverage A		
	Coverage D		
	Loss Assessment Pro	pp	
	Loss Assessment Lial	b	
2. Assisted Living	Name of Relative		
	Name of Facility		
	Address of Facility		

Liability Limit \_

## SCHEDULED FARM PERSONAL PROPERTY (ISO COVERAGE E) ACV VALUATION

Applicant:	Producer:
	· · · · · · · · · · · · · · · · · · ·

Item	Loc #	Description (If applicable, include year, make, model, and serial number)	Away Fro	om Premise 3 only)*	Deductible	Cause of Loss**	Foreign Obj.	Cab Glass	Limit of Insurance
1.		,,,,	Y	N			ΥN	ΥN	
2.			Y	N			ΥN	Y N	
3.			Y	N			ΥN	Y N	
4.			Y	N			Y N	Y N	
5.			Y	N			Y N	Y N	
6.			Y	N			Y N	Y N	
7.			Y	N			Y N	Y N	
8.			Y	N			Y N	Y N	
9.			Y	N			Y N	Y N	
10.			Y	N			Y N	Y N	
11.			Y	N			Y N	Y N	
12.			Y	N			Y N	Y N	
13.			Y	N			Y N	Y N	
14.			Y	N			Y N	Y N	
15.			Y	N			Y N	Y N	
16.			Y	N			Y N	Y N	
17.			Y	N			Y N	Y N	
18.			Y	N			ΥN	Y N	
19.			Y	N			Y N	Y N	
20.			Y	N			Y N	Y N	
								tal Limit	
21.	Anim	nal Collision				\$	Limit Per H	ead	# of Head

Does not apply to Livestock or Machinery

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

Inter	est	Rank:	Name and Address	Interest in Item Number
_		rtaint.		microst in item rumber
$\vdash$	Additional I			
L	₋oss Payee	)		
L	_ienholder			
L	_eased			Scheduled Item Number:
Inter	est	Rank:	Name and Address	Interest in Item Number
T A	Additional I	nsured		
L	oss Payee	)		
L	_ienholder			
	₋eased			Scheduled Item Number:
Inter	est	Rank:	Name and Address	Interest in Item Number
T A	Additional I	nsured		
	oss Payee	)		
	_ienholder			
	_eased			Scheduled Item Number:

<sup>\*\*</sup> Cause of Loss ① BASIC ② BROAD ③ SPECIAL

## UNSCHEDULED FARM PERSONAL PROPERTY (ISO COVERAGE F) ACV VALUATION

Applicant:						Produc	er:				
Agricultural Produce	# of Units	Unit Price	Total Value	Agricultural Machinery & Implements	# of Units	Unit Price	Total Value	Agricultural Tools, Equipment & Supplies	# of Units	Unit Price	Total Value
Barley				Tillage:				Agri-Chemicals			
Corn				Tractors				Fertilizers			
Fruit								Herbicides			
Ground Feed								Insecticides			
Mfg Stock Feed								Pesticides			
Nuts								Air Compressors			
Oats				D'				Bins Boxes and Box Shook			
Silage				Discs							
Soybeans				Harrows				Electric Motors			
Straw				Plows				Farm Lubricants			
Wheat				Other				Fencing & Posts			
				Cultivation				Gasoline/Diesel Fuel Hand Tools			
				Cultivating:							
				Cultipackers				Materials & Supplies			
				Cultivators				Milking Equipment			
				Drills				Office Equipment			
Total Value		\$		Planters				Paints			
				Rotary Hoes				Picking Equipment			
Livestock	# of Units	Unit Price	Total Value	Seeders				Poultry Equipment			
Dairy Cows				Spreaders				Power Tools			
Dairy Heifers				Sprayers				Saddles & Tack			
Dairy Calves								Spare Parts			
Beef Cows				Harvesting:				Tires			
Beef Calves				Augers				Vet Supplies			
Feeder Cattle				Blowers				Welders & Torches			
Bulls				Choppers							
Sows & Gilts				Corn Pickers							
Boars				Driers							
Feeder Pigs				Elevators (Port.)							
Ewes				Forage Harvesters							
Rams				Grain Cleaners				Total Value		\$	
Lambs				Grain Heads							
Horses				Grape Harvesters					Lin	nits of Insur	ance
Ponies				Hay Balers				Livestock	\$		
Mules				Mowers				Other than Livestock	\$		
				Nut Shakers				Totals	\$		
				Rakes							
Total Value		\$		Rice Harvesters				*Irrigation Equipment	, Combine	s, Cotton	Pickers,
				Roods				Hay, Four-Wheeler A	TVs, and C	Computers	must be
Perils				Silo Filters				Scheduled under Co	/erage E.		
Livestock				Silo Unloaders							
☐ Broad ☐	Racio			Tomato Harvesters				Excluded Property/	tems:		
				Wagons							
Other Than Lives											
☐ Special ☐	□ Broad 〔	□ Basic									
Deductible \$											
				Total Value		\$					
Cab Glass											
Model		S#		Type Yea	r	Inte	rest	Name and Addres	s	Des	cription
						Loss Pay	ree				
							Loss Payee				
						Contract	for Sale				
					Į	Leased					
Interest		Name a	nd Address	Descrip	tion	Inte	rest	Name and Addres	s	Des	cription
Loss Payee						Loss Pay					•
Lender's Loss Pa	avee						Loss Payee				
Contract for Sale	-					Contract					
Leased						Leased					
1=00000											

☐ Peak Season — Farm Personal Property

ISO COVERAGE E (Must correspond with proper Cov. E item)

MONTH	TYPE PROPERTY	LIMIT OF INSURANCE	MONTH	TYPE PROPERTY	LIMIT OF INSURANCE
January		\$	July		\$
February		\$	August		\$
March	,	\$	September		\$
April	,	\$	October		\$
May	Ç	\$	November		\$
June		\$	December		\$

☐ Peak Season — Farm Personal Property

ISO COVERAGE F

MONTH	TYPE PROPERTY	LIMIT OF INSURANCE	MONTH	TYPE PROPERTY	LIMIT OF INSURANCE
January		\$	July		\$
February		\$	August		\$
March		\$	September		\$
April		\$	October		\$
May		\$	November		\$
June		\$	December		\$

# FARM PERSONAL PROPERTY (ISO COVERAGE E & F)

Applicar	nt:	Producer:
		UNDERWRITING INFORMATION
	☐ Scheduled	
ļ	Unscheduled	
I	If property is kept on a locati	ion(s) other than an insured location, where is it kept
6	a. During farming season?	
ŀ	b. During off season?	
١	What is the maximum value	of equipment at any one location
í	a. During farming season?	Inside \$ Outside \$
		In which structures?
		Value in each?
ć	a. During off season?	Inside \$ Outside \$
		In which structures?
		Value in each?
ŀ	Is there any equipment loan	ed or rented to/from others?
١	Value for borrowed or rented	d equipment \$ Does person loaning/renting equipment insure it?
١	Value of equipment loaned of	or rented to others \$ Does borrower insure equipment?
ľ	Does applicant perform his o	own maintenance on equipment?
1	If no, please indicate type of	f repairs done, where performed, and by whom:
,	What is radius of operation.	of equipment? miles
	·	
Property	ty excluded from blanket cov	erage:
Remark	 KS:	

### FARM BARNS, BUILDINGS AND STRUCTURES — ISO COVERAGE G

			FAR	M BARNS, BUILDII	NGS AN	ID ST	RUC	TUR	RES — I	SO CO	OVERA	GE G			
Loc No.	Bldg No.	Limit of Insurance	Ded	Description	Const.1	Type 1, 2* or 3*	C/L <sup>2</sup>	Val. <sup>3</sup>	Type of Heat	Year Built	Ro Type	of Age	Sq. Ft.	EQ <sup>†</sup>	Open Sides
					+	or 3°					.,,,,	7.90		Yes No	(Y/N)
					-										
	<u> </u>			not qualify for Type 1 rate				+	Earthqua				<u> </u>		
FR = M = Inflation	= Frame Masonry ion Guard tomatic S tomatic F	У	FRS = I 4% stem	Non Combustible Fire Resistive ☐ 6% ☐ 8%		] 10%	□ Da	1 = E  3 <b>Valu</b> R = F  amage	ses of Los Basic ation (Atta RC A = A to below g	2 = Broa ach Valua CV ground Fo	FBV = F	unctiona (Per Buil	or <u>Each</u> Si I Building \ ding)		(Val.)
	Hourly F	Rounds & Si	gnals to	Central Station s to Central Station			Lir	mit For	Conseque	ential Exp	enses			_	
	No Hou	rly Rounds 8	& No Sig	nals to Central Station			□ Re	eplacer	ment Cost	Protectio	n (Inc. Ord	dinance o	or Law Cov	v.)	
	•	wned Fire D	•				De	emolitio	on Cost Co	verage	Α_			_	
	• •	d Robbery F es Burglar Al		e Systems			Co	ost to F	Reconstruc	:t	В			_	
	Loud So	ounding Gor	ng								C			_	
		/ Service	J								_			_	
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Mortgagee Lienholder

### **FARM LIABILITY SECTION**

Applicant:		Producer:
	Coverages	Limit of Liability
	Occurrence	\$
	Aggregate	\$
	Fire Damage Limit	\$
	Medical Payment	\$ 5000
	☐ Exclude Personal and Advertising Injury	

☐ Exclude Advertising Injury

Code		Covera	ge	Basis				
	Farm, 0 to 160 Acres	☐ Owner Operated	☐ Non-owner Operated					
	Farm, 161 to 500 Acres	☐ Owner Operated	☐ Non-owner Operated					
	Farm, 501 to 2000 Acres	☐ Owner Operated	☐ Non-owner Operated					
	Farm, Over 2000 Acres	☐ Owner Operated	☐ Non-owner Operated					
01235	Farm Stands		·					
01350	Farm Employees: Employers' lia	ability and employees' medical pa	yments Occurrence Limit \$					
			Medical Payment Limit \$					
01352	Farm Employees: Employers' lia vehicles and watercraft)	ability and employees' medical pa	yments (optional extension of coverage involving motor					
0136A	Chemical Drift							
01360	Crop Dusting		Cost \$ Limit \$					
01380	Home Day Care: One to three p	ersons						
01381	Home Day Care: Four to six per	sons						
01415	Residence Employees: Over Tw	o Employees						
02995	Insured's Liability: While employ	ed by others in nonfarm jobs - te	achers					
02996	Insured's Liability: While employ	ed by others in nonfarm jobs - te	achers, not otherwise classified					
02997	Insured's Liability: While employ punishment of pupils	ved by others in nonfarm jobs - op	otional coverage for teachers, liability for corporal					
03210	Insured's Liability: While employed by others in nonfarm jobs - salesmen, collectors and messengers, including installation, demonstration or servicing operations							
03320	Insured's Liability: While employed by others in nonfarm jobs - clerical office employees, salesmen, collectors and messengers, but no installation, demonstration or servicing operations							
07106	Custom Farming: Farming operations performed by the insured for others for a charge under contract of agreement							
09250	Additional Owned Dwellings: One-family dwelling occupied by owner							
09251	Additional Owned Dwellings: One-family dwelling not occupied by owner							
09252	Additional Owned Dwellings: Two-to-four family dwellings at least partially occupied by owner							
09253	3 Additional Owned Dwellings: Two-to-four family dwellings not occupied by owner							
Additional								
ADF01		organization from whom the insur						
ADF02	Additional Insureds: Person or organization that exercises financial control over the insured							
ADF03	Additional Insureds: Non-resident co-owner of a non-farm initial or additional residence							
ADF04	, ,							
ADF05	structures		ed leases farm premises including building or other					
ADF06			r of a farm owned by or leased to the insured					
ADF07			ed leases equipment - additional insured is not covered for					
0.4400		igence of that person or organiza	tion					
04122	Additional Insureds: Resident of	the insured's household						
	Other:							
	Other:							
	Other:							
	Other:							
	Other:							
	Other:							
	Other:							
	Culti.							

### **COMMERCIAL GENERAL LIABILITY**

Applicant:			
	Coverages	Limit of Liability	
	Occurrence	\$	
	Aggregate	\$	
	Fire Damage Limit	\$	
	Medical Payment	\$ 5000	
	☐ Include Products / Completed Operations		
	☐ Exclude Personal and Advertising Injury		
	☐ Include Personal Liability (Code 05223)		

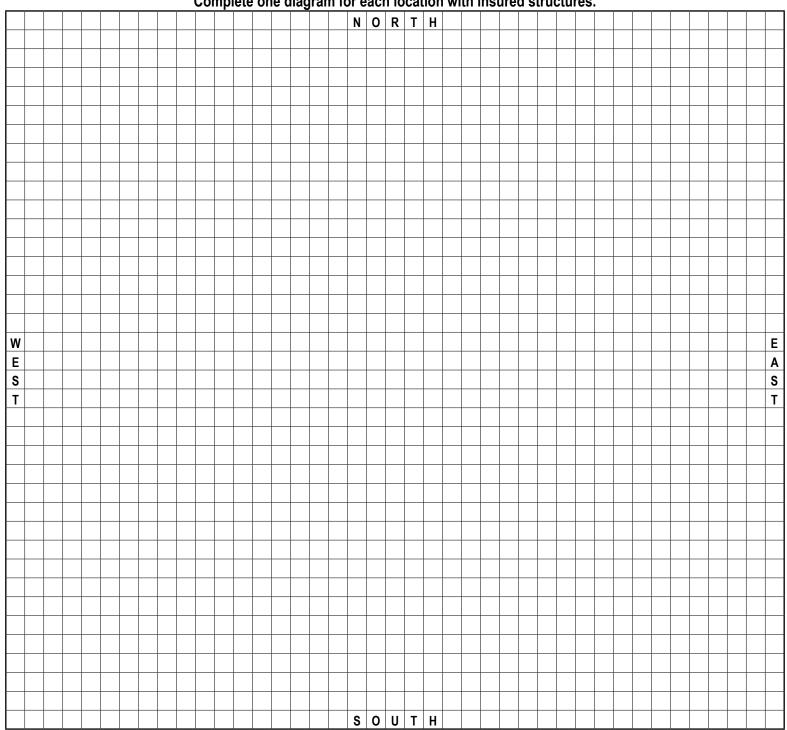
	☐ Include Personal Liability (Code 05223)	
Code	Coverage	Exposure Basis
	Farm, 0 to 160 Acres	
	Farm, 161 to 500 Acres	
	Farm, 501 to 2000 Acres	
	Farm, Over 2000 Acres	
01350	Farm Employees: Employers' liability and employees' medical payments  Occurrence Limit \$ Medical Payment Limit \$	
01352	Farm Employees: Employers' liability and employees' medical payments (optional extension of coverage involving motor vehicles and watercraft)	
01355	Grazing: Away from the farm premises - up to 100 animals	
01356	Grazing: Away from the farm premises - 101 to 500 animals	
01357	Grazing: Away from the farm premises - 501+ animals	
0136A	Chemical Drift	
01360	Crop Dusting Cost \$ Limit \$	
01391	Products/Certain Farm Operations: Animals and livestock breeders or dealers, except poultry hatcheries	
01415	Residence Employees: Over Two Employees	
01901	Products/Certain Farm Operations: Farm products - NOC	
07106	Custom Farming: Farming operations performed by the insured for others for a charge under contract of agreement	
09250	Additional Owned Dwellings: One-family dwelling occupied by owner	
09251	Additional Owned Dwellings: One-family dwelling not occupied by owner	
09252	Additional Owned Dwellings: Two-to-four family dwellings at least partially occupied by owner	
09253	Additional Owned Dwellings: Two-to-four family dwellings not occupied by owner	
12362	Distributors - No food or drink	
12583	Dealers: Feed, Grain or Hay	
16604	Produce Handling or Packing	
16890	Seed Merchants: Excluding erroneous delivery, error in mixture and germination failure	
16891	Seed Merchants: Erroneous delivery, error in mixture and resulting germination failure	
16892	Seed Merchants: Erroneous delivery, and error in mixture, excluding germination failure	
18437	Stores: No Food or Drink - Other Than Not-For-Profit NOC	
40045	Animals: Draft	
4004A	Animals: Racing	
40046	Animals: Saddle - For Hire	
40047	Animals: Saddle - Private	
40066	Athletic Programs: Amateur - Other Than Not-For-Profit	
40067	Athletic Programs: Amateur - Not-For-Profit	
44193 44194	Grandstands or Bleachers: Other Than Not-For-Profit Grandstands or Bleachers: Not-For-Profit	
45224		
45224	Hunting Preserves: Other Than Not-For-Profit  Land: Occupied by persons other than the insured for business purposes (Lessor's Risk Only)	
47221	Riding Academies	
49451	Vacant Land: Other Than Not-For-Profit	
63219	Exhibitions: In Buildings - No Admission Charged - Other Than Not-For-Profit	
63220	Exhibitions: In Buildings - No Admission Charged - Other Than Note of Front	
9911A	Stables: Private	
99111	Stables: Boarding	
9999A	Care, Custody or Control: Unscheduled and Scheduled Horses (Need to Complete CCC Questionnaire)	
Additional Ir		
ADC01	Additional Insured: Co-owners of premises	
ADC02	Additional Insured: Controlling interest	
ADC03	Additional Insured: Executors, Administrators, and Trustees	
ADC04	Additional Insured: Mortgagees, Assignees, or Receivers	
ADC05	Additional Insured: Owners or other interests from whom land has been leased	
ADC06	Additional Insured: Independent instructors or trainers	
ADC07	Additional Insured: Managers or operators of premises or interest from whom premises have been rented or leased on policies covering lessees or tenants	
ADC08	Additional Insured: Vendor's product liability on policies covering manufacturers or distributors	
ADC09	Additional Insured: Designated person or organization	
ADC10	Additional Insured: Lessors of leased equipment who have signed a contract or agreement that requires them to be added as an additional insured on a	
	policy covering a lessee	
ADC11	Additional Insured: Lessors of leased equipment	
	Other:	
	Other:	

A. Land, Red	reation Vehicle	es OR Snowm	obiles												
License															<b>5</b>
for Hwy Use	Desc	ription	Model Year	Manufacturer	Mo	odel	9	Serial #	CC or CU	HP	Lim	Limit		ty	Physical Damage
OY ON		'									\$				
$\square$ Y $\square$ N											\$				
$\square$ Y $\square$ N											\$				
$\square$ Y $\square$ N											\$				
$\square$ Y $\square$ N										\$					
B. Watercraf	t – Under 26 fe	et in length		,				<u>'</u>							
Desc	cription	Model Year		Manufacturer		Mode	l	Serial #	HP		Rated Speed in MPH	Leng in Fe	- 1	Li	imit
													\$		
	ower	Type o		Construction	n	From	Vavigati	on Period	-  Manual	acture	Outboar				
☐ Outboard ☐ Inboard/O	utboard	☐ Runabout		☐ Fiberglass ☐ Wood		FIOIII	,	1	IManui	acture	I.	/lodel	SE	rial #	
☐ Inboard (F	. ,	☐ Other (De	escribe)	☐ Metal	-\	То	1	1	Limit		F	łΡ	Мо	odel Yea	r
☐ Inboard (J ☐ Sail	iet Drive)			☐ Other (Describ	e)		1	1							
Desc	cription	Model Year		Manufacturer		Model Serial #		HP		Rated Speed in MPH	Leng in Fe		Li	imit	
D030	STIPUOTI	Tour		Wandiactarci		IVIOGO	'	Oction #			1411 111		\$		
Po	ower	Type o	of Hull	Construction	n	N	l Navigati	on Period			Outboar	d Moto	or Inform	nformation	
☐ Outboard		Runabout		□ Fiberglass		From			Manuf	acture	· N	/lodel	Se	rial#	
☐ Inboard/C☐ Inboard (F		☐ Cabin Cru☐ Other (De		☐ Wood ☐ Metal			1	1							
☐ Inboard (J			,	☐ Other (Describ	e)	То		Limit HP Mo			Model Year				
☐ Sail	nation (Include	all drivers wh	20 may one	rate any recreation	ol vobi	oloo)		1							
Operate	1	an unvers wi	ю шау оре	rate any recreation	lai veili	cies)		Year License	Year's of		river's Lic	ense			
Which Veh		Jsage	Name	of Driver		Date of Bir	th	Experie	nce		Numbe	er		Licens	e State
Loss Payee	Information erest	Vehicle		Name			Δ	Address			Phon	Δ		١٥	an #
☐ Loss Paye		VOITIGIC		Ivanio				1001000			1 11011				ин т
☐ Lender's I															
☐ Contract f☐ Loss Paye															
☐ Lender's I	Loss Payee														
☐ Contract f															
☐ Loss Paye ☐ Lender's I															
☐ Contract f															1
Underwriting (1) Membe		anized club con	cerned with	any recreation vehic	cle?									Yes	No 🗆
(2) Used in	n organized race	e or competitive	e event?	•											
	at a location oth s a primary resi			idence?											
(5) Equipp	ed for amphibio	us use?													
	nade, kit built, o			cifications? mercial purposes?											
(8) Does a	ny vehicle or bo	at have body o	damage or c	racked or broken gla											
(9) Is any I	poat equipped v	vith a stove? (E	escribe inst	allation and fuel in re	emarks		1-1.	laudaa O							
(10) Is any I															

Applicant:	Producer:
Location:	

### SHOW <u>ALL</u> BUILDINGS ON THE PREMISES (<u>WHETHER INSURED OR NOT</u>) AND DISTANCE IN FEET BETWEEN THEM. LABEL ALL BUILDINGS AND ATTACH DATED PHOTOGRAPH OF EVERY BUILDING. (INDICATE "NC" IF NOT COVERED.)

Complete one diagram for each location with insured structures.



Notes: 1. Please provide directions to farm location from nearest cross street or main highway.

- 2. Original photos of all structures must accompany application.
- 3. Please complete a diagram for each location.

Computer FP 04 08  Electronic data processing equipment and electronic media and records may be covered on either a scheduled or blanket basis against the Special Causes Of Loss and certain other insurable exposures unique to such property.	Debris Removal  This quote provides for the removal of the debris of covered property for an amount equal to roughly 25% of the loss, before application of the deductible (please see policy form for details). An additional amount of insurance may be purchased to apply when the provided coverage is exhausted.						
☐ Enable Computer Coverage	Note: You must have at least one Coverage A or Coverage G on the quote to enable this coverage.						
Coverage	Additional Limit						
Туре							
Deductible	Program - Standard Equine AP 04 35  This endorsement provides a wide variety of additional property coverage						
Limit	intended for equine operations.						
Description	☐ Attach Standard Equine Endorsement						
Golf Cart (2003 only) FP 05 27	Transit AP 04 32						
Make	Transit Endorsement covers farm personal property while in transit.						
Model	Commodity						
Serial or Motor #	Limit						
Limit	Deductible						
Dairymen's Endorsement  This endorsement provides additional coverage for dairy farm operations including transport vehicle coverage and first party milk contamination.  □ Include Dairymen's Endorsement  Disruption of Farming Operations  Disruption of Farming Operations covers the following:	Pollutant Cleanup and Removal (on and off premises)  This quote automatically provides a \$10,000 annual aggregate Limit of Insurance applicable exclusively to the costs to remove pollutants from land or water at each location.  Select an amount below if you would like to increase the annual aggregate.  \$25,000  \$50,000						
The reduction in net profit from disruption of specified farming operations	□ \$75,000						
due to damage to farm buildings, machinery, supplies or equipment at specified insured locations by a covered cause of loss;	□ \$100,000						
Continuing normal operating expenses;	_ ,,						
<ol> <li>Expenses incurred to resume normal farming operations;</li> <li>Expenses incurred to repair or replace damaged property, to the extent that such expenses reduce the amount of loss otherwise payable.</li> <li>Note: You must have a Coverage E or G with "Disruption of Farming applies" checked in order to make this coverage available.</li> </ol>	Custom Farming FL 04 69 The first \$10,000 receipts for custom farming are free of charge. If you have requested additional coverage under the Farm Liability/Commercial Liability sections, please specify the following:						
Location of	Exposure \$						
Farming Operations	Type of Custom Farming						
Building #	Modified Seeds, Plants, Grains, Crops						
Coverage E #	Modified seeds, plants, grains, crops, organisms, animals or other material coverage may be purchased. Please select an amount below if you would						
Exposure Percent	like to buy this coverage:						
Total Number of Days	□ \$25,000						
Limit	□ \$50,000						
	□ \$100,000						
Credit Fraud  The Limit of Insurance for gradit cords fund transfer cords forgers and	□ \$250,000						

The Limit of Insurance for credit cards, fund transfer cards, forgery and counterfeit currency may be increased above the included \$1,000.

Increased Limit \_\_\_\_\_



#### **GENERAL FRAUD STATEMENT**

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

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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.

APPLICANT'S SIGNATURE	DATE (MM/DD/YYYY)