



Farm, Ranch, and Equine

UMBRELLA / EXCESS APPLICATION

GENERAL INFORMATION

Desired Coverage: Umbrella Excess

Effective Date: _____ Expiration Date: _____

New Business Renewal Rewrite

Account Bill

Include Terrorism Coverage? Yes No

Does the underlying Auto include Terrorism Coverage? Yes No

AGENCY INFORMATION

Agency Name:	Agency Code:
Sub-Producer Name:	Sub-Producer Code:

APPLICANT INFORMATION

First Named Insured:		
Address:		
City:	State:	Zip:
Phone Number:	Website:	
Insured's Occupation:	Spouse's Occupation:	
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Trust or Estate		
How Long Has Agency Known the Applicant:		

PRIMARY LOCATION

Name and Location of Primary and All Subsidiary Companies (Describe Operations)
Name:
Location:
Description:

UMBRELLA DETAIL - UNDERLYING INFORMATION

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE:

	Coverage	Exposure
Any Auto (Symbol 1)		
CGL - Claims Made		
CGL - Occurrence		
Aircraft Liability		
Aircraft Passenger Liability		
Additional Interests		
Care, Custody, Control		
Employee Benefit Liability		
Foreign Liability/Travel		
Garagekeepers Liability		
Incidental Medical Malpractice		
Liquor Liability		
Pollution Liability		
Professional Liability (Errors and Omissions)		
Vendors Liability		
Watercraft Liability		

Underlying Insurance Coverage Information (include ALL restrictions; e.g. Laser Endorsements, Discrimination, Subrogation Waivers, or Extensions of Coverage).

Previous Experience: (Give Details of ALL Liability Claims exceeding \$10,000 or Occurrences that may rise to Claims during the past Five (5) year, whether insured or not. Specify date, coverage, description, amount paid, amount outstanding).

ADDITIONAL EXPOSURES

ADVERTISERS LIABILITY		
1. Media Used? Annual Cost: \$	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Are services of an advertising agency used?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Any coverage provided under agency's policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
AIRCRAFT LIABILITY		
4. Does the insured own, lease or operate aircraft?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
AUTO LIABILITY		
5. Are explosives, caustics, flammables or other dangerous cargo hauled?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Are passengers carried for a fee?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Any units not insured by underlying policies?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Are any vehicles leased or rented to others?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Are hired and non-owned coverage provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CONTRACTORS LIABILITY		
10. Does the insured do any contract work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Describe typical jobs performed:		
12. Describe Agreement:		
13. Does the insured own, rent or otherwise use cranes, bulldozers or any other construction equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Do subcontractors carry coverages or limits less than the insured?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
EMPLOYERS LIABILITY		
15. Is the insured self-insured in any state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Is insured subject to Jones Act, FELA, Stop Gap, Other?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
POLLUTION LIABILITY		
17. Do current or past products, or their components, contain hazardous materials that may require special disposal methods?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. Indicate the coverages carried: <input type="checkbox"/> GL with standard ISO Pollution Exclusion <input type="checkbox"/> GL with Pollution Coverage Endorsement <input type="checkbox"/> GL with standard Sudden & Accidental only <input type="checkbox"/> Separate Pollution Coverage		
PRODUCT LIABILITY		
19. Are there any non-farm products sold or manufactured?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. Any foreign operations, foreign products distributed in the USA or US Products sold/distributed in foreign countries?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. Product Liability Loss in past three (3) years? If yes, please provide details.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22. Gross Sales from each of last three (3) years: \$ \$ \$		
PROTECTIVE LIABILITY		
23. Describe independent contractors:		
WATERCRAFT LIABILITY		
24. Does the insured own or lease any watercraft?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Location: # Owned: Length: Horsepower:		
APARTMENTS/CONDOMINIUMS/HOTELS/MOTELS/BED & BREAKFAST/COMMERCIAL BUILDINGS		
Location: Stories: # of Units: # Swimming Pools # Diving Board		

PRIOR CARRIER/LOSS HISTORY (PREVIOUS 3 YEARS)

CURRENT AND PRIOR CARRIERS

COMPANY	POLICY #	EXPIRATION DATE	ANNUAL PREM	LOSS RUNS?

LOSS HISTORY

Date of Loss	Description of Loss	Amount Paid

UMBRELLA COVERAGE INFORMATION

Each Occurrence Limit Bodily Injury and Property Damage:

\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000 Other:

Personal and Advertising Injury Limit:

Excluded Same as Each Occurrence Limit - Bodily Injury & Property Damage

Aggregate Limit:

\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000 Other:

Uninsured Motorists/Underinsured Motorists Coverage (if applicable in primary rating state)

Include (same limit as BI/PD Occurrence) Signed Rejection

Self-Insured Retention Limit: \$5,000

UMBRELLA DETAIL - UNDERLYING INFORMATION

Personal Liability Coverage Applies

Custom Farm Liability Coverage Applies

ARIC CGL Farm Liability Rating

Premium	Company	Policy Eff Date	Policy Exp Date	Policy Number

Each Occurrence Limit:

General Aggregate Limit:

Personal & Advertising Limit:

ARIC Automobile Liability Rating

Company	Policy Eff Date	Policy Exp Date	Policy Number	Auto Liability
ARIC				<input type="checkbox"/> Owned Auto <input type="checkbox"/> Non-Owned Auto <input type="checkbox"/> Hired Auto
ARIC				<input type="checkbox"/> Owned Auto <input type="checkbox"/> Non-Owned Auto <input type="checkbox"/> Hired Auto
ARIC				<input type="checkbox"/> Owned Auto <input type="checkbox"/> Non-Owned Auto <input type="checkbox"/> Hired Auto

Bodily Injury/Property Damage Liability (Combined Single Limit):

Private Passenger/Light Trucks/Hired & Non-Owned Auto Premium:

Medium Trucks Premium:

Heavy/Extra-Heavy Trucks/Truck Tractors Premium:

Non-ARIC Other Liability Rating

Type of Insurance: Homeowners Farm Employers Liability Recreational Vehicle Watercraft Other

Premium	Company	Policy Eff Date	Policy Exp Date	Policy Number

Each Occurrence Limit:

General Aggregate Limit:

Non-ARIC Employers Liability

Company	Policy Eff Date	Policy Exp Date	Policy Number

Bodily Injury by Accident Each Accident:

Bodily Injury by Disease Each Employee:

Bodily Injury by Disease Policy Limit:

Premium	Company	Policy Eff Date	Policy Exp Date	Policy #	Auto Liability
					<input type="checkbox"/> Owned Auto <input type="checkbox"/> Non-Owned Auto <input type="checkbox"/> Hired Auto
					<input type="checkbox"/> Owned Auto <input type="checkbox"/> Non-Owned Auto <input type="checkbox"/> Hired Auto

Limit Type: CSL Split Limits

Unsupported Automobile Premium

Vehicle Type	Units	Primary Limit	Units	Primary Limit
Private Passenger Types		\$ 500,000		\$1,000,000
Light Trucks		\$ 500,000		\$1,000,000
Youthful Driver		\$ 500,000		\$1,000,000
Antique Auto		\$ 500,000		\$1,000,000
Motorcycle		\$ 500,000		\$1,000,000
Motor Home		\$ 500,000		\$1,000,000
UM/UIIM		\$ 500,000		\$1,000,000
Medium Trucks		\$1,000,000		
Heavy Trucks		\$1,000,000		
Heavy Truck-Tractors		\$1,000,000		
Extra Heavy Trucks		\$1,000,000		
Extra Heavy Truck-Tractors		\$1,000,000		

FRAUD WARNING:

In AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* 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 prison. *Applies in MD Only.

In CO: 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.

In FL and OK: 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)*. *Applies in FL Only.

In KS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, 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.

In KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

In ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

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

In OR: 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.

In PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

I HEREBY CERTIFY THAT I AM AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION PROVIDED IS TRUE AND CORRECT AND THAT NO INFORMATION WHICH WOULD MATERIALLY AFFECT THIS INSURANCE HAS BEEN WITHHELD.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (PLEASE PRINT)
APPLICANT'S SIGNATURE	DATE