



# SMALL FARM / RANCH APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	COMPANY		NAIC CODE:	
	FAX (A/C, No):	COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE:	
CODE:	SUBCODE:	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN
AGENCY CUSTOMER ID		QUOTE	ISSUE POLICY	POLICY TYPE	DEPOSIT \$
		BOUND (DATE):			

## APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds) *		RELATIONSHIP *	MAILING ADDRESS (of First Named Insured)		PHONE (A/C, No, Ext):
* If more than one person is listed as the named insured, indicate the relationship to the first named insured.					
PHONE # ON PREMISES:				E-MAIL ADDRESS:	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE	DATE BUS STARTED	SIC	FEDERAL ID #	CONTACT
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/>				PHONE (A/C, No, Ext):
<input type="checkbox"/> CORPORATION					

## TYPE OF FARM / RANCH

<input type="checkbox"/> FIELD CROPS	<input type="checkbox"/> MUSHROOMS	<input type="checkbox"/> GREENHOUSES	<input type="checkbox"/> BEES	<input type="checkbox"/> TOBACCO
<input type="checkbox"/> FRUITS	<input type="checkbox"/> NUTS	<input type="checkbox"/> NURSERY STOCK	<input type="checkbox"/> FUR BEARING ANIMALS	<input type="checkbox"/> POULTRY
<input type="checkbox"/> VEGETABLES	<input type="checkbox"/> FLOWERS	<input type="checkbox"/> SOD	<input type="checkbox"/> LIVESTOCK	
<input type="checkbox"/> DAIRY	<input type="checkbox"/> VINEYARDS	<input type="checkbox"/> WORMS	- TYPE:	

DESCRIBE FARM / RANCH OPERATIONS AND ANY INCIDENTAL BUSINESS ACTIVITIES

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## PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	PROT CLASS	# ACRES TOTAL	# ACRES CULTIVATED	# ACRES IN PASTURE	FARMED BY	GROSS RECEIPTS

DOES APPLICANT HAVE ANY OTHER BUSINESS? (IF YES, DESCRIBE)

 YES  NO

IS BUSINESS NEW TO AGENCY?

 YES  NO

DATE OF LAST INSPECTION

## LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES FOR THE PAST FIVE YEARS

DATE OF OCCURRENCE	TYPE OF LOSS	DESCRIPTION OF OCCURRENCE	AMOUNT PAID

## PRIOR INSURANCE INFORMATION

PRIOR CARRIER	TYPE OF INSURANCE	POLICY #	AMOUNT OF COVERAGE

HAS ANY POLICY BEEN CANCELLED OR NONRENEWED IN THE PAST 5 YEARS? IF YES, EXPLAIN. (Missouri Applicants - Do not answer this question)

 YES  NO

**ADDITIONAL INTERESTS - PROPERTY**

<b>P R E M I O</b>	<b>B L D G N O</b>		<b>EVIDENCE</b>	<b>B L D G N O</b>		<b>EVIDENCE</b>
			CERTIFICATE			CERTIFICATE
			POLICY			POLICY
INTEREST:		SEND BILL		INTEREST:		SEND BILL

**ADDITIONAL INTEREST LIABILITY / LIABILITY CERTIFICATE RECIPIENT (Attach ACORD 45 for additional names)**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

**PROPERTY COVERAGE**

LOCATION #	FIRE DISTRICT NAME											DISTANCE TO HYDRANT	FIRE STATION	
												FT	MI	
DESCRIPTION OF PROPERTY	BLDG TYPE	CON-STRUC-TION	TYPE OF HEAT	AGE OF BLDG	AGE OF ROOF	SQUARE FEET	RC/ ACV	COINS %	PROT CLASS	CAUSE OF LOSS	DEDUCTIBLE	VALUE	LIMIT OF INSURANCE	PREMIUM
PRINCIPAL DWG														
HOUSEHOLD PP		N/A	N/A	N/A	N/A	N/A								
OTHER DWG														
HOUSEHOLD PP		N/A	N/A	N/A	N/A	N/A								
SNOWMOBILES		N/A	N/A	N/A	N/A	N/A								

**ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

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**LIABILITY COVERAGE**

LIABILITY COVERAGES	LIMITS OF LIABILITY
BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$ EACH "OCCURRENCE" LIMIT \$ GENERAL AGGREGATE LIMIT
PERSONAL AND ADVERTISING INJURY LIABILITY	\$ EACH "OCCURRENCE" LIMIT \$ GENERAL AGGREGATE LIMIT
MEDICAL PAYMENTS	\$ ANY ONE PERSON LIMIT \$ EACH "OCCURRENCE" LIMIT
PROPERTY DAMAGE LIABILITY FIRE DAMAGE LIMIT	\$ ANY ONE FIRE
ADDITIONAL COVERAGE -- DAMAGE TO PROPERTY OF OTHERS	\$
AAIS PERSONAL LIABILITY COVERAGE	NAME OF INSURED(S)
	\$
	\$
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, COMPLETE COMMERCIAL GENERAL LIABILITY APPLICATION
	FARM PERSONAL LIABILITY (AAIS) <input type="checkbox"/> YES <input type="checkbox"/> NO
	FARM COMMERCIAL LIABILITY (AAIS) <input type="checkbox"/> YES <input type="checkbox"/> NO

**LIABILITY COVERAGE (Continued)**

CODE	COVERAGE			INCR LIMITS FACTOR	BASIS/RATE	PREMIUM
	INITIAL FARM PREMISES	NOT MORE THAN ACRES				
	ADDITIONAL FARM PREMISES MAINTAINED BY NAMED INSURED			LOC #		
	ADDITIONAL NON-FARM PREMISES OCCUPIED BY INSURED <input type="checkbox"/> SEASONAL <input type="checkbox"/> PERMANENT			LOC #		
	ADDITIONAL RESIDENCE RENTED TO OTHERS		# FAMILIES	LOC #		
	CUSTOM FARMING RECEIPTS (RATE PER \$1,000)		RECEIPTS \$			
	ROADSIDE STANDS -- FARM PRODUCTS PRINCIPALLY ON THE INSURED FARM (RATE PER \$1,000 GROSS SALES)		SALES \$			
	DAY CARE COVERAGE (HOME)		1-3 PERSONS 1-6 PERSONS			
	LIMITED FARM POLLUTION LIABILITY (REFER TO COMPANY)					
	CONTINGENT LIABILITY FOR CROP DUSTING BY INDEPENDENT AIRCRAFT (RATE PER \$1,000 COST)		COST \$	LIMIT \$		
	DOMESTIC WORKERS' COMP		INSERVANT OUTSERVANT	# OF RESIDENTIAL EMPLOYEES		
	ANIMAL COLLISION		LIMIT PER HEAD \$	# OF HEAD		
	EMPLOYERS LIABILITY	# FULL TIME EMPLOYEES	# PART TIME EMPLOYEES	TOTAL PAYROLL \$		
	OTHER:					

**GENERAL INFORMATION**

1. IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, (A) SOURCE = <input type="checkbox"/> WELL <input type="checkbox"/> POND/LAKE <input type="checkbox"/> HYDRANT WITHIN 1,000 FT. <input type="checkbox"/> OTHER:	(B) QUANTITY = <input type="checkbox"/> LESS THAN 1,000 GALLONS <input type="checkbox"/> 1,000-3,000 GALLONS <input type="checkbox"/> OVER 3,000 GALLONS
2. ARE ANY WOOD OR COAL FIRED STOVES USED IN ANY BUILDINGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN	
3. ARE ANY BURGLARY AND/OR FIRE ALARMS ON THE PREMISES? INDICATE FLOORS PROTECTED BY ALARM	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TYPE OF ALARM	DIAGRAM #
4. DOES APPLICANT PERFORM MAINTENANCE ON EQUIPMENT? IF NO, PLEASE INDICATE TYPE OF REPAIRS DONE, WHERE PERFORMED AND BY WHOM	<input type="checkbox"/> YES <input type="checkbox"/> NO		
5. IS ENTIRE PREMISES OCCUPIED YEAR ROUND?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
6. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**GENERAL INFORMATION (Continued)**

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
7. ARE INDEPENDENT CONTRACTORS HIRED TO PERFORM ANY FARMING OPERATIONS?			19. 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.		
8. IS ANY PART OF THE FARM USED OR LEASED FOR ORGANIZED RECREATIONAL USE?			20. ANY NON-OWNED HORSES ON ANY INSURED PREMISES?		
9. DOES APPLICANT BUILD, REPAIR OR DESIGN MACHINERY, EQUIPMENT OR SYSTEMS FOR ANYONE AT A CHARGE OR FEE?			21. DOES INSURED BOARD, RACE, BREED OR RENT HORSES?		
10. DOES APPLICANT MIX, PROCESS, SLAUGHTER, BUTCHER OR OTHERWISE PREPARE FOR ANY "END CONSUMER" HIS OR ANY OTHER GROWER'S PRODUCT?			22. IS ANY LAND HELD FOR REAL ESTATE DEVELOPMENT OR SPECULATION?		
11. DOES APPLICANT HANDLE ANY PRODUCT, SUCH AS SEED, FERTILIZER, SPRAYS, ETC. FOR RESALE?			23. DOES APPLICANT MAINTAIN ANY VACATION OR SEASONAL PREMISES?		
12. ARE ANY CONTRACT OR SERVICE OPERATIONS PERFORMED FOR OTHERS SUCH AS SNOW REMOVAL, TILLING, EXCAVATING OR DITCHING?			24. IF DAIRY FARM, IS THERE ANY PROCESSING OF MILK?		
13. ARE THE FARM PREMISES OPEN TO THE PUBLIC FOR ACTIVITIES SUCH AS ROADSIDE STANDS, "U-PICK", RECREATIONAL, "RENT-A-GARDEN", AUCTION, SALES, SHOW, FOOD OR BEVERAGE SERVICE, HAY RIDES, FISHING, KENNELS, ANIMAL BOARDING, OR CHRISTMAS TREE SALES USES?			25. IF DAIRY FARM, IS THERE ANY RETAIL SALES OF MILK PRODUCTS TO PUBLIC? <span style="float:right">RECEIPTS</span>		
14. ARE ANY PORTIONS OF THE FARM RENTED OR LEASED OR USED BY ANY OTHER INDIVIDUAL, CORPORATION OR INTEREST FOR OTHER THAN FARMING?			26. NUMBER OF COWS MILKED:		
15. IS THERE ANY UNUSUAL HAZARD SUCH AS (BUT NOT LIMITED TO) OPEN DUMP PITS, SILAGE PITS, SUMP HOLES, PONDS, LAKES OR RESERVOIRS?			27. ARE ANY PREMISES USED FOR HUNTING PURPOSES?		
16. IS THERE AN AIRSTRIP ON THE PREMISES?			<input type="checkbox"/> BY OWNERS:		
17. ARE ANY "HOLD HARMLESS" OR "INDEMNIFYING" AGREEMENTS IN EFFECT?			<input type="checkbox"/> NO CHARGE	<input type="checkbox"/> RENTED TO OTHERS:	
18. IF LIVESTOCK IS KEPT, ARE ALL AREAS ADEQUATELY FENCED AND ARE FENCES IN A GOOD STATE OF REPAIR? IF NO, PLEASE EXPLAIN.			<input type="checkbox"/> FEE	<input type="checkbox"/> RECEIPTS	
PREMISES IS IN: <input type="checkbox"/> OPEN RANGE AREA <input type="checkbox"/> CLOSED RANGE AREA			28. DOES APPLICANT MAINTAIN A NON-FARM OFFICE OR PRIVATE SCHOOL IN AN INSURED BUILDING?		
			29. IS THERE A SWIMMING POOL ON PREMISES?		
			IF YES, IS IT FENCED?		
			IS THERE A DIVING BOARD?		
			30. DOES APPLICANT SERVE ON ANY BOARDS FOR REMUNERATION?		
			31. IS THE APPLICANT A SUBSIDIARY OF ANOTHER OR DOES THE APPLICANT HAVE SUBSIDIARIES?		
			32. IS A FORMAL SAFETY PROGRAM IN EXISTENCE?		
			33. DOES APPLICANT HAVE ANY POTENTIALLY DANGEROUS ANIMALS OR EXOTIC PETS?		
			34. IS THERE ANY WATERCRAFT OR SNOWMOBILE EXPOSURE?		
			35. ARE THERE ANY ELEVATORS ON THE PREMISES?		

**REMARKS**

**ATTACHMENTS**

	<input type="checkbox"/> STATE SUPPLEMENT(S) (If applicable)
	<input type="checkbox"/> PHOTOS
	<input type="checkbox"/> BILL OF SALE
	<input type="checkbox"/> APPRAISALS
	<input type="checkbox"/> INVENTORIES
	<input type="checkbox"/>

**REMARKS**

Empty box for remarks.

**SIGNATURE**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. 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 RIGHTS 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. (Not applicable in MN)

MINNESOTA RESIDENTS SHOULD SUBMIT ACORD 38 MN TO AUTHORIZE RELEASE OF PERSONAL INFORMATION. (Applicant's Initials)

IMPORTANT: CREDIT SCORING CANNOT BE USED IN OREGON FOR RENEWALS UNLESS REQUESTED BY THE INSURED.

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.)

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

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

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 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 STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL 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.

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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE 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	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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