

# Farm and Ranch Application

## AGRICULTURE APPLICATION APPLICANT INFORMATION SECTION

**DATE**

<b>AGENCY</b>	<b>INSURING COMPANY</b>
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<b>AGENCY CODE</b>	<input type="checkbox"/> NEW <input type="checkbox"/> RNWL	<b>EFFECTIVE DATE</b>	<b>EXPIRATION DATE</b>
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**POLICY NUMBER**

<b>PRODUCING AGENT</b> First Name : Last Name :	<input type="checkbox"/> QUOTE <input type="checkbox"/> BOUND	<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> MULTIGARD COMBINATION POLICY <input type="checkbox"/> FARM AND RANCH BASIC POLICY
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**INDICATE SECTIONS ATTACHED**

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY
<input type="checkbox"/> SCHEDULED/UNSCHEDULED AGRI-PERSONAL PROPERTY	<input type="checkbox"/> AUTO
<input type="checkbox"/> AGRI-BUSINESS LIABILITY	<input type="checkbox"/> UMBRELLA / EXCESS

**APPLICATION INFORMATION**

<b>NAME (First Named Insured and Other Named Insureds)</b>	<b>MAILING ADDRESS (of First Named Insured)</b>
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<b>ENTITY TYPE:</b>	<b>YEARS IN THIS BUS</b>	<b>FEDERAL ID# / SSN</b>	<b>SAFETY INSPECTION CONTACT</b>	<b>PHONE</b>
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<b>TYPE OF FARM/RANCH (Description of Operations)</b>	<b>HOBBY FARM?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>SIC</b>	<b>EMAIL ADDRESS</b>
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**ADDITIONAL APPLICANT INFORMATION**

<b>GLOBAL PROPERTY DEDUCTIBLE:</b>	<b>WIND / HAIL DEDUCTIBLE:</b>
DOES APPLICANT HAVE ANY OTHER BUSINESS? (IF YES, DESCRIBE) <input type="checkbox"/> YES <input type="checkbox"/> NO	IS BUSINESS NEW TO AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO
Agent's Last Inspection Date:	

<b>LOSS HISTORY (Include currently valued Loss Runs for the past 5 years)</b>	<input type="checkbox"/> <b>LOSS RUNS ATTACHED</b>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%; text-align: left; border-bottom: 1px solid black;">Date of Loss</th> <th style="width: 20%; text-align: left; border-bottom: 1px solid black;">Total Incurred</th> <th style="width: 20%; text-align: left; border-bottom: 1px solid black;">Open/Closed</th> <th style="width: 40%; text-align: left; border-bottom: 1px solid black;">Description of Loss</th> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Date of Loss	Total Incurred	Open/Closed	Description of Loss					
Date of Loss	Total Incurred	Open/Closed	Description of Loss						

<b>PRIOR INSURANCE INFORMATION</b>			
<b>Prior Carrier</b>	<b>Policy #</b>	<b>Policy Term</b>	<b>Premium</b>

**HAS ANY POLICY BEEN CANCELLED OR NONRENEWED IN THE PAST 5 YEARS? IF YES, EXPLAIN. (NOT APPLICABLE IN MO)**  YES  
 NO

**TERRORISM COVERAGE**

- Terrorism Accepted.
- Exclusion of Terrorism involving Nuclear, Biological or Chemical Terrorism applies.

**SUPPLEMENTALS REQUIRED:**

- Dwellings over 40 years old – Older Dwelling Questionnaire
- Equine Exposures – Equine Supplemental / Equine CC Liability
- Dairy Operations – Dairy Questionnaire
- Wood Stove – Wood Stove Questionnaire
- Poultry Operations – Poultry Questionnaire
- Hunting or Fishing on the Premises – Hunting / Fishing Questionnaire
- If Swimming Pool Present – Swimming Pool Questionnaire
- If Trampoline Present – Trampoline Questionnaire

**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 AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

COPY OF NOTICE OF INFORMATION PRACTICES (Privacy) HAS BEEN GIVEN TO THE APPLICANT (Not applicable in all states)

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

AGENT ACKNOWLEDGES AND AFFIRMS THAT THE AGENT HAS REVIEWED ALL OF THE QUESTIONS IN ALL OF THE QUESTIONNAIRES, AND THAT SAID AGENT HAS REVIEWED ALL OF THE QUESTIONS WITH THE INSURED OR PROSPECTIVE INSURED AND ALL APPLICABLE QUESTIONS HAVE BEEN ANSWERED IN FULL.

**APPLICANTS  
SIGNATURE**

**DATE**

**PRODUCERS  
SIGNATURE**

**DATE**

**LOCATION INFORMATION**

LOC #	BLD	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township range, etc. if necessary)	PROT CLASS	# ACRES TOTAL	INSIDE CITY LIMITS	LEASED OR OWNED BY	GROSS RECEIPTS

### DWELLING INFORMATION

\*Older Dwelling Questionnaires due on dwellings in excess of 40 years of age

LOCATION NO.		STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc.)				FIRE DISTRICT NAME	
FARM NAME						DISTANCE TO	
OCCUPANT						HYDRANT	FIRESTATION
DESCRIPTION OF PROPERTY		YR BLT		SQ FT	ROOF TYPE		
NAME OF OCCUPANT		DEDUCTIBLE		LIMIT OF INSURANCE	ROOF YEAR		
CONSTRUCTION	<input type="checkbox"/> Frame	CAUSE OF LOSS	<input type="checkbox"/> Basic	LOSS VALUATION	<input type="checkbox"/> ACV	SUPPLEMENTAL HEATING DEVICE?	<input type="checkbox"/> YES
	<input type="checkbox"/> Masonry		<input type="checkbox"/> Broad		<input type="checkbox"/> RC	CENTRAL AIR? <small>(Or protection devices in lieu of central air)</small>	<input type="checkbox"/> NO
	<input type="checkbox"/> Non-combustible		<input type="checkbox"/> Special-Broad				<input type="checkbox"/> YES
	<input type="checkbox"/> Fire resistive		<input type="checkbox"/> Special				<input type="checkbox"/> NO
	<input type="checkbox"/> Log						
<input type="checkbox"/> TYPE 1	<input type="checkbox"/> TYPE 3	MOBILEHOME?	<input type="checkbox"/> YES	WIND / HAIL DEDCUTIBLE	EXTENDED REPLACEMENT COST		<input type="checkbox"/> YES
<input type="checkbox"/> TYPE 2		<input type="checkbox"/> NO					<input type="checkbox"/> NO

  

LOCATION NO.		STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc.)				FIRE DISTRICT NAME	
FARM NAME						DISTANCE TO	
OCCUPANT						HYDRANT	FIRESTATION
DESCRIPTION OF PROPERTY		YR BLT		SQ FT	ROOF TYPE		
NAME OF OCCUPANT		DEDUCTIBLE		LIMIT OF INSURANCE	ROOF YEAR		
CONSTRUCTION	<input type="checkbox"/> Frame	CAUSE OF LOSS	<input type="checkbox"/> Basic	LOSS VALUATION	<input type="checkbox"/> ACV	SUPPLEMENTAL HEATING DEVICE?	<input type="checkbox"/> YES
	<input type="checkbox"/> Masonry		<input type="checkbox"/> Broad		<input type="checkbox"/> RC	CENTRAL AIR? <small>(Or protection devices in lieu of central air)</small>	<input type="checkbox"/> NO
	<input type="checkbox"/> Non-combustible		<input type="checkbox"/> Special-Broad				<input type="checkbox"/> YES
	<input type="checkbox"/> Fire resistive		<input type="checkbox"/> Special				<input type="checkbox"/> NO
	<input type="checkbox"/> Log						
<input type="checkbox"/> TYPE 1	<input type="checkbox"/> TYPE 3	MOBILEHOME?	<input type="checkbox"/> YES	WIND / HAIL DEDCUTIBLE	EXTENDED REPLACEMENT COST		<input type="checkbox"/> YES
<input type="checkbox"/> TYPE 2		<input type="checkbox"/> NO					<input type="checkbox"/> NO

  

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DESCRIPTION OF PROPERTY		YR BLT		SQ FT	ROOF TYPE		
NAME OF OCCUPANT		DEDUCTIBLE		LIMIT OF INSURANCE	ROOF YEAR		
CONSTRUCTION	<input type="checkbox"/> Frame	CAUSE OF LOSS	<input type="checkbox"/> Basic	LOSS VALUATION	<input type="checkbox"/> ACV	SUPPLEMENTAL HEATING DEVICE?	<input type="checkbox"/> YES
	<input type="checkbox"/> Masonry		<input type="checkbox"/> Broad		<input type="checkbox"/> RC	CENTRAL AIR? <small>(Or protection devices in lieu of central air)</small>	<input type="checkbox"/> NO
	<input type="checkbox"/> Non-combustible		<input type="checkbox"/> Special-Broad				<input type="checkbox"/> YES
	<input type="checkbox"/> Fire resistive		<input type="checkbox"/> Special				<input type="checkbox"/> NO
	<input type="checkbox"/> Log						
<input type="checkbox"/> TYPE 1	<input type="checkbox"/> TYPE 3	MOBILEHOME?	<input type="checkbox"/> YES	WIND / HAIL DEDUCTIBLE	EXTENDED REPLACEMENT COST		<input type="checkbox"/> YES
<input type="checkbox"/> TYPE 2		<input type="checkbox"/> NO					<input type="checkbox"/> NO

# COVERAGE G – BARNS AND OUTBUILDINGS

LOCATION NO.	TYPE	YR BLT	ROOF YEAR & TYPE	CONSTRUCTION	VAL	CAUSE OF LOSS	DEDUCTIBLE	LIMIT OF INSURANCE
DESCRIPTION OF PROPERTY				<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-combustible <input type="checkbox"/> Fire resistive <input type="checkbox"/> Log	<input type="checkbox"/> ACV  <input type="checkbox"/> RC	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special-Broad <input type="checkbox"/> Special		
FULLY ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO								
LOCATION NO.	TYPE	YR BLT	ROOF YEAR & TYPE	CONSTRUCTION	VAL	CAUSE OF LOSS	DEDUCTIBLE	LIMIT OF INSURANCE
DESCRIPTION OF PROPERTY				<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-combustible <input type="checkbox"/> Fire resistive <input type="checkbox"/> Log	<input type="checkbox"/> ACV  <input type="checkbox"/> RC	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special-Broad <input type="checkbox"/> Special		
FULLY ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO								
LOCATION NO.	TYPE	YR BLT	ROOF YEAR & TYPE	CONSTRUCTION	VAL	CAUSE OF LOSS	DEDUCTIBLE	LIMIT OF INSURANCE
DESCRIPTION OF PROPERTY				<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-combustible <input type="checkbox"/> Fire resistive <input type="checkbox"/> Log	<input type="checkbox"/> ACV  <input type="checkbox"/> RC	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special-Broad <input type="checkbox"/> Special		
FULLY ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO								
LOCATION NO.	TYPE	YR BLT	ROOF YEAR & TYPE	CONSTRUCTION	VAL	CAUSE OF LOSS	DEDUCTIBLE	LIMIT OF INSURANCE
DESCRIPTION OF PROPERTY				<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-combustible <input type="checkbox"/> Fire resistive <input type="checkbox"/> Log	<input type="checkbox"/> ACV  <input type="checkbox"/> RC	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special-Broad <input type="checkbox"/> Special		
FULLY ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO								
LOCATION NO.	TYPE	YR BLT	ROOF YEAR & TYPE	CONSTRUCTION	VAL	CAUSE OF LOSS	DEDUCTIBLE	LIMIT OF INSURANCE
DESCRIPTION OF PROPERTY				<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-combustible <input type="checkbox"/> Fire resistive <input type="checkbox"/> Log	<input type="checkbox"/> ACV  <input type="checkbox"/> RC	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special-Broad <input type="checkbox"/> Special		
FULLY ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO								
LOCATION NO.	TYPE	YR BLT	ROOF YEAR & TYPE	CONSTRUCTION	VAL	CAUSE OF LOSS	DEDUCTIBLE	LIMIT OF INSURANCE
DESCRIPTION OF PROPERTY				<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-combustible <input type="checkbox"/> Fire resistive <input type="checkbox"/> Log	<input type="checkbox"/> ACV  <input type="checkbox"/> RC	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special-Broad <input type="checkbox"/> Special		
FULLY ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO								
LOCATION NO.	TYPE	YR BLT	ROOF YEAR & TYPE	CONSTRUCTION	VAL	CAUSE OF LOSS	DEDUCTIBLE	LIMIT OF INSURANCE
DESCRIPTION OF PROPERTY				<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-combustible <input type="checkbox"/> Fire resistive <input type="checkbox"/> Log	<input type="checkbox"/> ACV  <input type="checkbox"/> RC	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special-Broad <input type="checkbox"/> Special		
FULLY ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO								

## SCHEDULED FARM PERSONAL PROPERTY

1. IS ANY PROPERTY KEPT ON A LOCATION(S) OTHER THAT AN INSURED LOCATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. WHAT IS RADIUS OF OPERATIONS OF EQUIPMENT?	MILES	
3. IS EQUIPMENT WELL MAINTAINED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### COVERAGE E - SCHEDULED FARM PERSONAL PROPERTY

DESCRIPTION	VIN / SERIAL NUMBER	CAUSE OF LOSS	VAL.	DED.	YEAR	LIMIT
<b>Scheduled Farm Personal Property Total:</b>					<b>\$</b>	

### COVERAGE F - UNSCHEDULED FARM PERSONAL PROPERTY (Inventory must be on file with the company)

TYPE <small>(Tractor / Combine, Cotton Pickers, Misc Farm Implements, Tools, Supplies, Equipment)</small>	DESCRIPTION	CAUSE OF LOSS	DEDUCTIBLE	LIMIT
<b>Unscheduled Farm Personal Property Total:</b>			<b>\$</b>	

## GENERAL INFORMATION

1. DOES THE APPLICANT DIRECTLY SUPERVISE THE FARM?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. ARE ANY WOOD OR COAL FIRED STOVES USED IN ANY BUILDINGS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
*If yes questionnaire is required		
3. SHOW POLICY NUMBER(S) OF OTHER INSURANCE WITH FFIC.		
<u>Type of Insurance</u>	<u>Policy Number</u>	<u>Insured Name</u>
4. IS ENTIRE PREMISES OCCUPIED YEAR ROUND?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. DURING THE LAST FIVE 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## AGRICULTURE LIABILITY SECTION

<input type="checkbox"/> Personal Liability			<input type="checkbox"/> Farm Liability			<input type="checkbox"/> Farm CGL							
COVERAGES				LIMIT OF LIABILITY									
BODILY INJURY AND PROPERTY DAMAGE LIABILITY													
PERSONAL AND ADVERTISING INJURY LIABILITY													
MEDICAL PAYMENTS TO OTHERS													
FIRE DAMAGE LIMIT													
TOTAL ACRES:													
EXCLUDE PRODUCTS COVERAGE				<input type="checkbox"/> YES		<input type="checkbox"/> NO		OWNER OPERATED		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
Products NOC Receipts:													
TOTAL NUMBER OF DWELLINGS			NUMBER OF OWNER OCCUPIED DWELLINGS			NUMBER RENTAL / TENANT DWELLINGS OR BUNKHOUSE							
			1 FAMILY:                      2 FAMILY:			1 FAMILY:		2 FAMILY:		BUNKHOUSE:			
DO YOU PERFORM ANY SPECIFIC PLANTING, HARVESTING, OR SIMILAR FARMING OPERATIONS FOR OTHERS, UNDER THEIR DIRECTION AT A LOCATION OTHER THAN YOUR OWN FARM PREMISES?										<input type="checkbox"/> YES		<input type="checkbox"/> NO	

## GENERAL INFORMATION

EXPLAIN ALL 'YES' RESPONSES	YES	NO	EXPLAIN ALL 'YES' RESPONSES	YES	NO
1. ARE INDEPENDENT CONTRACTORS HIRED TO PERFORM ANY FARMING OPERATIONS?	<input type="checkbox"/>	<input type="checkbox"/>	17. IS THERE A SWIMMING POOL ON ANY INSURED PREMISES? *IF YES COMPLETE POOL SUPPLEMENTAL	<input type="checkbox"/>	<input type="checkbox"/>
2. IS ANY PART OF THE FARM USED OR LEASED FOR ORGANIZED RECREATIONAL USE?	<input type="checkbox"/>	<input type="checkbox"/>	18. IS ANY LAND HELD FOR REAL ESTATE DEVELOPMENT OR SPECULATION?	<input type="checkbox"/>	<input type="checkbox"/>
3. DOES APPLICANT BUILD, REPAIR OR DESIGN MACHINERY, EQUIPMENT OR SYSTEMS FOR ANYONE AT A CHARGE OR FEE?	<input type="checkbox"/>	<input type="checkbox"/>	19. DOES APPLICANT MAINTAIN A NON-FARM OFFICE OR PRIVATE SCHOOL IN AN INSURED BUILDING?	<input type="checkbox"/>	<input type="checkbox"/>
4. DOES APPLICANT MIX, PROCESS, SLAUGHTER, BUTCHER OR OTHERWISE PREPARE FOR ANY 'END CONSUMER' HIS OR ANY OTHER GROWER'S PRODUCT?	<input type="checkbox"/>	<input type="checkbox"/>	20. DOES APPLICANT SERVE ON ANY BOARDS FOR REMUNERATION?	<input type="checkbox"/>	<input type="checkbox"/>
5. DOES APPLICANT HANDLE ANY PRODUCT, SUCH AS SEED, FERTILIZER, SPRAYS, ETC. FOR RESALE?	<input type="checkbox"/>	<input type="checkbox"/>	21. IS THE APPLICANT A SUBSIDIARY OF ANOTHER OR DOES THE APPLICANT HAS SUBSIDIARIES?	<input type="checkbox"/>	<input type="checkbox"/>
6. ARE ANY CONTRACT OR SERVICE OPERATIONS PERFORMED FOR OTHERS SUCH AS SNOW REMOVAL, TILING, EXCAVATING OR DITCHING?	<input type="checkbox"/>	<input type="checkbox"/>	22. IS A FORMAL SAFETY PROGRAM IN EXISTENCE?	<input type="checkbox"/>	<input type="checkbox"/>
7. 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?	<input type="checkbox"/>	<input type="checkbox"/>	23. IF LIVESTOCK IS KEPT, ARE PREMISES IN AN OPEN RANGE AREA?	<input type="checkbox"/>	<input type="checkbox"/>
8. ANY NON-FARM PRODUCTS MANUFACTURED OR SOLD FROM ANY INSURED LOCATION?	<input type="checkbox"/>	<input type="checkbox"/>	24. IF LIVESTOCK IS KEPT, ARE PREMISES IN CLOSED RANGE AREA?	<input type="checkbox"/>	<input type="checkbox"/>
9. DOES THE APPLICANT PROVIDE A SERVICE OF CROP DRYING, DEHYDRATING OR PACKING FOR OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>	25. ANY NON-OWNED HORSES ON ANY INSURED PREMISES? *IF YES COMPLETE EQUINE SUPPLEMENTAL	<input type="checkbox"/>	<input type="checkbox"/>
10. ARE ANY PORTIONS OF THE FARM RENTED OR LEASED OR USED BY ANY OTHER INDIVIDUAL, CORPORATION OR INTEREST FOR OTHER THAN FARMING?	<input type="checkbox"/>	<input type="checkbox"/>	26. DOES INSURED BOARD, RACE, BREED OR RENT HORSES?  *IF YES COMPLETE EQUINE SUPPLEMENTAL	<input type="checkbox"/>	<input type="checkbox"/>
11. ARE THERE ANY UNUSUAL HAZARDS SUCH AS (BUT NOT LIMITED TO) OPEN DUMP PITS, SILAGE PITS, SUMP HOLES, PONDS, LAKES, RESERVOIRS, WASTE LAGOONS, IRRIGATION DITCHES, TRAMPOLINES OR OTHER TYPES OF GYMNASIIC EQUIPMENT?  *IF YES COMPLETE TRAMPOLINE SUPPLEMENTAL	<input type="checkbox"/>	<input type="checkbox"/>	27. DOES APPLICANT HAVE ANY POTENTIALLY DANGEROUS ANIMALS OR EXOTIC PETS?	<input type="checkbox"/>	<input type="checkbox"/>
12. DOES THE APPLICANT ALLOW OTHERS TO DISPOSE OF WASTE MATERIALS ON THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>	28. HAVE ANY OF THE APPLICANT'S LIVESTOCK EVER ESCAPED ONTO PUBLIC ROAD? IF YES, DESCRIBE IN THE REMARKS SECTION FREQUENCY OF ESCAPE AND MEASURES TAKEN TO PREVENT RECURRENCE.	<input type="checkbox"/>	<input type="checkbox"/>
13. IS THERE AN AIRSTRIP ON THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>	29. ARE ANY PREMISES USED FOR HUNTING PURPOSES FOR A FEE OR CHARGE?  *IF YES COMPLETE HUNTING AND FISHING SUPPLEMENTAL	<input type="checkbox"/>	<input type="checkbox"/>
14. ARE ANY 'HOLD HARMLESS' OR 'INDEMNIFYING' AGREEMENTS IN EFFECT?	<input type="checkbox"/>	<input type="checkbox"/>	30. DOES INSURED DO THEIR OWN APPLICATION OF CHEMICALS?	<input type="checkbox"/>	<input type="checkbox"/>
15. OTHER THAN THE DESCRIBED INSURED PREMISES ARE THERE ANY OTHER PREMISES WHICH THE APPLICANT OR SPOUSE OWNS, RENTS OR OPERATES AS A FARM OR RANCH, OR MAINTAINS AS A RESIDENCE, OTHER THAN BUSINESS PROPERTY?	<input type="checkbox"/>	<input type="checkbox"/>	31. DOES INSURED DO ANY APPLICATION OF CHEMICALS FOR HIRE FOR OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>
			32. ARE THERE ANY PUBLIC PARKS, GOLF COURSES, SCHOOLS, CHURCHES, STORES, SUBDIVISIONS, TOWN/CITIES OR ANY PUBLIC EXPOSURES NEIGHBORING ANY OF THE INSURED'S FARM LOCATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
			33. HAS THE INSURED BEEN SUED OR HAD ANY AGRICULTURAL CHEMICAL DRIFT LOSSES IN THE PAST FIVE YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
			34. DOES INSURED TRANSPORT CHEMICALS FROM CHEMICAL DISTRIBUTION OUTLETS?	<input type="checkbox"/>	<input type="checkbox"/>
16. DOES APPLICANT MAINTAIN ANY VACATION OR SEASONAL PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>	35. HAS APPLICANT EVER HAD ANY COMPLAINTS REGARDING POLLUTION, WASTE RUNOFF OR SIMILAR DAMAGES?	<input type="checkbox"/>	<input type="checkbox"/>

**REMARKS**



**RECREATIONAL VEHICLES**

(Watercrafts, Sailboats, RVs, Snowmobiles, ATVs, UTVs)

LIAB. COV.	PD COV.	TYPE	DESCRIPTION (Year / Make & Model)	ENGINE SIZE / CC	LENGTH (Watercraft)	PD LIMIT	PD DEDUC.

**SCHEDULED NON-FARM PERSONAL PROPERTY (Jewelry, Firearms, Fine Arts, Stamps, Coins, etc...)**

CATEGORY	DESCRIPTION	VALUE

**ADDITIONAL INTERESTS (Mortgagee, Loss Payee, Additional Insured)**

NAME	ADDRESS	INTEREST TYPE	ASSOCIATION (Location # & Building #)

**PAYMENT INFORMATION**

- FULL PAY     
  FOUR PAY     
  TEN PAY  
 TWO PAY     
  SIX PAY

PAYOR NAME	
BILLING ADDRESS	

- Multigard Farm & Ranch Agricover for Liability (CGL) **FL 8418**
- Multigard Farm & Ranch Agricover for Property **FP 7481**
- Farm Property Endorsement Additional Coverage Pollutant Clean Up and Removal Expenses Coverage **FP 7422**

*Limit:*

- Farm Employers Liability & Farm Employees Medical Payments Information **FL 0465**

*Limit:*                      *Medical Payments:*                      *Annual Payroll:*                      *# of Employees:*

- Animal Collision **FP 7456**

*Type of Livestock:*                      *Number of Head:*                      *Limit:*     \$500     \$1,000     \$2,000

- Increased Limits of Jewelry, Watches, & Furs **FP 0407**

- Equipment Breakdown Coverage **FP 7472**

- Additional Personal Liability  
*(Individuals living on premises full time in owner/family occupied dwellings; not already included in Named Insured)*

*Name:*                                      *Insurable Interest:*  
*Name:*                                      *Insurable Interest:*  
*Name:*                                      *Insurable Interest:*

- Custom Farming Liability Coverage **FL 0469**  
*\*Complete Farm Management / Custom Farming Supplemental*

*Type of Custom Farming:*                                      *Receipts:*

- Windstorm or Hail Percentage Deductible **FP 0305**

- Disruption of Farm Operations **FP 1501**

*Location #:*                      *Description of Property:*                                      *Limit of Insurance:*

- Peak Season **FP 1229**

- Extended Property Coverage for Orchard and Vineyard Growers **FP 7404**

- Extended Property Coverage for Dairy Operations **FP 7409**

- Extended Replacement Cost **FP7435**

- Equine Coverage Form – Breeding, Training, Boarding Operations **FL 8493**  
*\*Complete Equine Supplemental*

**OTHER**