



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	
		BOUND (DATE):		DEPOSIT	
				\$	

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				

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. (NOT APPLICABLE IN MO) YES NO

ADDITIONAL INTERESTS - PROPERTY

P R E M I O	B L D G N O		EVIDENCE		EVIDENCE
			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		
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	HYDRANT	FIRE STATION
													FT	MI
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

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	IF YES, COMPLETE COMMERCIAL GENERAL LIABILITY APPLICATION	FARM PERSONAL LIABILITY (AAIS)
<input type="checkbox"/> YES <input type="checkbox"/> NO		<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		

