



FARM/RANCH APPLICATION

Rewrite New Renewal

Payable: Annual
 Semi-Annual (over \$1,000)
 Quarterly (over \$1,200)

Policy # _____ (If Renewal or Rewrite)
 Applicant's Name _____
 Address (RR# or Street) _____ Eff. Date _____
 Town _____ State _____ Zip _____ Phone _____ Quote Bound
 Individual _____ Corporation _____ Partnership _____ Joint Venture _____ Estate _____
 Owner Occupied _____ Tenant _____ Absentee Owner _____ Physical Address _____
 Farm is located _____ miles _____ of _____

(NOTE: List primary building location 1st, other building locations 2nd, other land 3rd. More than 4 attach Separate Sheet.)

No. of Acres	Bldgs. Yes/No	Section	Township	Range	County	State	Zip Code	Class 1 to 10

Deductibles – (Split Deductibles are available by Coverage on Farmers & Ranchers except Coverage on A & B.)

\$500 Ded. \$1000 Ded. \$2500 Ded. \$5000 Ded. Basic Broad Special RC Roof (Cov. A only)

- Cov. A & B
- Coverage D
- Coverage E
- Coverage F

Section I Coverages	New House Credit Requested	Limit of Liability	Annual Premium
A. Dwelling (Primary)	Year Built or Remodeled		
Additional Dwellings (Total)	(Schedule on Page 2)		
B. Unscheduled Personal Property (Household)	RC		
Replacement Cost on: Carpet, Furnace & Air Conditioners			
C. Loss of Use (10% of A is included in F&R Policy)			
D. Scheduled Farm Personal Property			
E. Unscheduled Farm Personal Property (Blanket) 100% Inventory			
F. Barns, Buildings & Structures (Total)			
Earthquake			
Optional Section I Coverages			
Section II Coverages		Limit of Liability	Annual Premium
G. Farm/Personal Liability – Each Occurrence			
H. Medical Payments to Others – Each Person / Each Accident		/ \$25,000	
Optional Section II Coverages			
<small>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 subject such person to criminal and civil penalties.</small>	TOTALS – Section II		
	TOTALS – Section I		
	TOTAL POLICY PREMIUM		
	% Risk Modification Credit/Debit		
	TOTAL ADJUSTED POLICY PREMIUM		

Contract of Sale Clause or Mortgage Clause: (specify location or item) _____

Loss Payable Clause: (specify item) _____

Agency: _____ Date _____

Agency Code # _____ License # _____ SS# _____ Date: _____

Agent's Signature _____

Applicant's Signature _____

FARM PERSONAL PROPERTY INVENTORY (cont.)

Animals valued over \$2,000 per head must be scheduled.

<u>LIVESTOCK</u> (Maximum coverage per animal \$2,000)		<u>LIVESTOCK (cont.)</u>		<u>GRAIN, FEED, HAY & SEED</u>	
<u># Head</u>	<u>ACV per head</u>	<u># Head</u>	<u>ACV per head</u>	<u># UNITS</u>	<u>ACV</u>
Beef Cows	_____	Ewes	_____	Corn	_____
Beef Calves	_____	Lambs	_____	Soybeans	_____
Beef Heifers	_____	Rams	_____	Others	_____
Feeder Cattle	_____	Horses	_____	Hay *	_____
Dairy Cows	_____	Ponies	_____	Straw	_____
Bulls	_____		_____	Silage	_____
Sows	_____		_____	Ground Feed	_____
Shoats	_____		_____	Food Supplies	_____
Feeder Pigs	_____		_____	Seed	_____
Boars	_____	TOTAL LIVESTOCK \$	_____	TOTAL GRAIN \$	_____

*Complete Questionnaire

TOTAL BLANKET \$ _____

If Blanket, the following property is to be excluded: _____

Peak Season Endorsement: Amount of Increase \$ _____ From _____ To _____

Rate _____ Premium \$ _____ Explain Reason for Increase _____

Milk Contamination Maximum \$2,500 per occurrence Yes _____ No _____

Irrigation Equipment (Schedule Only -- \$1,000 Deductible) – **If Additional Equip.– Attach Schedule.** Loc. Sec. Twp. Rge.

ALL RISK SCHEDULED INLAND MARINE PERSONAL PROPERTY (Jewelry, Computers, etc.)

All articles to be insured on a scheduled basis must be individually itemized with the amount of insurance applying to each article. Attach APPRAISAL or Bill of Sale Appraisal or state how values were substantiated. – **Or attach separate list of items.**

	DESCRIPTION OF ARTICLE				AMOUNT OF INSURANCE

COVERAGE FOR LIVE ANIMALS IN TRANSIT – Complete Supplemental Application – Max. Cov. \$2,000 per animal, \$20,000 per load - \$1.50 per hundred.

MOTOR TRUCK CARGO COVERAGE – Complete Supplemental Application – Max. Cov. \$25,000 - \$2.50 per hundred.

COVERAGE G – SECTION II – LIABILITY

BASIC LIABILITY CHARGE: Total Acres _____ Single Limits _____ Med. Pmts. _____ \$ _____

Additional set farm buildings with dwelling, location _____ \$ _____

Additional set farm buildings without dwellings, location _____ \$ _____

Additional residence maintained by insured, # _____, location(s) _____ \$ _____

Additional residences rented to others, # _____, location(s) _____ \$ _____

Custom Farming. Total Annual Receipts _____ What type? _____ \$ _____

Custom application of herbicides or chemicals. Yes _____ No _____ (No Binding)

Employers Liability & Medical Payments. (Not available if applicant eligible for Workers Comp.) (Not avail. in CA or CO)

No. of part-time employees _____ Total days per yr: Under 40 _____ Over 40 _____

No. of full-time employees _____ STOP GAP (Nevada) (Washington) \$ _____

COMPLETE EMPLOYERS LIABILITY QUESTIONNAIRE

Additional Insured Endorsement: Non-Comprehensive _____

Name of Individual: _____

Address: _____

What interest(s) to be covered _____ \$ _____

Name of Individual: _____

Address: _____

What interest(s) to be covered _____ \$ _____

Partnership: Name and Address of Partners: _____

Name and Address of Partners: _____

Name and Address of Partners: _____

Name and Address of Partners: _____

Family Corp. Yes _____ No _____ Names and address of each member, percent owned and titles.
(Is each member engaged in the farming operation?) _____ \$ _____

Snowmobiles _____ Describe each unit by Make, Model and Serial No. _____ \$ _____

ATV _____ Describe each unit by Make, Model and Serial No. _____ \$ _____

Outboard Motors _____ (25 H.P. or less no charge) List ea. unit by Make, Model and H.P. _____ \$ _____

Inboard Motors _____ MPH _____ \$ _____

Medical Payments – Person Named: (Only available in AZ, DE, IA, MN, MO, NE, OH, PA, WA, WY)

Ages 10-70	Name _____	Age _____	Relationship _____	\$ _____
Maximum	Name _____	Age _____	Relationship _____	\$ _____
Limit	Name _____	Age _____	Relationship _____	\$ _____
\$1,000	Name _____	Age _____	Relationship _____	\$ _____

Type of Business Pursuits _____ Incidental Business Receipts _____ \$ _____

Animal Collision - # of head _____ \$ _____

Increased limits for borrowed or rented equipment, (amount over \$25,000) minimum of 6 months Cov. _____ \$ _____

Hunting and Fishing total annual receipts \$ _____ \$ _____

Lodging and meals provided? Yes _____ No _____ \$ _____

Fire Legal Liability in excess of \$50,000? \$ _____ \$ _____

COVERAGE FOR EQUINE LIABILITY AVAILABLE.
 MUST COMPLETE SUPPLEMENTAL EQUINE LIABILITY APPLICATION.
 EQUINE LIABILITY INCLUDES ANY BOARDING, BREEDING, TRAINING, SALES AND SHOWS
 OF OWNED AND NON-OWNED HORSES.

DESIRE CARE, CUSTODY AND CONTROL POLICY FOR NON-OWNED HORSES?
 COMPLETE SUPPLEMENTAL APPLICATION.

IS COMMERCIAL EXCESS LIABILITY DESIRED?
 MUST COMPLETE EXCESS APPLICATION. CANNOT BE BOUND
 LIMITS AVAILABLE ARE \$1,000,000, \$2,000,000 OR \$3,000,000.

PLEASE ANSWER THE FOLLOWING

What are the principal products of the farm? _____ Has this changed in the past 3 years? Yes No

Is any business other than farming conducted on the premises? (Explain) _____

Does insured have another occupation besides farming? ____ If yes, explain _____

Does anyone other than the owner or insured have an interest in the property? If yes, list names and interest: _____

If tenant, does American Reliable Insurance have coverage for owner? ____ If yes, give policy number: _____

(If leased land, leasee must provide proof of insurance.)

If absentee owner, does American Reliable Insurance have coverage for tenant? ____ If yes, give policy number: _____

Is there other property or liability insurance on this farm? ____ If yes, give name of company and explain what is covered: _____

Has the insured been cancelled or refused renewal in last 5 years? **(Not applicable in Missouri.)** If yes, explain: _____

Describe and list amounts of all losses during past 3 years: _____

_____ Repaired? Yes No Have these losses been verified? Yes No

Name of previous carrier _____ Policy # of previous carrier: _____

If no prior carrier explain: _____

Has this account been written by your agency previously? _____ How long? _____ Time you have known insured? _____

Is there an airplane landing strip on your premises? _____ Is it filed with the FAA? _____

Are all insured buildings being utilized for the purpose intended? _____

Are any buildings in need of repair? _____ Explain _____

Does Roof Exclusion apply? _____ To what building(s)? _____

Are all dwellings occupied full-time? ____ If not, explain exceptions: _____

Are mobile homes to be covered? _____ If yes, complete a mobile home application. Give year of mobile home: _____

Are there any lakes, ponds, swimming pools, or other recreational facilities situated on any insured location? _____

If yes, is it open to public? _____

Are swimming pools completely fenced in (attach photo)? _____ Are there any diving boards? _____ Are there any trampolines? _____

Are any confinement buildings being insured? _____ If yes, attach completed confinement questionnaire.

Does applicant have horses? _____ Used for? _____ **If yes, attach EQUINE application.**

Is there boarding or off-premises exposures? Yes No If pleasure, give use _____

Does applicant have dogs? _____ # and Breed _____

Does applicant have exotic animals on premises? _____ Explain: _____

What fire protection equipment is employed in buildings or major machinery? _____

Are there Beauty Shop/Tanning business or Babysitting on property? Yes _____ No _____ Explain: _____

Are all livestock areas fenced? _ Condition of fences? _____ Type of fences? _____

Are there any fuel tanks or wood stoves located inside outbuildings? _____ If yes, attach completed wood stove application and picture.

Are any wood burning stoves or devices used in dwelling(s)? _____ If yes, attach completed wood stove application and picture.

Primary source of heat? Yes No **(If yes, do not bind)** Including Fireplaces

MINE SUBSIDENCE:

If Illinois, Indiana, Kentucky, West Virginia or Ohio risk, is Mine Subsidence Coverage desired? ____ If yes, what items? _____

If Mine Subsidence Coverage is not desired, Insured must waive in writing:

I do not desire Mine Subsidence Coverage. _____

Insured Signature

Date

TERRORISM COVERAGE DESIRED: Yes No

(See Attached Disclosure)

Insured Signature

Date

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