

**FARM AND RANCH OWNERS APPLICATION**

Producer: _____ Address: _____ Phone: _____ Code: _____ Sub Code: _____				Applicant: _____ Address: _____ Social Security #: _____			
<input type="checkbox"/> Binder <input type="checkbox"/> Quote		<input type="checkbox"/> Renewal of # _____ <input type="checkbox"/> Issue Policy		Inception date: _____ Expiration date: _____			
Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____							
Date Inspected: _____		Inspection Contact: _____		Phone #: _____			
Method of Payment: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill _____ # of Payments by: <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee							
Describe Location Premises 1 # Acres _____ Section _____ Rng _____ Tnsp _____ _____ Miles and direction _____ from town _____ Road _____ County _____ Zip _____ Miles from Nearest Fire Station _____ Hydrant Distance _____							
PERILS <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special <input type="checkbox"/> Other _____							
PRIMARY RESIDENCE <input type="checkbox"/> Yes <input type="checkbox"/> No				LIMITS			
COVERAGE A DWELLING - CONSTRUCTION _____				\$ _____			
COVERAGE B APPURTENANT STRUCTURES				\$ _____			
COVERAGE C PERSONAL PROPERTY				\$ _____			
PERSONAL PROPERTY OFF PREMISES				\$ _____			
COVERAGE H/I PERSONAL LIABILITY / GENERAL LIABILITY (OCCURRENCE)				\$ _____			
COVERAGE J MEDICAL PAYMENTS TO OTHERS (EACH PERSON)				\$ _____			
ADDITIONAL LIVING EXPENSE (COVERAGE D)				\$ _____			
Enclosed Foundation <input type="checkbox"/> Y <input type="checkbox"/> N	Central Heat <input type="checkbox"/> Y <input type="checkbox"/> N	Square Feet	Type of roof _____ age	# of Roof Layers	Year built	Update Years: Electrical _____ Plumbing _____	
Deductible - Other than Wind \$ _____			Deductible - Wind \$ _____				
Additional Premises Locations:							
Loc #	Acres	Sec	Miles, direction and road from nearest town,	County	Zip	Rented To Others Y/N	With Bldgs Y/N
_____	_____	_____	_____	_____	_____	Y/N	Y/N
_____	_____	_____	_____	_____	_____	Y/N	Y/N
_____	_____	_____	_____	_____	_____	Y/N	Y/N
_____	_____	_____	_____	_____	_____	Y/N	Y/N
_____	_____	_____	_____	_____	_____	Y/N	Y/N
Mortgagee: _____			Loss Payee: _____				
Address: _____			Address: _____				
Interest: _____			Interest: _____				



**OPTIONAL ENDORSEMENTS**

- FP 1210 Dwelling Actual Cash Value
- FP 0408 Farm Computer Coverage \$ \_\_\_\_\_
- FP 0436 Replacement Cost – Household Personal Property
- FP 0450 (prop) Additional Insured: Name \_\_\_\_\_
- FL 0450 (liab) Address: \_\_\_\_\_ Interest: \_\_\_\_\_
- FP 0456 Animal Collision # of Head: \_\_\_\_\_
- FP 0510 Scheduled Personal Property. (Attach schedule and appraisals) \$ \_\_\_\_\_
- FP 0467 Residence Glass – Scheduled Glass Only (Attach schedule with sizes)
- FP 1015 Windstorm or Hail Exclusion. Identify item(s): \_\_\_\_\_
- FP 1040 Earthquake. Identify which dwellings: \_\_\_\_\_
- FL 0406 Additional Residence Rented to Others (Attach list with address)
- FL 0411 Basic Farm Premises Liability (when attached to CG0001-General liability)
- FL 0020 Farm Liability
- FL 0465/67 Farm Employer Liability. Full Time \_\_\_\_ Part Time \_\_\_\_ Payroll \$ \_\_\_\_\_
- FL 0469 Custom Farming. Describe Services \_\_\_\_\_ Receipts \$ \_\_\_\_\_
- FL 0474 Off premises liab - Owned All Terrain Vehicle. Make & Model \_\_\_\_\_
- FL 0483 Watercraft. Inboard \_\_\_\_ Outboard \_\_\_\_ Hull Make \_\_\_\_\_  
Engine Size \_\_\_\_\_ HP Maximum Speed \_\_\_\_\_ mph Length \_\_\_\_\_
- CLFP 0101 Cosmetic damage clause for metal roofs
- CLF 0101 Hunting Liability Receipts \$ \_\_\_\_\_
- FP 0407 Increase Limits: Jewelry \$6500 maximum \$ \_\_\_\_\_ Firearms \$6500 max \$ \_\_\_\_\_  
Money \$1000 maximum \$ \_\_\_\_\_ Securities \$3000 maximum \$ \_\_\_\_\_  
Silverware \$10,000 maximum \$ \_\_\_\_\_

Other Endts \_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION**

1. How long have you known applicant: \_\_\_\_\_ years
2. Applicant is:  Married  Divorced  Widowed  Single
3. (A) Date Farm purchased \_\_\_\_\_ (B) Number of Acres \_\_\_\_\_ Cultivation \_\_\_\_ Pasture \_\_\_\_  
(C) Crop or Type of Ranch \_\_\_\_\_ Number of Cattle \_\_\_\_\_ Horses \_\_\_\_\_
4. (A) Farming is Applicant's:  Only  Primary  Secondary Occupation  
(B) Farmed by:  Owner  Tenant  Manager  Other \_\_\_\_\_  
(C) If Farming other than primary, what is primary occupation and who is employer? \_\_\_\_\_  
(D) How long has applicant actively farmed? \_\_\_\_\_ (E) Applicant's gross farm receipts \_\_\_\_\_  
(F) Is spouse employed – if so what is occupation and employer? \_\_\_\_\_
5. Is this new business to your Agency?  Yes  No If no, show reasons for transfer to our Company  
\_\_\_\_\_
6. Name of previous carrier \_\_\_\_\_ Expiring Premium \$ \_\_\_\_\_

7. (A) Has applicant suffered loss in the past five years? \_\_\_\_\_ (B) Give date, amount paid and details:  None  
Please attach loss runs. \_\_\_\_\_
8. Has coverage been non-renewed? \_\_\_ Y \_\_\_ N Reason: \_\_\_\_\_
9. Are any buildings located in a flood plane? \_\_\_ Y \_\_\_ N If yes, describe. \_\_\_\_\_
10. List other policies with our companies \_\_\_\_\_

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**PROPERTY INFORMATION**

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1. Principal dwelling is applicant's:  Only  Primary  Secondary dwelling
2. When did you last see this property? \_\_\_\_\_
3. Number of smoke alarms in dwelling: \_\_\_\_\_
4. Number and type of fire extinguishers in dwelling: \_\_\_\_\_ Other extinguishers on premises: \_\_\_\_\_
5. Is any dwelling rented to anyone other than farm employee?  Yes  No
6. Is any dwelling vacant or unoccupied?  Yes  No If yes, describe: \_\_\_\_\_
7. Type of heating system? \_\_\_\_\_ Type of secondary heating system? \_\_\_\_\_  
(If portable or space heat, complete supplement)
8. Does a full-time foreman/caretaker reside on premises?  Yes  No Where? \_\_\_\_\_

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**LIABILITY INFORMATION**

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1. Any business other than farming/ranching conducted on premises? \_\_\_ If yes, please explain \_\_\_\_\_
2. Is applicant's land leased to others?  Yes  No.  
If yes, please describe those operations \_\_\_\_\_  
Certificates of liability provided?  Yes  No. Certificate Limit \$ \_\_\_\_\_
3. Conditions of fences?  Good  Poor Describe type of fence \_\_\_\_\_
4. (A) Are premises leased for recreational use by others?  Yes  No Describe \_\_\_\_\_  
(B) Are premises leased for hunting or fishing?  Yes\*  No  
If yes, what are the annual receipts? \$ \_\_\_\_\_  
\*Include copy of hold harmless agreement.
5. Is there a swimming pool?  Yes  No Is it adequately fenced?  Yes  No  
Describe fence: \_\_\_\_\_
6. (A) Is there any other type of attractive nuisance such as a pond or lake used for swimming or ice skating?  
 Yes  No Describe: \_\_\_\_\_  
(B) Are warning/restricted use signs posted?  Yes  No
7. Does the applicant own, rent or maintain any property other than listed in this application that is used as a farm or ranch, a residence, or business premises?  Yes  No If yes, explain: \_\_\_\_\_
8. Are independent Contractors used in Farm Operations?  Yes  No  
If yes, please describe operations \_\_\_\_\_  
If yes, are they required to sign Hold Harmless or other indemnifying Agreements:  Yes  No  
Are Certificates of Insurance required?  Yes  No Limits: \$ \_\_\_\_\_

9. (A) Does applicant hire/use migrant labor?  Yes  No  
 (B) Is housing of any type provided for migrant/seasonal labor?  Yes  No  
 (C) Does such housing contain smoke detectors?  Yes  No  
 (D) Underwriter Laboratory approved heating, electrical and plumbing systems?  Yes  No  
 (E) Does it comply with local or state legal requirements for residential property?  Yes  No
10. Are any unusual hazards present such as quarries, commercial wood lot, open dump pits, sump holes or reservoirs?  Yes  No If yes, explain: \_\_\_\_\_
11. Are any contract or service operations performed for others such as tilling, excavating, chemical spraying, ditching, custom farming, etc?  Yes  No If yes, explain and provide receipts: \_\_\_\_\_
12. Are farm operations open to the public such as U-Pick, Rent-a-Garden, auction sales, swap meets, sales and food/beverage service?  Yes  No If yes, explain: \_\_\_\_\_
13. Does the applicant sell any product (his own or any one else's) such as seed, sprays, fertilizers, herbicides, pesticides chemicals, etc.?  Yes  No If yes, explain: \_\_\_\_\_
14. Is applicant licensed for application of chemicals?  Yes  No  
 If yes, give license number and expiration date: \_\_\_\_\_
15. Are there children in the household under age 16?  Yes  No If yes, list age(s) and gender \_\_\_\_\_
16. (A) Are there any dogs on the premises?  Yes  No If yes, how many and what breed(s)? \_\_\_\_\_
- (B) Any history of vicious behavior?  Yes  No If yes, explain: \_\_\_\_\_
17. Does applicant:  Board  Train  Breed Horses  Yes  No  
 Types of horses:  Pleasure  Show  Race  
 Are Hold Harmless Agreements obtained?  Yes  No (if yes, attach copy of agreement)  
 Are statutory equine warning signs posted? \_\_\_\_\_ Yes \_\_\_\_\_ No
18. Is there any roping or rodeo practice on premises?  Yes  No If yes, explain: \_\_\_\_\_
19. Any livestock provided to rodeo facilities?  Yes  No If yes, explain: \_\_\_\_\_
20. Describe use of ATV's or recreational equipment: \_\_\_\_\_
21. Does applicant raise exotic wildlife such as lions, tigers, zebras, crocodiles, etc.?  Yes  No  
 If yes, please describe: \_\_\_\_\_

The information provided in this application is true and complete to the best of my knowledge and belief. I agree this information provides warranties for a contract, should a policy be issued.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Agent Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE ATTACH PHOTOS WITH ALL NEW SUBMISSIONS**