



# AGRICULTURE APPLICATION APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY		CARRIER					NAIC CODE	
CONTACT NAME:		COMPANY POLICY OR PROGRAM NAME			PROGRAM CODE:			
PHONE (A/C, No, Ext):		NEW	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN		
FAX (A/C, No):		RNWL			AGENCY BILL			
E-MAIL ADDRESS:		QUOTE		POLICY TYPE		EST TOTAL PREMIUM	\$	
CODE:	SUBCODE:	BOUND (DATE):				DEPOSIT	\$	
AGENCY CUSTOMER ID:		ISSUE POLICY				BALANCE	\$	
INDICATE SECTIONS ATTACHED		LIVESTOCK MORTALITY		HOMEOWNERS		WATERCRAFT		
<input type="checkbox"/>	AGRICULTURE LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	AGRICULTURE PREMISES / LOCATION DIAGRAM	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	AG PROPERTY SECTION SCHED AND UNSCHED	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	PERSONAL PROPERTY	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	AG PROPERTY SECTION UNSCHED FARM	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	PERSONAL PROPERTY	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	COMMERCIAL AUTO	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	COMML GENERAL LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		

## APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)				MAILING ADDRESS INCL ZIP+4 (of First Named Insured)			
FEIN OR SOC SEC # (of First Named Insured):				PHONE (A/C, No, Ext):			
E-MAIL ADDRESS(ES):				NUMBER OF YEARS FARMING EXPERIENCE BY THE INSURED:			
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/>	LLC
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NO. OF MEMBERS AND MANAGERS	<input type="checkbox"/>	CR BUREAU NAME
<input type="checkbox"/>	INSPECTION CONTACT:	<input type="checkbox"/>	PHONE (A/C, No, Ext):	<input type="checkbox"/>	ACCOUNTING REC CONTACT:	<input type="checkbox"/>	PHONE (A/C, No, Ext):
<input type="checkbox"/>	E-MAIL ADDRESS:	<input type="checkbox"/>		<input type="checkbox"/>	E-MAIL ADDRESS:	<input type="checkbox"/>	

## TYPE OF FARM / RANCH OPERATIONS (Mark and describe all that apply)

<input type="checkbox"/>	AQUACULTURE	<input type="checkbox"/>	FLOWERS	<input type="checkbox"/>	HOBBY / GENTLEMAN FARM	<input type="checkbox"/>	LIVESTOCK GRAZING	<input type="checkbox"/>	POULTRY
<input type="checkbox"/>	COTTON	<input type="checkbox"/>	FRUIT / CITRUS	<input type="checkbox"/>	HORSES	<input type="checkbox"/>	LIVESTOCK PROCESSING	<input type="checkbox"/>	TOBACCO
<input type="checkbox"/>	DAIRY	<input type="checkbox"/>	FUR BEARING ANIMALS	<input type="checkbox"/>	LIVESTOCK CONFINEMENT	<input type="checkbox"/>	NURSERY STOCK	<input type="checkbox"/>	VEGETABLES
<input type="checkbox"/>	FIELD CROPS	<input type="checkbox"/>	GREENHOUSES	<input type="checkbox"/>	LIVESTOCK FEEDLOT	<input type="checkbox"/>	NUTS	<input type="checkbox"/>	VINEYARDS

DESCRIBE FARM/RANCH OPERATIONS AND ANY INCIDENTAL BUSINESS ACTIVITIES. DESCRIBE ADDITIONAL ITEMS IN OPTIONAL CHECK BOXES.

## 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

## OTHER RELATED POLICIES

INSURED NAME	TYPE OF INSURANCE	POLICY #

REMARKS (Attach additional sheets if more space is required)

--

**LOCATION / SUBLOCATION SCHEDULE**

<b>LOC #</b>	<b>ADDRESS (Street / Route, City, State, Zip)</b>	<b>SUBLOCATION TYPE</b>	<b>RANGE</b>	
<b>BLDG / SUBLOC #</b>		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	<b>LATITUDE</b>	<b>LONGITUDE</b>
<b>SUBLOCATION DESCRIPTION:</b>				

<b>LOC #</b>	<b>ADDRESS (Street / Route, City, State, Zip)</b>	<b>SUBLOCATION TYPE</b>	<b>RANGE</b>	
<b>BLDG / SUBLOC #</b>		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	<b>LATITUDE</b>	<b>LONGITUDE</b>
<b>SUBLOCATION DESCRIPTION:</b>				

<b>LOC #</b>	<b>ADDRESS (Street / Route, City, State, Zip)</b>	<b>SUBLOCATION TYPE</b>	<b>RANGE</b>	
<b>BLDG / SUBLOC #</b>		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	<b>LATITUDE</b>	<b>LONGITUDE</b>
<b>SUBLOCATION DESCRIPTION:</b>				

<b>LOC #</b>	<b>ADDRESS (Street / Route, City, State, Zip)</b>	<b>SUBLOCATION TYPE</b>	<b>RANGE</b>	
<b>BLDG / SUBLOC #</b>		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	<b>LATITUDE</b>	<b>LONGITUDE</b>
<b>SUBLOCATION DESCRIPTION:</b>				

**PREMISES INFORMATION**

<b>LOC #</b>	<b>COUNTY</b>	<b>SECTION</b>	<b>TOWNSHIP</b>	<b>FARM NAME</b>	<b># ACRES</b>	
<b>IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION?</b>				<b>PROT CLASS</b>	<b>FIRE DISTRICT CODE</b>	<b>FIRE DISTRICT NAME</b>
<input type="checkbox"/> YES	<b>IF YES, (A) SOURCE =</b>		<b>(B) QUANTITY =</b>			
<input type="checkbox"/> NO	<input type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS	<b>OPERATED BY</b>		<b>OWNED BY APPLICANT</b>	<b>DISTANCE TO</b>
	<input type="checkbox"/> POND / LAKE	<input type="checkbox"/> 1,000-3,000 GALLONS	<input type="checkbox"/> APPLICANT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>PUBLIC HYDRANT</b>
	<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.	<input type="checkbox"/> OVER 3,000 GALLONS	<input type="checkbox"/> TENANT			<b>FIRE STAT</b>
						<b>FT</b>
						<b>MI</b>

<b>LOC #</b>	<b>COUNTY</b>	<b>SECTION</b>	<b>TOWNSHIP</b>	<b>FARM NAME</b>	<b># ACRES</b>	
<b>IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION?</b>				<b>PROT CLASS</b>	<b>FIRE DISTRICT CODE</b>	<b>FIRE DISTRICT NAME</b>
<input type="checkbox"/> YES	<b>IF YES, (A) SOURCE =</b>		<b>(B) QUANTITY =</b>			
<input type="checkbox"/> NO	<input type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS	<b>OPERATED BY</b>		<b>OWNED BY APPLICANT</b>	<b>DISTANCE TO</b>
	<input type="checkbox"/> POND / LAKE	<input type="checkbox"/> 1,000-3,000 GALLONS	<input type="checkbox"/> APPLICANT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>PUBLIC HYDRANT</b>
	<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.	<input type="checkbox"/> OVER 3,000 GALLONS	<input type="checkbox"/> TENANT			<b>FIRE STAT</b>
						<b>FT</b>
						<b>MI</b>

<b>LOC #</b>	<b>COUNTY</b>	<b>SECTION</b>	<b>TOWNSHIP</b>	<b>FARM NAME</b>	<b># ACRES</b>	
<b>IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION?</b>				<b>PROT CLASS</b>	<b>FIRE DISTRICT CODE</b>	<b>FIRE DISTRICT NAME</b>
<input type="checkbox"/> YES	<b>IF YES, (A) SOURCE =</b>		<b>(B) QUANTITY =</b>			
<input type="checkbox"/> NO	<input type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS	<b>OPERATED BY</b>		<b>OWNED BY APPLICANT</b>	<b>DISTANCE TO</b>
	<input type="checkbox"/> POND / LAKE	<input type="checkbox"/> 1,000-3,000 GALLONS	<input type="checkbox"/> APPLICANT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>PUBLIC HYDRANT</b>
	<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.	<input type="checkbox"/> OVER 3,000 GALLONS	<input type="checkbox"/> TENANT			<b>FIRE STAT</b>
						<b>FT</b>
						<b>MI</b>

<b>LOC #</b>	<b>COUNTY</b>	<b>SECTION</b>	<b>TOWNSHIP</b>	<b>FARM NAME</b>	<b># ACRES</b>	
<b>IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION?</b>				<b>PROT CLASS</b>	<b>FIRE DISTRICT CODE</b>	<b>FIRE DISTRICT NAME</b>
<input type="checkbox"/> YES	<b>IF YES, (A) SOURCE =</b>		<b>(B) QUANTITY =</b>			
<input type="checkbox"/> NO	<input type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS	<b>OPERATED BY</b>		<b>OWNED BY APPLICANT</b>	<b>DISTANCE TO</b>
	<input type="checkbox"/> POND / LAKE	<input type="checkbox"/> 1,000-3,000 GALLONS	<input type="checkbox"/> APPLICANT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>PUBLIC HYDRANT</b>
	<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.	<input type="checkbox"/> OVER 3,000 GALLONS	<input type="checkbox"/> TENANT			<b>FIRE STAT</b>
						<b>FT</b>
						<b>MI</b>

**GENERAL INFORMATION**

**AGENCY CUSTOMER ID:** \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES APPLICANT HAVE ANY OTHER BUSINESS OR OTHER NON-FARM ACTIVITIES ON OR OFF PREMISES, SUCH AS DUDE RANCH, BED & BREAKFAST OR RESORT FACILITY? IF SO, INCLUDE RECEIPTS: \$	<input type="checkbox"/>
2. IS FARMING THE PRIMARY SOURCE OF THE INSURED'S INCOME?	<input type="checkbox"/>
3. IS THIS BUSINESS NEW TO THE AGENCY?	<input type="checkbox"/>
4. HAS ANY POLICY BEEN CANCELLED OR NONRENEWED IN THE PAST 5 YEARS? (NOT APPLICABLE IN MO)	<input type="checkbox"/>
5. HAVE YOU INSPECTED THIS PROPERTY IN THE LAST TWELVE (12) MONTHS?	<input type="checkbox"/>
6. DURING THE LAST FIVE YEARS (TEN IN RI), 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? (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"/>
7. ARE INDEPENDENT CONTRACTORS HIRED TO PERFORM ANY FARMING OPERATIONS?	<input type="checkbox"/>
8. IS ANY PART OF THE FARM RENTED OR LEASED FOR RECREATIONAL USE?	<input type="checkbox"/>
9. ARE THE FARM PREMISES OPEN TO THE PUBLIC FOR ACTIVITIES SUCH AS ROADSIDE STANDS, "U-PICK", RECREATIONAL, CAMPING, "RENT-A-GARDEN", AUCTION, SALES, SHOWS, RODEOS, HAY RIDES, FISHING, KENNELS, ANIMAL BOARDING, OR CHRISTMAS TREE SALES?	<input type="checkbox"/>
10. ARE ANY PORTIONS OF THE FARM OR STRUCTURES RENTED OR LEASED OR USED BY ANY OTHER INDIVIDUAL, CORPORATION OR INTEREST FOR OTHER THAN FARMING?	<input type="checkbox"/>
11. DOES THE APPLICANT OR SPOUSE OWN, RENT OR OPERATE AS A FARM, RANCH OR RESIDENCE ANY PREMISES OTHER THAN THOSE DESCRIBED IN THE PREMISES INFORMATION SECTION?	<input type="checkbox"/>
12. IS ANY LAND HELD FOR REAL ESTATE DEVELOPMENT OR SPECULATION?	<input type="checkbox"/>
13. DOES APPLICANT MAINTAIN ANY VACATION OR SEASONAL PREMISES?	<input type="checkbox"/>
14. IS THE APPLICANT A SUBSIDIARY OF ANOTHER?	<input type="checkbox"/>
15. DOES THE APPLICANT HAVE SUBSIDIARIES?	<input type="checkbox"/>
16. DOES THE INSURED PLAN ANY CONSTRUCTION OR RENOVATION WORK TO BE DONE ON THE PREMISES IN THE NEXT 12 MONTHS?	<input type="checkbox"/>
17. IS A FORMAL SAFETY PROGRAM IN EXISTENCE?	<input type="checkbox"/>
18. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?	<input type="checkbox"/>

**REMARKS**

**ATTACHMENTS**

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">APPRAISALS</td></tr> <tr><td style="text-align: center;">BILL OF SALE</td></tr> <tr><td style="text-align: center;">COST ESTIMATOR</td></tr> <tr><td style="text-align: center;">INVENTORIES</td></tr> <tr><td style="text-align: center;">PHOTOS</td></tr> <tr><td style="text-align: center;">PREMISES DIAGRAM</td></tr> <tr><td style="text-align: center;">STATE SUPPLEMENT(S) (if applicable)</td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td></tr> </table>	APPRAISALS	BILL OF SALE	COST ESTIMATOR	INVENTORIES	PHOTOS	PREMISES DIAGRAM	STATE SUPPLEMENT(S) (if applicable)			
APPRAISALS											
BILL OF SALE											
COST ESTIMATOR											
INVENTORIES											
PHOTOS											
PREMISES DIAGRAM											
STATE SUPPLEMENT(S) (if applicable)											

NOTICE OF INSURANCE INFORMATION PRACTICES - 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.

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

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 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------