



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

# AGRICULTURE PROPERTY SECTION

DATE (MM/DD/YYYY)

AGENCY		APPLICANT/FIRST NAMED INSURED				
POLICY NUMBER		CARRIER			NAIC CODE	
ACCOUNT NUMBER				NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE

### BUILDING OR PERSONAL PROPERTY INFORMATION

LOC #	BLDG #	BLANKET BUILDING DESCRIPTION									
SUBJECT OF INSURANCE		LIMIT OF INSURANCE	COINS %	VALUATION RC/ACV	CAUSES OF LOSS			DEDUCTIBLE	PREMIUM		
TOTAL											
BLDG TYPE	RATE GROUP	DIAG #	CONST TYPE	YR BUILT	HEAT TYPE	ROOF YEAR	ROOF TYPE	TOTAL AREA	LENGTH	WIDTH	HEIGHT

**ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

**EXPLAIN ALL "YES" RESPONSES**

EXPLAIN ALL "YES" RESPONSES	Y/N
1. ARE ANY WOOD OR COAL FIRED STOVES USED?	<input type="checkbox"/>
2. ARE THERE ANY BURGLARY AND/OR FIRE ALARMS? (If "YES", indicate the type of alarm and floors protected)	<input type="checkbox"/>
<input type="checkbox"/> BURGLARY FLOORS PROTECTED BY ALARM: _____ <input type="checkbox"/> FIRE FLOORS PROTECTED BY ALARM: _____	<input type="checkbox"/>
3. ARE THERE ANY OTHER PROTECTIVE DEVICES?	<input type="checkbox"/>

**ADDITIONAL INTEREST**

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> INTEREST	ITEM DESCRIPTION:			LOCATION:	BUILDING:
				SCHEDULED ITEM NUMBER:	
				OTHER:	

**REMARKS**

ATTACH TO ACORD 401

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