

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

LOC #: \_\_\_\_\_



# AGRICULTURE LIABILITY SECTION

DATE (MM/DD/YYYY)

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

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
PROPERTY DAMAGE LIABILITY FIRE DAMAGE LIMIT	\$ EACH "OCCURRENCE" LIMIT
ADDITIONAL COVERAGE - DAMAGE TO PROPERTY OF OTHERS	\$ ANY ONE FIRE
	\$
	\$
	\$

FARM PERSONAL LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO	FARM COMMERCIAL LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO
PERSONAL LIABILITY COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND ADDRESS OF INSURED(S) (Attach additional sheets if necessary)
	NAME AND ADDRESS OF INSURED(S)

COVERAGE	BASIS/RATE	PREMIUM
INITIAL FARM PREMISES ACRES:		
TOTAL ACREAGE FOR ALL LOCATIONS, INCLUDING INITIAL FARM PREMISES:		
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	RECEIPTS \$	
INCIDENTAL BUSINESS ACTIVITIES (i.e., ROADSIDE STANDS, DAY CARE, HUNTING AND FISHING)		
ACTIVITY	RECEIPTS	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
LIMITED FARM POLLUTION LIABILITY	LIMIT \$	
CONTINGENT LIABILITY FOR CROP DUSTING BY INDEPENDENT AIRCRAFT	COST \$	LIMIT \$
ANIMAL COLLISION	LIMIT PER HEAD \$	# OF HEAD
EMPLOYERS LIABILITY	# OF PERSON MONTHS # FULL TIME EMPLOYEES # PART TIME EMPLOYEES	TOTAL PAYROLL \$
<b>TOTAL PREMIUM:</b>		

ATTACH TO ACORD 401

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

INTEREST	NAME AND ADDRESS	REFERENCE # / LOAN #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
				LOCATION:	BUILDING:
<input type="checkbox"/> ADDITIONAL INSURED				<input type="checkbox"/> VEHICLE:	<input type="checkbox"/> BOAT:
<input type="checkbox"/> LOSS PAYEE					
<input type="checkbox"/> MORTGAGEE					
<input type="checkbox"/> LIENHOLDER					
<input type="checkbox"/> EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

INTEREST	NAME AND ADDRESS	REFERENCE # / LOAN #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
				LOCATION:	BUILDING:
<input type="checkbox"/> ADDITIONAL INSURED				<input type="checkbox"/> VEHICLE:	<input type="checkbox"/> BOAT:
<input type="checkbox"/> LOSS PAYEE					
<input type="checkbox"/> MORTGAGEE					
<input type="checkbox"/> LIENHOLDER					
<input type="checkbox"/> EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES APPLICANT BUILD, REPAIR OR DESIGN MACHINERY, EQUIPMENT OR SYSTEMS FOR ANYONE AT A CHARGE?	<input type="checkbox"/>
2. DOES APPLICANT RENT OR LEASE EQUIPMENT TO OTHERS?	<input type="checkbox"/>
3. DOES ANY MACHINERY OR EQUIPMENT OWNED OR OPERATED BY THE APPLICANT NOT CONFORM TO APPLICABLE SAFETY REGULATIONS?	<input type="checkbox"/>
4. DOES APPLICANT MIX, PROCESS, SLAUGHTER, BUTCHER OR OTHERWISE PREPARE FOR ANY "END CONSUMER" HIS OR ANY OTHER GROWER'S PRODUCT?	<input type="checkbox"/>
5. DOES APPLICANT HANDLE ANY PRODUCT, SUCH AS SEED, FERTILIZER, SPRAYS, ETC. FOR RESALE?	<input type="checkbox"/>
6. ARE ANY CONTRACT OR SERVICE OPERATIONS PERFORMED FOR OTHERS SUCH AS SNOW REMOVAL, TILING (e.g., FIELD/DRAIN TILE), EXCAVATING OR DITCHING?	<input type="checkbox"/>
7. ARE THERE ANY UNUSUAL HAZARDS SUCH AS (BUT NOT LIMITED TO) OPEN DUMP PITS, MANURE PITS, SUMP HOLES, PONDS, LAKES OR RESERVOIRS?	<input type="checkbox"/>
8. IS THERE AN AIRSTRIP ON THE PREMISES?	<input type="checkbox"/>
9. ARE ANY "HOLD HARMLESS" OR "INDEMNIFYING" AGREEMENTS IN EFFECT?	<input type="checkbox"/>
10. IS THERE A SWIMMING POOL ON PREMISES? IF "YES": IN GROUND (Y/N): <input type="checkbox"/> FENCED (Y/N): <input type="checkbox"/> DIVING BOARD (Y/N): <input type="checkbox"/> SLIDE (Y/N): <input type="checkbox"/> DEPTH: _____ FEET	<input type="checkbox"/>
11. IS THERE ANY WATERCRAFT EXPOSURE?	<input type="checkbox"/>
12. IS THERE ANY SNOWMOBILE EXPOSURE?	<input type="checkbox"/>
13. IS THERE ANY ATV OR DIRT BIKE EXPOSURE?	<input type="checkbox"/>

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES	Y/N
14. IS THERE A TRAMPOLINE ON THE PREMISES?	<input type="checkbox"/>
15. DOES APPLICANT SERVE ON ANY BOARDS FOR REMUNERATION?	<input type="checkbox"/>
16. ARE ANY PREMISES USED BY OTHERS FOR HUNTING, FISHING OR OTHER RECREATIONAL ACTIVITIES?	<input type="checkbox"/>
17. DOES APPLICANT HAVE ANY POTENTIALLY DANGEROUS ANIMALS OR EXOTIC PETS?	<input type="checkbox"/>

**LIVESTOCK / DAIRY INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y/N
18. ARE ANY LIVESTOCK PRESENT ON PREMISES OR ARE ANY LIVESTOCK ANTICIPATED DURING THE YEAR?	<input type="checkbox"/>
19. ARE LIVESTOCK KEPT IN AREAS THAT ARE NOT ADEQUATELY FENCED AND MAINTAINED IN A GOOD STATE OF REPAIR? <div style="float: right; margin-top: 5px;">                     PREMISES IS IN:  <input type="checkbox"/> OPEN RANGE AREA  <input type="checkbox"/> CLOSED RANGE AREA                 </div>	<input type="checkbox"/>
20. ARE LIVESTOCK NEAR ANY PUBLIC ROAD OR HIGHWAY?	<input type="checkbox"/>
21. DOES INSURED OWN, BOARD, RACE, BREED OR RENT HORSES?	<input type="checkbox"/>
22. ANY NON-OWNED HORSES ON ANY INSURED PREMISES?	<input type="checkbox"/>
23. IF CATTLE ARE PRESENT ON PREMISES, DO YOU NOW OR HAVE YOU IN THE PAST SUPPLEMENTED CATTLE FEED WITH BONE MEAL, PROTEIN SUPPLEMENTS OR ANIMAL BY-PRODUCTS?	<input type="checkbox"/>
24. NUMBER OF ANIMALS MILKED:	
25. IS THERE ANY PROCESSING OF MILK?	<input type="checkbox"/>
26. ARE THERE ANY RETAIL SALES OF MILK PRODUCTS TO PUBLIC? <div style="text-align: right; margin-top: 5px;">RECEIPTS: \$ _____</div>	<input type="checkbox"/>

**REMARKS**