

# Farm Application Checklist

Today's Date \_\_\_ / \_\_\_ / \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Completed by: \_\_\_\_\_  
Agency Name: \_\_\_\_\_  
Best Telephone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Applications with this information completed will receive preference in quoting.

Effective Date \_\_\_ / \_\_\_ / \_\_\_\_\_

Date Quote Needed: \_\_\_ / \_\_\_ / \_\_\_\_\_ Expiring Premium: \$ \_\_\_\_\_

Expiring Carrier Name: \_\_\_\_\_ Target Premium: \$ \_\_\_\_\_

Completed  
by Agent  
(Check off each Applicable)

Coverage Sections, Applications, & Information Completed and Attached

\_\_\_\_\_

o Dwellings - Owned, Seasonal, and Non-Owned - Cov A, B, C, D

\_\_\_\_\_

• Older Dwell Questionnaire Over 40 yrs

\_\_\_\_\_

o Scheduled Farm Personal Property - Cov E

\_\_\_\_\_

o Unscheduled Farm Personal Property - Cov F

\_\_\_\_\_

o Outbuildings - Farm Barns, Buildings, and Structures - Cov G

\_\_\_\_\_

Inland Marine:

\_\_\_\_\_

o Personal Property - Jewelry, Furs, Cameras, Musical Instruments,  
Silverware, Fine Arts, Golf Equipment, Stamps, Coins, Firearms, Other

\_\_\_\_\_

o Recreational Vehicles - Boats, ATVs, Snowmobiles, Golf Carts, Other

\_\_\_\_\_

Disruption of Farming Operations (Income Loss and Expense Coverage)

\_\_\_\_\_

o Determine the Required Limit & Coinsurance Minimums

\_\_\_\_\_

Farm Automobile

\_\_\_\_\_

Did you include?

\_\_\_\_\_

o All Drivers including those Employee Drivers Using their Own Vehicles?

\_\_\_\_\_

o List of Auto/Truck (Less than 3 years old) requesting R.C.

\_\_\_\_\_

o Farm Excess

\_\_\_\_\_

o Diagrams of All Locations

\_\_\_\_\_

o Photos of All Buildings and Structures

\_\_\_\_\_

o Social Security Number of the Named Insured or Primary Partner or Shareholder

\_\_\_\_\_

o Replacement Cost Worksheets

\_\_\_\_\_

o Claims - Loss Run

\_\_\_\_\_

### Per Occurrence Property Deduction

\_\_\_\_\_

Additional Interests

\_\_\_\_\_

Did you include?

\_\_\_\_\_

o All Mortgage Interests

\_\_\_\_\_

o All Personal Property Additional Interests

o All Liability Additional Interests

o If Applicable: Equine, Dairy, Poultry, Swine questionnaires

Agency:  _____ _____ _____ Contact Name: Phone: Fax #: Email Address:	Send to: James Allen Insurance Brokers farmquote@jamesalleninsurance.com www.jamesalleninsurance.com Phone: 1-800-965-5580 Fax: 1-888-815-6122
	Effective Date    Expiration Date    Payment Plan
	Full Pay Quarterly Financing Monthly Financing
	Down payment \$

**APPLICANT INFORMATION**

Name (First Named Insured & Other Named Insureds) *	Relationship *	Mailing Address (of First Named Insured)	Phone (A/C, No, Ext.):
* If more than one person is listed as the named insured, indicate the relationship to the first named insured			
Phone # On Premises:		E-mail Address:	
<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Corporation	Years in Business DOB Federal ID # / SS#	Contact	Phone (A/C, No, Ext.):

**TYPE OF FARM/RANCH: Indicate All That Apply**

<input type="checkbox"/> Field Crop	<input type="checkbox"/> Mushrooms	<input type="checkbox"/> Greenhouses	<input type="checkbox"/> Livestock & Type	<input type="checkbox"/> Poultry*
<input type="checkbox"/> Fruits    Field Crop Type	<input type="checkbox"/> Nuts	<input type="checkbox"/> Nursery Stock		<input type="checkbox"/> Swine*
<input type="checkbox"/> Vegetables	<input type="checkbox"/> Flowers	<input type="checkbox"/> SOD		<input type="checkbox"/> Equine*
<input type="checkbox"/> Dairy*	<input type="checkbox"/> Vineyards	<input type="checkbox"/> Tobacco		

\* = Supplemental Questionnaire Required

Describe Farm/Ranch Operations and Any Incidental Business Activities

**LOCATION INFORMATION**

LOC #	# OF Acres	911 Address / Legal Desc	City, State, Zip code	County	Liab Only (Y/N)	Fire District Name	Distance To	
							FD (miles)	Hydrant (feet)

**LOSS HISTORY**     No Losses in prior 3 years plus current year     No Losses in 5 years     See Attached Loss Summary

Enter All Claims or Occurrences For The Past Five Years

Date Of Occurrence	Line	Description of Occurrence	Open/Closed?	Amount Paid

**PRIOR INSURANCE INFORMATION**

Prior Carrier	Type of Policy	Effective Date	Expiration Date	Expiring Premium

Has Any Policy Been Cancelled Or Nonrenewed In The Past 5 Years?  YES  NO    If Yes, Explain. (Not Applicable In MO)

DWELLING (ISO COVERAGE A, B, C, & D)											*Attach Cost Estimator for each dwelling		
Loc #	Dwlg #	Year Built ***	Square Feet	Type of Construction (If mobile home, attach questionnaire)	Roof Type	Type of Heat	If 40 Years old or more, When was it updated for:				# of Families	Sump Overflow (Y/N)	Protective Devices
							Heat	Wiring	Plumbing	Roofing			

DWELLING (ISO COVERAGE A, B, C, & D) -Continued								
Loc #	Dwlg #	Dwelling Occupancy (Owner Primary/Owner Seasonal/Tenant)	Valuation		Ded (\$1,000 Min)	Perils^^	Cov A: Dwelling Limit 100%	Cov B: Other Structures Limit 10%
			Cov A*	Cov C**				
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$

DWELLING (ISO COVERAGE A, B, C, & D) -Continued							
Loc #	Dwlg #	Cov C: Household Personal Property Limit 70%	Cov D: Loss of Use Limit 20%	Mine Subsidence (Y/N)	Supplemental Heat (Attach questionnaire) (Y/N)	Earthquake (Y/N)	
						Cov A	Cov C
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				

\* Valuation Coverage A: RC=Replacement Cost; ERC = Extended Replacement Cost; ACV=Actual Cash Value; FBV=Functional Building Valuation.

\*\* Valuation Coverage C: RC=Replacement Cost; ACV=Actual Cost Value

^^ Perils: B=Basic BR=Broad S=Special S/BR=Special/Broad

\*\*\* If year built is over 40 years, complete older dwelling supplemental questionnaire.

UNOCCUPANCY AND VACANCY - For Dwellings and ALL OTHER BUILDINGS	
<p>A. Certain causes of loss are excluded with respect to buildings or structures vacant more than 30 consecutive days. Use 'Waiver of Vacancy' to extend coverage beyond 30 days.</p> <p>B. A loss condition reduces the applicable Limit of Insurance by 50% if a building or structure is unoccupied or vacant more than 120 consecutive days. Use 'Waiver of Unoccupancy and Vacancy' to waive the Unoccupancy and Vacancy Loss Condition for periods of vacancy and unoccupancy beyond 120 days.</p>	<input type="checkbox"/> Does Not Apply <input type="checkbox"/> Waiver of Vacancy <input type="checkbox"/> Waiver of Unoccupancy and Vacancy
Dwlg # or Bldg #	Unoccupancy or Vacancy Starts: Ends:

MORTGAGEE INFORMATION					
Dwlg #	<input type="checkbox"/> Mortgagee	Name and Address/Loan #	Dwlg #	<input type="checkbox"/> Mortgagee	Name and Address/Loan #
	<input type="checkbox"/> Loss Payee			<input type="checkbox"/> Loss Payee	
	<input type="checkbox"/> Lender's Loss Payee			<input type="checkbox"/> Lender's Loss Payee	
	<input type="checkbox"/> Contract for Sale			<input type="checkbox"/> Contract for Sale	

COVERAGE E - SCHEDULED FARM PERSONAL PROPERTY												
Perils: B=Basic BR=Broad S=Special												
Number	Loc #	Item	Coverage Notes - See policy for Details					Ded. \$1,000 Min	Limits of Insurance			
		<b>GRAIN &amp; FEED PEAK SEASON - FARM PERSONAL PROPERTY (ISO COVERAGE E)</b>					<b>PERILS</b>					
		Beginning Date	End Date	Property Type								
1		Grain, threshed seeds, beans, ground feed, silage, "livestock" feed, all in buildings, structures, sacks, wagons or trucks.						\$	\$			
2		Grain in stacks, shocks, swaths or piles in the open, but only with these Causes of Loss - fire and lightning, vandalism, vehicles and theft.						\$	\$			
3		Hay, straw, fodder in buildings or structures.						\$	\$			
4		Hay, straw or fodder in the open - \$10,000 Limit per Stack with a 100' separation/clearance between Stacks. Causes of Loss - fire or lightning, windstorm or hail, vandalism, vehicles, and theft.						\$	\$			
5		Farm products, materials and supplies shown including packing materials & containers, but not hay, grain or any growing crops.						\$	\$			
6		Poultry						\$	NOT COVERED			
7		Trays, boxes, box shoo (unassembled wood crates).						\$	\$			
8		Computers & related software used principally as aids in Farm Management						\$	\$			
9		Miscellaneous Equipment (not to include - Tractors, Combines, Autos, LP or Containers, Tanks, Brooders, Fences, Towers - Poles, Irrigation Equipment, Portable Bldgs, or Household Personal Property) - Limit per item \$2,000						\$	\$			
10		Farm machinery, (non-auto) vehicles and equipment that you borrow or rent without a written contract.						\$	\$			
11		Farm machinery, vehicles, equipment on or away from the "insured location"					Repl. Cost Less Than 5 Years Only	Foreign Objects (Y/N)	Cab Glass (Y/N)	Perils		
	Loc #	Year	Description - Make, Model, and Serial #							\$	\$	
										\$	\$	
										\$	\$	
										\$	\$	
										\$	\$	
										\$	\$	
										\$	\$	
										\$	\$	
										\$	\$	
										\$	\$	
										\$	\$	
										\$	\$	
										\$	\$	
										\$	\$	
12		Livestock (Cattle, Sheep, Swine, Goats, Horses, Mules, Donkeys) on or away from premise. Valuation-the least of (1) Amount of Insurance divided by number of animals times 120%, (2) ACV, or (3) \$2,000. [And 1/2 value for Animals under 1 yr in Age] Perils: Basic or Broad only.								Ded. \$500 Minimum	\$	
13		Other Animals										NOT COVERED
14		Animal Collision			Limit Per Head \$		# Of Head		\$		\$	

RECREATIONAL VEHICLES											
Loc #	Item #	Description	Year	Serial #	CC/HP	Length	Type of Motor	Liability (off premises) (Y/N)	PhysDamage (Y/N)	Ded. \$1,000 Min.	Limit of Insurance
										\$	\$
										\$	\$
										\$	\$
										\$	\$
										\$	\$

Year	Scheduled Personal Items (Jewelry, Guns, Stamps, Art, ect)	Serial #	Limit
1			\$
2			\$
3			\$
4			\$
5			\$

ADDITIONAL INTERESTS					
Item #	<input type="checkbox"/> Mortgagee	Name and Address	Item #	<input type="checkbox"/> Mortgagee	Name and Address
	<input type="checkbox"/> Loss Payee			<input type="checkbox"/> Loss Payee	
	<input type="checkbox"/> Lender's Loss Payee			<input type="checkbox"/> Lender's Loss Payee	
	<input type="checkbox"/> Contract for Sale			<input type="checkbox"/> Contract for Sale	

**AGRI BUSINESS UNSCHEDULED FARM PERSONAL PROPERTY ADDENDUM**

APPLICANT NAME \_\_\_\_\_ DATE(MM/DD/YYYY) \_\_\_\_\_

**Coverage F Inventory**

Agricultural Machinery & Implements	# of Units	Unit Price	Total Value
<b>Tillage:</b>			
Tractors			
Discs			
Harrows			
Plows			
Other			
<b>Cultivating:</b>			
Cultipackers			
Cultivators			
Drills			
Planters			
Rotary Hoes			
Speeders			
Spreaders			
Sprayers			
<b>Harvesting:</b>			
Augers			
Blowers			
Choppers			
Corn Pickers			
Driers			
Elevators (Port.)			
Forage Harvesters			
Grain Cleaners			
Grape Harvesters			
Hay Balers			
Mowers			
Nut Shakers			
Rakes			
Rice Harvesters			
Silo Filters			
Silo Unloaders			
Tomato Harvesters			
Wagons			
Total Value		\$	

Agricultural Produce	# of Units	Unit Price	Total Value
Barley			
Corn			
Fruit			
Ground Feed			
Mfg Stock Feed			
Nuts			
Oats			
Silage			
Soybeans			
Straw			
Wheat			
Total Value		\$	

Livestock	# of units	Unit Price	Total Value
Dairy Cows			
Dairy Heifers			
Dairy Calves			
Beef Cows			
Beef Calves			
Feeder Cattle			
Bulls			
Sows & Gilts			
Boards			
Feeder Pigs			
Ewes			
Rams			
Lambs			
Horses			
Ponies			
Mules			
Total Value		\$	

Agricultural Tools, Equipment & Supplies	# of Units	Unit Price	Total Value
Agri-Chemicals			
Fertilizers			
Herbicides			
Insecticides			
Pesticides			
Air Compressors			
Bins			
Boxes and Box Shook			
Electric Motors			
Farm Lubricants			
Fencing & Posts			
Gasoline/Diesel Fuel			
Hand Tools			
Materials & Supplies			
Milking Equipment			
Office Equipment			
Paints			
Picking Equipment			
Poultry Equipment			
Power Tools			
Saddles & Tack			
Spare Parts			
Tires			
Vet Supplies			
Welders & Torches			
Misc. Tools			
Misc. Parts			
Total Values		\$	

**UNSCHEDULED FARM PERSONAL PROPERTY (ISO COVERAGE F) - ACV VALUATION**

Item	Perils*	Deductible	Limit of insurance
<b>Livestock (Basic and Broad Only)</b>			\$
<b>Other Than Livestock</b>			\$
		Total	\$

\* Perils: B=Basic BR=Broad S=Special

FARM BARN, BUILDINGS AND STRUCTURES (ISO COVERAGE G)									
Loc #	Bldg#	Description	Year Built	Square Feet	Type of Const	Roof Type	Roof Age	Type of Heat	Protective Devices

FARM BARN, BUILDINGS AND STRUCTURES (ISO COVERAGE G) - continued										
Loc#	Bldg #	Mine Subsidence (Y/N)	EQ <sup>^^</sup> (Y/N)	IG%	Open Foundation (Y/N)	Open Sides (Y/N)	Valuation*	Ded Min \$1,000	Perils**	Limit of Insurance

\* Valuation Coverage: RC=Replacement Cost; ACV=Actual Cash Value; FBV=Functional Building Valuation.  
 \*\*Perils: B=Basic BR=Broad S=Special      ^^EQ=Earthquake

**Disruption of Farming Operations and Equipment Breakdown**

Farm Receipts: \$ \_\_\_\_\_

Co-insurance % Requested (i.e 30%, 40%, 50%, 60% 70%, 80%) \_\_\_\_\_ %

Extended Period of Indemnity (30, 60, 90, 120, 180, 360) \_\_\_\_\_ days

Min. Co-Insurance Limit Required: \$ \_\_\_\_\_      Limit Requested: \$ \_\_\_\_\_

Farm Income Excluded: \_\_\_\_\_

Notes: \_\_\_\_\_

Equipment Breakdown Coverage    Yes    No

MORTGAGEE INFORMATION					
Bldg #	<input type="checkbox"/> Mortgagee	Name and Address	Bldg #	<input type="checkbox"/> Mortgagee	Name and Address
	<input type="checkbox"/> Loss Payee			<input type="checkbox"/> Loss Payee	
	<input type="checkbox"/> Lender's Loss Payee			<input type="checkbox"/> Lender's Loss Payee	
	<input type="checkbox"/> Contract for Sale			<input type="checkbox"/> Contract for Sale	

FARM LIABILITY <input type="checkbox"/>				
Coverages	Occurrence	Aggregate	Fire Damage Limit	Medical Payments
Limit of Liability	\$	\$	\$	\$
<input type="checkbox"/> Exclude Personal and Advertising Injury				
<input type="checkbox"/> Exclude Advertising Injury				

COMMERCIAL GENERAL LIABILITY <input type="checkbox"/>				
Coverages	Occurrence	Aggregate	Fire Damage Limit	Medical Payments
Limit of Liability	\$	\$	\$	\$
<input type="checkbox"/> Include Products/Completed Operations				
<input type="checkbox"/> Exclude Personal and Advertising Injury				

Employers Liability	# Full Time Employees	# Part Time Employees	Total Payroll \$	Limits	
<input type="checkbox"/> Farm Employer's Liability				\$	(Up To \$500,000 Limit)
<input type="checkbox"/> Farm Employee's Medical Payments				\$ 5,000	Mandatory

LIABILITY COVERAGE						
<input checked="" type="checkbox"/>						
	Total Acres	Acres				
	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 (Rate Per \$1,000)		Receipts \$			
	Roadside Stands -- Farm Products Principally On The Insured Farm (Rate Per \$1,000 Gross Sales)		Sales \$			
	Day Care Coverage (Home)		Not Eligible			
	Limited Farm Pollution Liability (Refer To Company)					
	Contingent Liability For Crop Dusting By Independent Aircraft (Rate Per \$1,000 Cost)		Cost \$	Limit \$		
	Domestic Workers' Comp		Inservant	# Of Residential Employees		
			Outservant			
	Other Coverages					Limits

UNDERWRITING INFORMATION		* If the answer to any question is yes, please explain using the Remarks section
1. Does the agent know the applicant? Number of years: _____ Date of last inspection: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has the insurance been transferred within the agency?		<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Is the applicant engaged in any other business, profession or trade?		<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Any private saddle animals owned? If so, use and number of animals?		<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is any property kept on location(s) other than insured location?		<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Is farming the primary source of insured's income?		<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Does applicant maintain a non-farm office, private school, and/or daycare in an insured building?		<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Is there a swimming pool or trampoline on the premises? If yes, please complete the swimming pool/trampoline questionnaire and attach photo.		<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Please list all the names of all officers/owners of the farming entity (Corporation, Partnership, Joint Venture, LLC):  _____		
10. Do you own dogs? If yes, how many and what breed? # ____ Breed: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
11. What is the radius of operation of equipment? Miles: _____		
12. How far away from structures is gasoline or fuel stored? Distance: _____ (ft)		
13. What are the gross annual farming receipts? \$ _____		

## GENERAL INFORMATION

GENERAL INFORMATION							
Explain All 'YES' Responses		Yes	No	Explain All 'YES' Responses		Yes	No
1	Are independent contractors hired to perform any farming operations?	<input type="checkbox"/>	<input type="checkbox"/>	14	Is the applicant a subsidiary of another or does the applicant have subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
2	Is there an airstrip on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	15	Is a formal safety program in existence?	<input type="checkbox"/>	<input type="checkbox"/>
3	Is any part of the farm used or leased for organized recreational use?	<input type="checkbox"/>	<input type="checkbox"/>	16 What type of fencing is used? _____			
4	Are there any unusual hazards such as (but not limited to) open dump pits, silage pits, sump holes, ponds, lakes, reservoirs, waste lagoons, irrigation ditches, trampolines or other types of gymnastic equipment?	<input type="checkbox"/>	<input type="checkbox"/>	17 How far is the fencing from the road? _____			
				18 How often is fencing checked? _____			
5	Does the applicant allow others to dispose of waste materials on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	19	Have any of the applicant's livestock ever escaped onto public road? If yes, describe in the remarks section frequency of escape and measures taken to prevent recurrence.	<input type="checkbox"/>	<input type="checkbox"/>
6	Are any 'hold harmless' or 'indemnifying' agreements in effect?	<input type="checkbox"/>	<input type="checkbox"/>	20	Has the insured had any complaints regarding agri-chemical drift or any pollution to others in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
7	Are there any public parks, golf courses, schools, churches, stores, subdivisions, town/cities or any public exposures neighboring any of the insured's farm locations?	<input type="checkbox"/>	<input type="checkbox"/>	21 Is there any equipment loaned or rented to/from others? _____			
				22 Does insured plan any construction or renovation work to be done on the premises in the next 12 months? _____			
8	Is entire premises occupied year round?	<input type="checkbox"/>	<input type="checkbox"/>	23	Does the applicant directly supervise the farm?	<input type="checkbox"/>	<input type="checkbox"/>
9	Is entire premises occupied by applicant?	<input type="checkbox"/>	<input type="checkbox"/>	24 Are any wood or coal fired stoves used in any buildings? If Yes, Complete Wood Burning Stove Questionnaire _____ <input type="checkbox"/> <input type="checkbox"/>			
10	During the last ten years, has any applicant been convicted of any degree of the crime arson? (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"/>	<input type="checkbox"/>				
11	Is there a year-round water supply usable for fire protection?	<input type="checkbox"/>	<input type="checkbox"/>	25 Are any burglary and/or fire alarms on the premises? Indicate floors protected by the alarm: _____			
	If Yes, (A) Source = _____ (B) Quantity= _____						
	<input type="checkbox"/> Well <input type="checkbox"/> Pond/Lake <input type="checkbox"/> Hydrant Within 1,000 FT. <input type="checkbox"/> Other:	<input type="checkbox"/> Less Than 1,000 Gallons <input type="checkbox"/> 1,000-3,000 Gallons <input type="checkbox"/> Over 3,000 Gallons					
				26 Is equipment well maintained? If not - indicate what repairs need to be made, when these repairs will be completed, and the name of contractor performing the repairs _____ <input type="checkbox"/> <input type="checkbox"/>			
12	Does applicant maintain any vacation or seasonal premises?	<input type="checkbox"/>	<input type="checkbox"/>				
13	Does applicant serve on any boards for remuneration?	<input type="checkbox"/>	<input type="checkbox"/>				

<b>Remarks:</b>	



Yes	Indicate if the Insured Does Any of These Activities	Explain All YES Reponses
	1. Manufacture, Process, Handle, Apply, or Distribute of Any Products to others (and/or for hire or a charge) of any of the following:	
<input type="checkbox"/>	Dairy - Processing of Milk or Milk Products	
<input type="checkbox"/>	Dairy - Sale of Raw Milk or Milk Products to the Public	
<input type="checkbox"/>	Livestock (or Other) Feed	
<input type="checkbox"/>	Feed, Seed, Grain, Fertilizer, Chemicals, Additives	
<input type="checkbox"/>	Other Farm or Non Farm Products on or off Premises	
<input type="checkbox"/>	2. Livestock Slaughter, Butcher or Otherwise Prepare any Products for Others and or Sale to Others	
<input type="checkbox"/>	3. Build, Repair, Or Design Buildings, Equipment, or Systems for anyone for a charge. Or any Snow Removal, Tiling, Excavating, or Ditching Services or Operations for a Charge	
<input type="checkbox"/>	4. Custom Farming - Planting, Cultivating, Field Application, Crop Care, Harvesting. Or Crop Dying.	
	5. Any of the Following?	
<input type="checkbox"/>	Animal Boarding	
<input type="checkbox"/>	Auctions or Sales	
<input type="checkbox"/>	Dangerous or Exotic Animals	
<input type="checkbox"/>	Events for a charge - Parties, Weddings, or Meetings	
<input type="checkbox"/>	Fishing or Hunting for a Charge	
<input type="checkbox"/>	Equine Activities (Owned or Non Owned Horses)	
<input type="checkbox"/>	Hay Rides	
<input type="checkbox"/>	Kennels	
<input type="checkbox"/>	Lodging (Bed & Breakfast) for a Charge	
<input type="checkbox"/>	Real Estate Development	
<input type="checkbox"/>	Recreational Activities of Others for a Charge	
<input type="checkbox"/>	Rent-A-Garden	
<input type="checkbox"/>	Roadside Stands	
<input type="checkbox"/>	Soil Sampling or Analysis Service	
<input type="checkbox"/>	Tree (Christmas) Sales	
<input type="checkbox"/>	U-Cut Tree Farms	
<input type="checkbox"/>	U-Pick Farms	
<input type="checkbox"/>	Other Non Farming Activities for a Charge	

Remarks:

**SIGNATURE**

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 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Date	Agent's Signature
Applicant's Signature	Date