

Farm Application

Need By Date _____

Phone: 888.440.4381 Submit to: nb@tower-services.com

Agency
Contact
Contact email

Named Insured

Mailing Address

Indicate Sections Attached

- Farm Umbrella / Excess -ACORD
- Auto - ACORD Workers Compensation - ACORD

Payment Plan - Direct Bill Only

- | | |
|--------|----------------|
| Annual | Bill To |
| 2 Pay | Insured |
| 4 Pay | Mortgagee |
| 10 Pay | |

Effective Date _____ **Expiration Date** _____

Named Insured Is

- | | |
|----------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> LLC |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Trust |
| | <input type="checkbox"/> Other (describe) _____ |

Insured Phone Number _____

Last 4 of SSN * _____ Date of Birth* _____

*First named insured or primary member of first named insured.

Loss History - Enter all Claims or Occurrences for the Past 3 years

- No Losses in prior 3 years plus current year See Attached Loss Summary

Date of Loss	Line	Description of Loss	Amount Paid

What insurers presently carry the applicant's coverage?

Present Carrier	Line	Expiration Date	Premium

Type of Farm (indicate all that apply)

- | | | | | | |
|-------------------------------------|--------------------------------------|----------------------------------------|----------------------------------|-----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Fruit | <input type="checkbox"/> Beef Cattle | <input type="checkbox"/> Poultry | <input type="checkbox"/> Vegetables | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Equine | <input type="checkbox"/> Greenhouses | <input type="checkbox"/> Mushroom | <input type="checkbox"/> Sod | <input type="checkbox"/> Vegetables (organic) | |
| <input type="checkbox"/> Field Crop | <input type="checkbox"/> Hay | <input type="checkbox"/> Nursery Stock | <input type="checkbox"/> Swine | <input type="checkbox"/> Vineyards | |
| <input type="checkbox"/> Flowers | <input type="checkbox"/> Hobby Farm | <input type="checkbox"/> Nuts | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Winery | |

Locations

Loc#	Acres	Number of Dwellings for Liability	911 Address	City, State, ZIP	Liability Only Y/N	Prot. Class	Feet to Hydrant	Road Miles to Fire Dept.

General Underwriting Questions

1.	Describe farming operations:			
2.	Does the insured maintain a website or social media page? If yes, provide link: _____		Yes	No
3.	Number of years of farming experience: _____			
4.	Annual revenue of the insured's farming operation \$ _____			
5.	Is farming the major source of insureds income? If no, explain: _____		Yes	No
6.	Any policy or coverage declined, cancelled, or non-renewed? If yes, explain: _____		Yes	No
7.	Is entire premises occupied year around by the insured? If no, explain _____		Yes	No
8.	Are any portions of the insured premises rented or used by any other individual, corporation or interest for other than farming? If yes, explain: _____		Yes	No
9.	Is the insured premises open to the public for activities such as, Agritainment, roadside stands, "u-pick", "rent-a-garden", auction, sales, show, food or beverage service, hay rides, fishing, kennels, animal breeding or Christmas tree sales uses?		Yes	No
10.	Does the insured maintain any vacation, seasonal, short term rental properties or additional primary residence?		Yes	No
11.	Is any land held for real estate development or speculation?		Yes	No
12.	Are there any horses, ponies, mules or donkeys on any insured premises? If yes, Type _____ Number: _____ Ownership: _____ Use: _____		Yes	No
13.	Are any livestock present on the premises or anticipated during the year? If yes, indicate Type: _____ #: _____		Yes	No
14.	Are all livestock and saddle animal areas fenced? Yes No What type of fencing is used? _____ How often is fencing inspected? _____ What is the condition? _____			
15.	Is there any processing or selling of milk? If yes, describe: _____		Yes	No
16.	Does the insured perform any custom farming? If yes, provide description: _____ Annual Receipts: \$ _____		Yes	No
17.	Does the insured build, repair or design machinery, equipment or systems for a charge or fee?		Yes	No
18.	Is there an airstrip on the premises?		Yes	No
19.	Is there a trampoline on any insured premises?		Yes	No
20.	Is there a swimming pool on the premises? Fully fenced with locking gate? Yes No Nearest Neighbor _____ ft. Is there a diving board? Yes No Are there depth markers? Yes No		Yes	No
21.	Are there any unusual hazards on the insured premises such as, but not limited to, open dump pits, silage pits, sump holes, lakes, ponds or reservoirs? If yes, provide details: _____		Yes	No
22.	Are any premises used for hunting purposes? Does the insured allow others to hunt on premises? Yes No Is a fee charged? Yes No Receipts: _____ Are any items or services provided? Yes No		Yes	No
23.	Does the insured own dogs? If yes, Number: _____ Breed: _____		Yes	No
24.	Is there any equipment loaned or rented to/from others? If yes, describe _____		Yes	No
25.	Does the insured plan on any construction or renovation work to be done on the premises in the next 12 months?		Yes	No
26.	Are there any burglary and/or fire alarms on the premises? If yes, Type _____ Location/Building _____		Yes	No
27.	Does the insured mix, process, slaughter, butcher or otherwise prepare for any "end consumer" his or any other growers products? If yes, describe _____		Yes	No

Agent Remarks

Farm Liability

Coverage H - Bodily Injury and Property Damage Liability Limits	\$	General Aggregate Limit
	\$	Each "Occurrence" Limit
Fire Damage Limit	\$	Any One Fire
Coverage J - Medical Payments	\$	Any One Person Limit

To Provide Commercial General Liability (CGL), complete and submit ACORD General Liability Application.

Farm Employers Liability

Number of full time employees _____

Number of part time employees _____

Total Payroll _____

Farm Employer's Liability Limit _____

Farm Employee's Medical Payment Limit _____

Disruption of Farm Operations

(Income Loss and Extra Expense)

Limit of Insurance _____

Percent of Exposure Covered _____

Cause of Loss _____

Extended Period of Indemnity Option _____

Optional Coverages

High Value Dwelling Endorsement	<input type="checkbox"/>
Equine Expanded Property Coverage	<input type="checkbox"/>
Farm Expanded Property Coverage	<input type="checkbox"/>
Reproductive Materials	<input type="checkbox"/>
Equine Care, Custody and Control	<input type="checkbox"/>
Insured's Liability/Employed by Others	<input type="checkbox"/>
Business Activities	<input type="checkbox"/>
Farm Computer Coverage	<input type="checkbox"/>

Coverage G Optional Coverages

	Loc/Bldg	Loc/Bldg	Loc/Bldg
Spoilage			
Theft of Building Materials			
Windstorm or Hail Exclusion			

Equipment Breakdown Coverage

Yes No

Is the applicant engaged in the generation of power, other than emergency backup power?	yes	no
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Dwellings

Loc #	Bldg #	Dwelling Occupancy (Owner Primary, Owner Seasonal / Tenant / Farm Employee)	Mobile Home Y/N	Construction	Hydrant within 1,000 ft. Y/N	Earthquake Y/N	Cause of Loss*^	Deductible

Dwelling Details								For dwellings 20 years or older. When were the following updated.			
Loc #	Bldg #	Year Built	Square feet	# of Stories	Smoke Detector Y/N	Type of Heat (gas, electric, fuel oil, space heater)	Supplemental Heat Y/N	HVAC	Wiring	Plumbing	Roof

Loc #	Bldg#	Coverage A Dwelling Limit (100% to Value)	Coverage A Valuation *	Coverage C Household Personal Property Limit	Coverage C Valuation**	Coverage D Loss of Use (20%)	Sump Overflow Y/N

*^ Cause of Loss: B=Basic | BR=Broad | SP=Special | S/BR = Special/Broad
 * Valuation Coverage A: RC=Replacement Cost | ERC= Expanded Replacement Cost | ACV = Actual Cash Value
 ** Valuation Coverage C: RC= Replacement Cost | ACV = Actual Cash Value

Mortgagee / Loss Payable Information

Loc / Bldg#	Mortgagee	Name/Address/Loan Number	Loc / Bldg#	Mortgagee	Name/Address/Loan Number
	Mortgagee			Mortgagee	
	Lender's Loss Payee			Lender's Loss Payee	
	Loss Payee			Loss Payee	

Scheduled Personal Property (attach schedule)

	Limit of Insurance		Limit of Insurance		Limit of Insurance
Jewelry		Fine Arts		Collectibles	
Guns		Silverware		Miscellaneous	

Farm Machinery

Loc #	Year	Description (Make, Model & Serial #)	Repl. Cost (less than 5 yrs.) Y/N	Cab Glass Y/N	Cause of Loss*	Deductible	Limit of Insurance

*Cause of Loss: B=Basic | Br=Broad | Sp=Special

Irrigation Equipment

Loc #	Year	Description (Make, Model & Serial #)	Cause of Loss*	Deductible	Limit of Insurance

Recreational Vehicles

Loc #	Item #	Year	Make/Model	Serial #	CC/HP (required)	Length	Type of Motor	Liability (Y/N)	Deductible	Limit of Insurance

Tools, Equipment and Supplies

Loc #	Description	Cause of Loss	Deductible	Limit of Insurance

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 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.

NORTH CAROLINA: Any person who, knowingly and with intent to defraud any insurance company or other person, submits an application or claim containing any materially false or deceptive information or conceals, for the purpose of misleading, any material information commits a fraudulent insurance act which is a crime.

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.

Applicant's Signature _____

Date _____

Producer's Signature _____

Date _____

Livestock

Description	No. of Units	Unit Price	Cause of Loss*	Deductible	Limit of Insurance

Grain, Feed, Hay or Harvested Produce

Loc #	Description	Cause of Loss	Deductible	Limit of Insurance

* Cause of Loss: B=Basic | Br=Broad

Peak Season Coverage (Coverage E or F)

Description	Limit Increase	Start Date	End Date

Suffocation of Poultry (contract growers only)

Location	Building	Limit of Insurance

Suffocation of Livestock (Coverage E Only)

Type of livestock	Location	Building	Limit of Insurance

Farm Barns, Outbuildings, Structures (Coverage G ISO)

Loc#	Bldg#	Description	Deductible	Causes of Loss*	Repl. Cost** or ACV	Open Sides Y/N	Earthquake Y/N

*Cause of Loss: B=Basic | Br=Broad | Sp=Special ** Repl. Cost = Replacement Cost

Coverage G Continued

Loc#	Bldg#	Amount of Insurance	100% to Value Y/N	Construction	Year Built (required)	Square Feet (required)	# Of Stories	Type of Heat	Roof Type

Diagram

Include and label all structures. Include distance between each structure.

