

# Tower Services Inc. Farm Application

Submit to: Tower Services Inc. nb@tower-services.com

Need By Date \_\_\_\_\_

Phone 888-440-4381 Fax 888-895-1232  
www.tower-services.com

Agency   
 Contact   
 Contact email

**Indicate Sections Attached**

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

Named Insured   
 Mailing Address

**Payment Plan - Direct Bill Only**

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

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Named Insured Is**

- Corporation               LLC  
 Individual                   Partnership  
 Joint Venture               Trust  
 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)

- Dairy               Fruit               Beef Cattle               Poultry               Vegetables               Other (Specify) \_\_\_\_\_  
 Equine               Greenhouses               Mushroom               Sod               Vegetables (organic)  
 Field Crop               Hay               Nursery Stock               Swine               Vineyards  
 Flowers               Hobby Farm               Nuts               Tobacco               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.	Year business was started: _____				
4.	Advise the gross sales of the insureds farming operation \$ _____				
5.	Is farming the major source of insureds income? If no, explain: _____		Yes		No
6.	Is the insured engaged in any other business, profession or trade? If yes, describe: _____		Yes		No
7.	Any policy or coverage declined, cancelled, or non-renewed? If yes, explain: _____		Yes		No
8.	Does the agent know the insured? Number of years: _____		Yes		No
9.	Has the agent personally inspected the premises and property? Date of last inspection: _____		Yes		No
10.	Is entire premises occupied year around by the insured? If no, explain _____		Yes		No
11.	Is any part of the farm used or leased for organized recreational use? If yes, explain: _____		Yes		No
12.	Are any portions of the farm rented or leased or used by any other individual, corporation or interest for other than farming? If yes, explain: _____		Yes		No
13.	Are the farm premises open to the public for activities such as roadside stands, "u-pick" recreational, "rent-a-garden", auction, sales, show, food or beverage service, hay rides, fishing, kennels, animal breeding or Christmas tree sales uses?		Yes		No
14.	Does the insured maintain any vacation, seasonal, short term rental properties or additional primary residence?		Yes		No
15.	Is any land held for real estate development or speculation?		Yes		No
16.	Is a formal safety program in existence?		Yes		No
17.	Are any "hold harmless" or "indemnifying" agreements in effect? If yes, explain: _____		Yes		No
18.	Are there any saddle animals on any insured premises? If yes, Type _____ Number: _____ Ownership: _____ Use: _____		Yes		No
19.	Are any livestock present on the premises or anticipated during the year? If yes, indicate type: _____ #: _____		Yes		No
20.	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? _____				
21.	Is there any processing or selling of milk? If yes, please describe: _____		Yes		No
22.	If livestock or poultry is kept, does the applicant have a production or marketing contract? If yes, Name: _____		Yes		No
23.	Does the insured hire any outside contractors, including but not limited to, applicators, aerial contractors, or custom farmers?		Yes		No
24.	Does the insured perform any custom farming? If yes, provide description: _____ Gross Annual Receipts: \$ _____		Yes		No
25.	Does the insured build, repair or design machinery, equipment or systems for a charge or fee?		Yes		No
26.	Is there an airstrip on the premises?		Yes		No
27.	Is there a trampoline on the premises?		Yes		No
28.	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
29.	Are there any unusual hazards on the insured premises such as, but not limited to, open dump pits, silage pits, sump holes, lakes or reservoirs? If yes, provide details: _____		Yes		No
30.	Is there a year-round water supply usable for fire protection within 1000 feet of buildings? If yes, please describe water source in detail _____ Water quantity? _____ gallons		Yes		No
31.	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
32.	Is there any watercraft, all-terrain vehicle, golf cart or snowmobile exposure not to be insured in this policy? If yes, explain: _____		Yes		No
33.	Is any part of the farm used or leased for Agritainment? If yes, explain: _____		Yes		No
34.	During the last ten years, has any applicant been convicted of any degree of the crime arson?		Yes		No
35.	Does the insured have any potentially dangerous or exotic animals? If yes, explain: _____		Yes		No
36.	Does the insured own dogs? If yes, Number: _____ Breed: _____		Yes		No

Continued on next page →

**General Underwriting Questions Continued.**

37.	Is there any equipment loaned or rented to/from others? If yes, describe _____	Yes	No
38.	Does the insured plan on any construction or renovation work to be done on the premises in the next 12 months?	Yes	No
39.	Does the applicant have membership in any organization or serve on any boards for remuneration? If yes, what is the name of the organization? _____ If applicable, what position is held? _____	Yes	No
40.	Are there any burglary and/or fire alarms on the premises? If yes, Type _____ Location/Building _____	Yes	No
41.	Is the insured a subsidiary of another or does the insured have subsidiaries?	Yes	No
42.	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 I - Personal and Advertising Injury Liability	\$	
Coverage J - Medical Payments	\$	Any One Person Limit

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

**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 \_\_\_\_\_

**Optional Coverages**

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

<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the applicant engaged in the generation of power, other than emergency backup power?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Has the applicant had an equipment breakdown loss greater than \$25,000?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Have there been two or more equipment breakdown losses in the past 24 months?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Any commercial methane producing operations?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no

# 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.

