



**FARM/RANCH APPLICATION**  
ATTACH PHOTOGRAPHS FOR ALL INSURED BUILDINGS  
INDICATE BUILDING NUMBER AND DATE TAKEN

**GENERAL INFORMATION**

Quote  Issue

Effective Date

Producer Code

Agency

Named Insured

Insured Telephone No.

**Mailing Address**

Number Street Town State Zip

**Named Insured Is:**  Individual  Corporation **Premium to be Paid**  
 Partnership  Joint Venture  L.L.C.  Other

Direct Bill  Agency Bill  
 Prepaid  Prepaid  
 Two Pay  Semi-annual  
 Four Pay  Quarterly  
 Six Pay  Monthly  
 Ten Pay  
 Ten Equal

Website:

**UNDERWRITING QUESTIONS**

|  |
|--|
| 1. Describe farming operations:  |
| 2. Number of years farming experience by insured:  |
| 3. Is farming the major source of insureds income? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain.  |
| 4. Are there any fire and/or burglary alarms on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and indicate kind.  |
| 5. Does the Insured maintain smoke detectors in employees' living quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 6. Are there any UL approved lightning rods on any buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which building(s)?<br>Master Label # (s)  |
| 7. Are any of the dwellings constructed with or contain asbestos material? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which dwellings.  |
| 8. Are any livestock present on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate kind.  |
| 9. Are any livestock anticipated during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate kind.  |
| 10. Are all livestock areas fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 11. Are livestock near any public road or highway? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 12. 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"/> Yes <input type="checkbox"/> No If yes, please explain including dates supplements were used. |
| 13. Does the Insured slaughter, butcher, process, or otherwise prepare for "end consumer" his or any one else's cattle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the annual income? \$   |
| 14. Does the Insured grow or store tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 15. Has the Insured ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 16. Does the Insured prepare and sell animal feed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details and receipts.   |
| 17. Does the Insured mix, process or otherwise prepare for "end consumer" his or any other grower's product? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details and receipts.   |
| 18. Swimming pools? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there a diving board? <input type="checkbox"/> Yes <input type="checkbox"/> No   |

19. Other bodies of water?  Yes  No If yes, describe.

20. Any horses?  Yes  No If yes, check:  Public Riding  Boarding  Racing  Other

21. Any commercial food processing done by the insured?  Yes  No If yes, describe.

22. If operating a dairy farm, are there any processing and/or retail sales of milk products to the public?  Yes  No  
Receipts \$ Number of cows milked?

23. Does the Insured have any camping areas or places where trailers can be parked?  Yes  No  
Receipts \$

24. Any paying guests on premises (hunting, fishing, dude ranch or resort facility)?  Yes  No  
If yes, what is the annual income? \$ Services rendered?

25. Check all non-farming activities including:  excavating  snow removal  or other non-farming pursuits  
Describe. Receipts \$

26. Does the Insured allow their premises to be used for any activities such as snowmobile races, rodeos, roping contests or any other premises type activities?  Yes  No If yes, indicate activities and scope.

27. Does the Insured rent, lease or allow any individuals, corporations or other interested parties to use a portion of the farm for activities other than farming?  Yes  No If yes, indicate activities and scope.

28. Does the Insured operate snowmobiles, four wheelers or dirt bikes?  Yes  No If yes, are they used exclusively on the Insured location?  Yes  No If no, number of vehicles used off premises?

29. Does the Insured maintain any vacation, seasonal premises or short-term rental properties?  Yes  No If yes, provide details.

30. Is any land held for real-estate development or speculation?  Yes  No If yes, provide details.

31. Does the Insured plan any construction or renovation work to be done on the premises in the next 12 months?  
 Yes  No

32. Does the Insured hire any outside contractors, including but not limited to, applicators, aerial contractors, and custom farmers?  Yes  No

33. Does the Insured build, repair or design machinery, equipment or systems for a charge or fee?  Yes  No  
If yes, what is their annual income? \$

34. Are there any unusual hazards on the insured premise such as, but not limited to, open dump pits, silage pits, sump holes, lakes, reservoirs, and trampolines?  Yes  No If yes, provide details.

35. Is there an airstrip on the premises?  Yes  No If yes, provide type of use, who uses it, and the frequency of use.

36. Custom Farming Receipts \$

WHAT INSURERS, INCLUDING TRAVELERS, PRESENTLY CARRY THE APPLICANT'S COVERAGE?

| Present Insurer | Coverage | Expiration Date | Premium |
|-----------------|----------|-----------------|---------|
|-----------------|----------|-----------------|---------|

LIST ALL LOSSES IN THE PAST THREE YEARS FOR THE COVERAGE REQUESTED

(For larger accounts, attach a statement of policy year premiums, losses, number of claims, and any pricing modifications by coverage.)

| Coverage | Date | Loss Amount | Describe loss and any corrective action |
|----------|------|-------------|---|
|----------|------|-------------|---|

DURING THE PAST THREE YEARS HAS ANY COVERAGE BEEN CANCELLED, DECLINED, OR NON-RENEWED?  Yes  No (If yes, give dates, insurer and reasons.) (Not applicable in Missouri)

Details: |

## FRAUD STATEMENT

**Please read the statement applicable to your state. If your state and/or Line of Business are not listed, please read the statement applicable to All Other States. Then sign, date and return with your application.**

**ARKANSAS, NEW MEXICO, VERMONT AND WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA:** Auto: Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties. Other Than Auto: The "All Other States" statement applies to lines of business other than auto.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA, MINNESOTA AND WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE AND VIRGINIA:** Same as Arkansas. In addition, penalties may include a denial of insurance benefits.

**MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MASSACHUSETTS:** Auto: If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance. Other Than Auto: Any person who knowingly and with intent to defraud any insurance company or other 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.

## FRAUD STATEMENT – CONTINUED

**NEW YORK:** Auto: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation. For Other Lines of Business: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

**PENNSYLVANIA:** Other Than Auto: Any person who knowingly and with intent to defraud any insurance company or other 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 civil penalties. Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

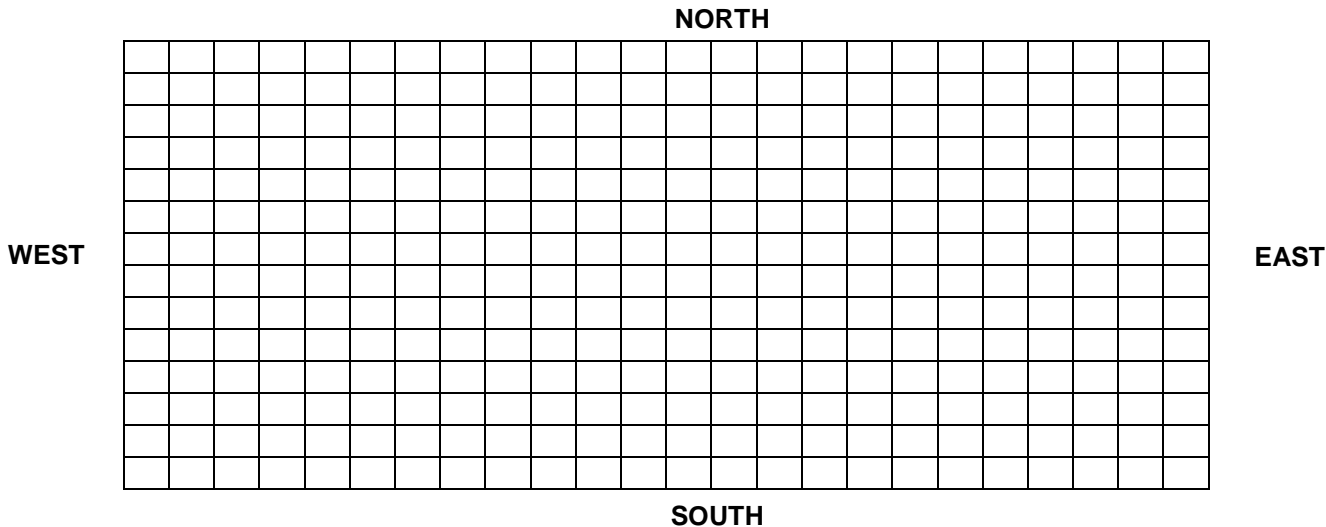
**UTAH:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 civil penalties. Not applicable in Nebraska.

Signature of Applicant:

Date:

**DIAGRAM** (Please provide a diagram of the main location, including both insured and uninsured buildings, as well as the distances between them. The diagram should also show any attractive nuisances (i.e. pool, pond, etc.).)



Type of  Farm  Ranch

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> (921) Berries, Fruits, & Nuts | <input type="checkbox"/> (926) Poultry               | <input type="checkbox"/> (90A) Citrus       | <input type="checkbox"/> (92A) Cotton      |
| <input type="checkbox"/> (923) Vegetables              | <input type="checkbox"/> (928) Horses                | <input type="checkbox"/> (90B) Nurseries    | <input type="checkbox"/> (92B) Tobacco     |
| <input type="checkbox"/> (924) Grain & Field Crops     | <input type="checkbox"/> (929) Livestock-Containment | <input type="checkbox"/> (90C) Fish Farms   | <input type="checkbox"/> (92C) Hobby Farms |
| <input type="checkbox"/> (925) Dairy                   | <input type="checkbox"/> (935) Ranches-Open Range    | <input type="checkbox"/> (90D) Estate Farms | <input type="checkbox"/> (92D) Wineries    |
|  |  |   | <input type="checkbox"/> (92E) Vineyards   |
|  |  |   | <input type="checkbox"/> (92F) Bee Keeper  |
|  |  |   | <input type="checkbox"/> (927) Other       |

Animal Collision  500  1,000  2,500  
Number of Head

Borrowed Farm Equipment  Yes  No

**GENERAL LIABILITY**

|                        |  |    |  |
|------------------------|--|----|--|
| Choose <u>either</u> : | Total Acreage<br><input type="checkbox"/> Farm Liability<br><br>(Personal liability and product liability are included, subject to the provisions and conditions of the coverage forms). | OR | <input type="checkbox"/> Commercial General Liability with:<br>Personal Liability<br><input type="checkbox"/> Included <input type="checkbox"/> Excluded<br>Product Liability<br><input type="checkbox"/> Included <input type="checkbox"/> Excluded |
|------------------------|--|----|--|

|   |  |                    |                    |   |    |  |   |    |  |                            |    |  |                                   |    |  |   |                     |    |                    |                  |    |  |  |  |  |               |    |  |                           |  |  |                        |    |  |  |  |  |                      |  |        |  |  |  |  |  |            |
|---|--|--------------------|--------------------|---|----|--|---|----|--|----------------------------|----|--|-----------------------------------|----|--|---|---------------------|----|--------------------|------------------|----|--|--|--|--|---------------|----|--|---------------------------|--|--|------------------------|----|--|--|--|--|----------------------|--|--------|--|--|--|--|--|------------|
| <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">General aggregate (other than products/completed operations)</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 40%;">Limit of Insurance</td> </tr> <tr> <td>Products-completed operations aggregate limit</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td>Personal and advertising injury Each occurrence</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td>Fire damage (any one fire)</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td>Medical payments (any one person)</td> <td style="text-align: center;">\$</td> <td></td> </tr> </table> | General aggregate (other than products/completed operations) | \$                 | Limit of Insurance | Products-completed operations aggregate limit | \$ |  | Personal and advertising injury Each occurrence | \$ |  | Fire damage (any one fire) | \$ |  | Medical payments (any one person) | \$ |  | <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Employers Liability</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 40%;">Limit of Insurance</td> </tr> <tr> <td>Medical Payments</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>Total Payroll</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td>Total Number of Employees</td> <td></td> <td></td> </tr> <tr> <td>Total Farming Receipts</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>Watercraft Liability</td> <td></td> <td>Length</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td></td> <td></td> <td>Horsepower</td> </tr> </table> | Employers Liability | \$ | Limit of Insurance | Medical Payments | \$ |  |  |  |  | Total Payroll | \$ |  | Total Number of Employees |  |  | Total Farming Receipts | \$ |  |  |  |  | Watercraft Liability |  | Length |  |  |  |  |  | Horsepower |
| General aggregate (other than products/completed operations)  | \$   | Limit of Insurance |                    |   |    |  |   |    |  |                            |    |  |                                   |    |  |   |                     |    |                    |                  |    |  |  |  |  |               |    |  |                           |  |  |                        |    |  |  |  |  |                      |  |        |  |  |  |  |  |            |
| Products-completed operations aggregate limit   | \$   |                    |                    |   |    |  |   |    |  |                            |    |  |                                   |    |  |   |                     |    |                    |                  |    |  |  |  |  |               |    |  |                           |  |  |                        |    |  |  |  |  |                      |  |        |  |  |  |  |  |            |
| Personal and advertising injury Each occurrence   | \$   |                    |                    |   |    |  |   |    |  |                            |    |  |                                   |    |  |   |                     |    |                    |                  |    |  |  |  |  |               |    |  |                           |  |  |                        |    |  |  |  |  |                      |  |        |  |  |  |  |  |            |
| Fire damage (any one fire)  | \$   |                    |                    |   |    |  |   |    |  |                            |    |  |                                   |    |  |   |                     |    |                    |                  |    |  |  |  |  |               |    |  |                           |  |  |                        |    |  |  |  |  |                      |  |        |  |  |  |  |  |            |
| Medical payments (any one person)   | \$   |                    |                    |   |    |  |   |    |  |                            |    |  |                                   |    |  |   |                     |    |                    |                  |    |  |  |  |  |               |    |  |                           |  |  |                        |    |  |  |  |  |                      |  |        |  |  |  |  |  |            |
| Employers Liability   | \$   | Limit of Insurance |                    |   |    |  |   |    |  |                            |    |  |                                   |    |  |   |                     |    |                    |                  |    |  |  |  |  |               |    |  |                           |  |  |                        |    |  |  |  |  |                      |  |        |  |  |  |  |  |            |
| Medical Payments  | \$   |                    |                    |   |    |  |   |    |  |                            |    |  |                                   |    |  |   |                     |    |                    |                  |    |  |  |  |  |               |    |  |                           |  |  |                        |    |  |  |  |  |                      |  |        |  |  |  |  |  |            |
|   |  |                    |                    |   |    |  |   |    |  |                            |    |  |                                   |    |  |   |                     |    |                    |                  |    |  |  |  |  |               |    |  |                           |  |  |                        |    |  |  |  |  |                      |  |        |  |  |  |  |  |            |
| Total Payroll   | \$   |                    |                    |   |    |  |   |    |  |                            |    |  |                                   |    |  |   |                     |    |                    |                  |    |  |  |  |  |               |    |  |                           |  |  |                        |    |  |  |  |  |                      |  |        |  |  |  |  |  |            |
| Total Number of Employees   |  |                    |                    |   |    |  |   |    |  |                            |    |  |                                   |    |  |   |                     |    |                    |                  |    |  |  |  |  |               |    |  |                           |  |  |                        |    |  |  |  |  |                      |  |        |  |  |  |  |  |            |
| Total Farming Receipts  | \$   |                    |                    |   |    |  |   |    |  |                            |    |  |                                   |    |  |   |                     |    |                    |                  |    |  |  |  |  |               |    |  |                           |  |  |                        |    |  |  |  |  |                      |  |        |  |  |  |  |  |            |
|   |  |                    |                    |   |    |  |   |    |  |                            |    |  |                                   |    |  |   |                     |    |                    |                  |    |  |  |  |  |               |    |  |                           |  |  |                        |    |  |  |  |  |                      |  |        |  |  |  |  |  |            |
| Watercraft Liability  |  | Length             |                    |   |    |  |   |    |  |                            |    |  |                                   |    |  |   |                     |    |                    |                  |    |  |  |  |  |               |    |  |                           |  |  |                        |    |  |  |  |  |                      |  |        |  |  |  |  |  |            |
|   |  |                    |                    |   |    |  |   |    |  |                            |    |  |                                   |    |  |   |                     |    |                    |                  |    |  |  |  |  |               |    |  |                           |  |  |                        |    |  |  |  |  |                      |  |        |  |  |  |  |  |            |
|   |  | Horsepower         |                    |   |    |  |   |    |  |                            |    |  |                                   |    |  |   |                     |    |                    |                  |    |  |  |  |  |               |    |  |                           |  |  |                        |    |  |  |  |  |                      |  |        |  |  |  |  |  |            |

Additional Insureds:

Please identify what their relationship is to the Named Insured.  
What is their insurable interest? Property or General Liability?

**PREMISES INFORMATION - List primary location first. Then include other locations, followed by other land.**

| Loc. No. | Buildings?   | Route/Road | Section | Township | Range | County | State | Zip Code | Prot. Class |
|----------|--|------------|---------|----------|-------|--------|-------|----------|-------------|
| 1        | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |          |       |        |       |          |             |
| 2        | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |          |       |        |       |          |             |
| 3        | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |          |       |        |       |          |             |
| 4        | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |          |       |        |       |          |             |
| 5        | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |          |       |        |       |          |             |
| 6        | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |          |       |        |       |          |             |
| 7        | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |          |       |        |       |          |             |

**DWELLINGS (including additional dwellings) and HOUSEHOLD PERSONAL PROPERTY COVERAGES**

Coverages and Limits of Insurance: 10% of the Coverage A amount applies to Coverage B – Other Private Structures Appurtenant To The Dwelling. 10% of Coverage A applies to Coverage D – Loss of Use. Other structures must be scheduled under Coverage G.

| Loc. No. | Dwelling No. | Coverage A Dwelling | Coverage C Unscheduled Personal Property (1) | Coverage D Loss of Use | Mobile Home Y/N | Type of Constr. | Rented-Others Y/N | Deductible | Causes of Loss (2) |
|----------|--------------|---------------------|--|------------------------|-----------------|-----------------|-------------------|------------|--------------------|
|          |              |                     |  |                        |                 |                 |                   |            |                    |
|          |              |                     |  |                        |                 |                 |                   |            |                    |
|          |              |                     |  |                        |                 |                 |                   |            |                    |
|          |              |                     |  |                        |                 |                 |                   |            |                    |
|          |              |                     |  |                        |                 |                 |                   |            |                    |
|          |              |                     |  |                        |                 |                 |                   |            |                    |
|          |              |                     |  |                        |                 |                 |                   |            |                    |
|          |              |                     |  |                        |                 |                 |                   |            |                    |

**UNIT OWNERS COVERAGE**

Coverage may be provided to the owner(s) of a condominium or cooperative dwelling unit, which is used principally for family residential purposes. The minimum Limit of Insurance for Coverages A and C is \$5,000. A \$1,000 Limit of Insurance is provided for both the Property and Liability assessments. 50% of Coverage C applies to Coverage D unless otherwise noted. Please refer to Unit Owners Coverage Supplemental Application CP-6660 for additional space.

| Loc. No. | Building No. | Coverage A Limit(s) of Insurance | Coverage C Limit(s) of Insurance | Coverage D Limit(s) of Insurance | Type of Constr. | Loss Assessment Limit(s) of Insurance Property | Loss Assessment Limit(s) of Insurance Liability | Deductible | Covered Causes of Loss Basic, Broad or Special |
|----------|--------------|----------------------------------|----------------------------------|----------------------------------|-----------------|--|---|------------|--|
|          |              |                                  |                                  |                                  |                 |  |   |            |  |
|          |              |                                  |                                  |                                  |                 |  |   |            |  |
|          |              |                                  |                                  |                                  |                 |  |   |            |  |

**DWELLING DETAIL INFORMATION**

| Dwg No. | Type 1, 2 or 3 | Lightng Rod Y/N | Local Alarm Y/N | Central Station Y/N | Smoke Heat Detec Y/N(3) | Wood Stoves Y/N | Space Heater Y/N | Year Built | Year Last Up-dated | EQ. Cov Y/N | Repl, Full Dwg Repl or A.C.V. | Pers Prop R.C. | Sq Ft of Grd Floor | Occup Seas or Vac Y/N | Define Heating System and Fuel | Rural Fire District Y/N | Miles to Fire Dept | Near Water Source Y/N |
|---------|----------------|-----------------|-----------------|---------------------|-------------------------|-----------------|------------------|------------|--------------------|-------------|-------------------------------|----------------|--------------------|-----------------------|--------------------------------|-------------------------|--------------------|-----------------------|
| 1       |                |                 |                 |                     |                         |                 |                  |            |                    |             |                               |                |                    |                       |                                |                         |                    |                       |
| 2       |                |                 |                 |                     |                         |                 |                  |            |                    |             |                               |                |                    |                       |                                |                         |                    |                       |
| 3       |                |                 |                 |                     |                         |                 |                  |            |                    |             |                               |                |                    |                       |                                |                         |                    |                       |
| 4       |                |                 |                 |                     |                         |                 |                  |            |                    |             |                               |                |                    |                       |                                |                         |                    |                       |
| 5       |                |                 |                 |                     |                         |                 |                  |            |                    |             |                               |                |                    |                       |                                |                         |                    |                       |
| 6       |                |                 |                 |                     |                         |                 |                  |            |                    |             |                               |                |                    |                       |                                |                         |                    |                       |
| 7       |                |                 |                 |                     |                         |                 |                  |            |                    |             |                               |                |                    |                       |                                |                         |                    |                       |

Inflation Guard  4%  6%  8%  10%  12%  14%

Are any dwellings/premises rented to others?  Yes  No If yes, describe.

Mortgagee/Loss Payee:

Agents Comments:

Footnotes: (1) Options - % of Dwelling  
 0% 50% 70%  
 40% 60% 80%

(2) Cause of Loss Options  
 Basic Broad Special

(3) Smoke detectors are required for all dwellings



**IRRIGATION EQUIPMENT**

| Description | E | F | No. of Units | Unit Price | Cause of Loss<br>Basic, Broad, Special | Limit of<br>Insurance | Ded Amt |
|-------------|---|---|--------------|------------|--|-----------------------|---------|
|             |   |   |              |            |  |                       |         |
|             |   |   |              |            |  |                       |         |
|             |   |   |              |            |  |                       |         |
|             |   |   |              |            |  |                       |         |
|             |   |   |              |            |  |                       |         |

Highest value of all equipment at any one location?  
Which location?

**REPLACEMENT COST OPTION FOR MACHINERY AND IRRIGATION EQUIPMENT  
LESS THAN SEVEN (7) YEARS OLD**

**MACHINERY**

| Year | Description | E | Make | Model | VIN | Cause of Loss<br>Special Only | Foreign<br>Obj. Y/N | Limit of<br>Insurance | Ded Amt |
|------|-------------|---|------|-------|-----|-------------------------------|---------------------|-----------------------|---------|
|      |             |   |      |       |     |                               |                     |                       |         |
|      |             |   |      |       |     |                               |                     |                       |         |
|      |             |   |      |       |     |                               |                     |                       |         |
|      |             |   |      |       |     |                               |                     |                       |         |

**IRRIGATION EQUIPMENT**

| Year | Description | E | No. of Units | Unit Price | Cause of Loss<br>Special Only | Limit of<br>Insurance | Ded Amt |
|------|-------------|---|--------------|------------|-------------------------------|-----------------------|---------|
|      |             |   |              |            |                               |                       |         |
|      |             |   |              |            |                               |                       |         |
|      |             |   |              |            |                               |                       |         |
|      |             |   |              |            |                               |                       |         |
|      |             |   |              |            |                               |                       |         |

Highest value of all equipment at any one location?  
Which location?



## FARM BARNs, BUILDINGS AND STRUCTURES – COVERAGE G

| Loc No. | Bldg No. | Amount of Insurance | Description | Ded | Con-struction | Type 1,2* or 3 | Causes of Loss | Repl Cost or A.C.V. | Blanket Y/N | Year Built | Roof |     | Sq. Ft. | 100% Value | Open Sides Y/N |
|---------|----------|---------------------|-------------|-----|---------------|----------------|----------------|---------------------|-------------|------------|------|-----|---------|------------|----------------|
|         |          |                     |             |     |               |                |                |                     |             |            | Type | Age |         |            |                |
|         |          |                     |             |     |               |                |                |                     |             |            |      |     |         |            |                |
|         |          |                     |             |     |               |                |                |                     |             |            |      |     |         |            |                |
|         |          |                     |             |     |               |                |                |                     |             |            |      |     |         |            |                |
|         |          |                     |             |     |               |                |                |                     |             |            |      |     |         |            |                |
|         |          |                     |             |     |               |                |                |                     |             |            |      |     |         |            |                |
|         |          |                     |             |     |               |                |                |                     |             |            |      |     |         |            |                |
|         |          |                     |             |     |               |                |                |                     |             |            |      |     |         |            |                |
|         |          |                     |             |     |               |                |                |                     |             |            |      |     |         |            |                |
|         |          |                     |             |     |               |                |                |                     |             |            |      |     |         |            |                |

\*Type 1 buildings with hay storage must be classified as Type 2.

Inflation Guard     4%     6%     8%     10%     12%     14%

### Miscellaneous Scheduled Personal Property

Attach schedule or copy of appraisal.

(Fine arts, jewelry, guns, furs, cameras, coins, golf equipment, and silverware.)

|                   |                       |
|-------------------|-----------------------|
| Name of Coverage: | Limit of Insurance \$ |
| Name of Coverage: | Limit of Insurance \$ |
| Name of Coverage: | Limit of Insurance \$ |
| Name of Coverage: | Limit of Insurance \$ |

### Optional Coverages

AGRI-Plus II Property Endorsement

Computer Coverage

Watercraft Hull Coverage     Year                      Length                      Horsepower                      Model/Mfg                      Limit

Extra Expense

Restoring Records

Dwelling Glass

Dairy Farms Endorsement  If yes, please attach supplemental application.

Number of head:                       0-250 Cows                       251-750 Cows                       Over 750 Cows

Equine Property Endorsement

Sewer Back Up     \$5K     \$10K     \$25K     \$50K    Loc No.(s) / Dwelling No.(s) \_\_\_\_\_

Orchard and Vineyard Growers Property Endorsement

High Value Dwelling Endorsement                          Loc No.(s) / Dwelling No.(s) \_\_\_\_\_

Identity Fraud Expense Coverage   

Equipment Breakdown Coverage     If yes, please attach supplemental application CP-6870.

Disruption of Farming Operations     If yes, please attach Business Income worksheet.

Blanket Disruption of Operations     If yes, please attach Business Income worksheet.

Extended Replacement Cost Coverage

| Location No. | Building No. | RC % | Location No. | Building No. | RC % |
|--------------|--------------|------|--------------|--------------|------|
|              |              |      |              |              |      |
|              |              |      |              |              |      |
|              |              |      |              |              |      |
|              |              |      |              |              |      |
|              |              |      |              |              |      |

**Other Coverages**

IM – Transportation – Attach Completed ACORD Inland Marine Application

IM – Truck Cargo – Attach Completed ACORD Inland Marine Application

Crime – Attach Completed ACORD Crime Application and AMOS Questionnaire

Automobile – Attach Completed ACORD Automobile Application

Excess – Attach Completed ACORD Umbrella Application

Stable Liability - Attach Completed Application for Commercial Equine Liability CP-4647

Attach Completed Care, Custody & Control Questionnaire (if applicable) CP-4650

Winery - Attach Completed ACORD Applications, and

Attach Completed Winery Supplemental Questionnaire CP-6331

Attach Product Recall Application CP-4719 (if applicable)

Employee Benefits Liability Application CP-4391

## **IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE**

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If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.