



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)? 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

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.

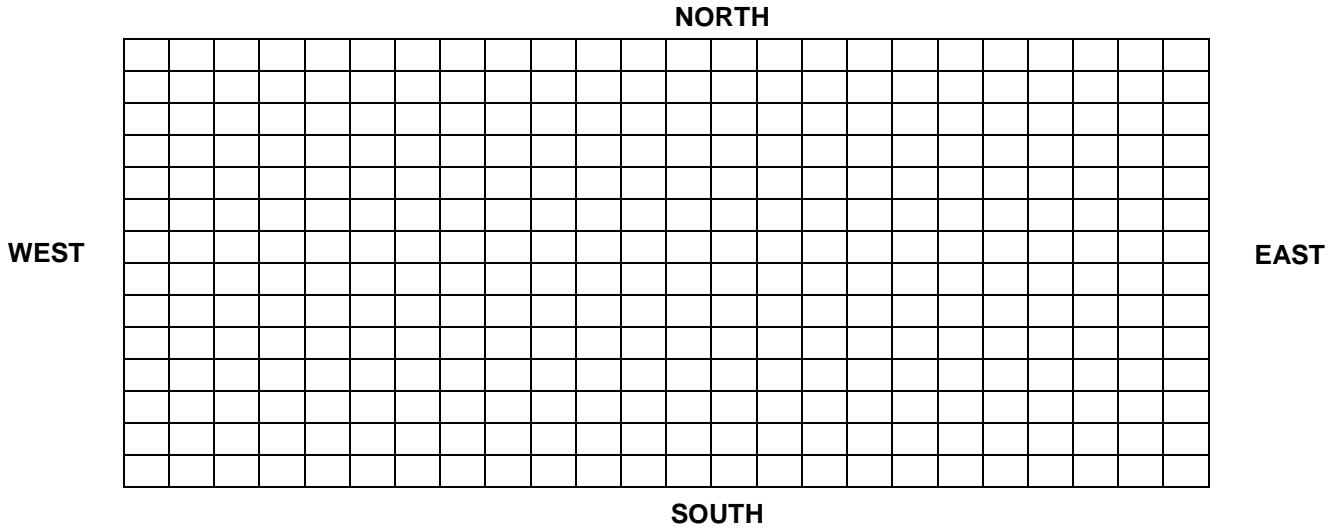
UTAH: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty 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

- (921) Berries, Fruits, & Nuts
- (923) Vegetables
- (924) Grain & Field Crops
- (925) Dairy

- (926) Poultry
- (928) Horses
- (929) Livestock-Containment
- (935) Ranches-Open Range

- (90A) Citrus
- (90B) Nurseries
- (90C) Fish Farms
- (90D) Estate Farms

- (92A) Cotton
- (92B) Tobacco
- (92C) Hobby Farms
- (92D) Wineries
- (92E) Vineyards
- (92F) Bee Keeper
- (927) Other

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

Borrowed Farm Equipment Yes No

GENERAL LIABILITY

Choose either:

Total Acreage

Farm Liability

(Personal liability and product liability are included, subject to the provisions and conditions of the coverage forms).

OR

Commercial General Liability with:

Personal Liability

Included Excluded

Product Liability

Included Excluded

	Limit of Insurance		Limit of Insurance
General aggregate (other than products/completed operations)	\$	Employers Liability	\$
Products-completed operations aggregate limit	\$	Medical Payments	\$
Personal and advertising injury	\$		
Each occurrence	\$		
Fire damage (any one fire)	\$	Total Payroll	\$
Medical payments (any one person)	\$	Total Number of Employees	
		Total Farming Receipts	\$
Additional Insureds:		Watercraft Liability	Length
Please identify what their relationship is to the Named Insured.			
What is their insurable interest? Property or General Liability?			Horsepower

IRRIGATION EQUIPMENT

Description	E	F	No. of Units	Unit Price	Cause of Loss Basic, Broad, Special	Limit of 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 Special Only	Foreign Obj. Y/N	Limit of Insurance	Ded Amt

IRRIGATION EQUIPMENT

Year	Description	E	No. of Units	Unit Price	Cause of Loss Special Only	Limit of Insurance	Ded Amt

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

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

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

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.