



Farm, Ranch, and Equine

## FARM AND EQUINE APPLICATION

IN SC - "THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 120 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 120 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY."

### GENERAL INFORMATION

Desired Coverage:  Property  Inland Marine  Farm Liability  CGL Farm Liability  Equine Liability Only  
 Effective Date:                      Expiration Date:  
 New Business  Renewal  Rewrite  Account Bill  Direct Bill  Pay Plan

### AGENCY INFORMATION

Agency Name:	Agency Code:
Sub-Producer Name:	Sub-Producer Code:

### APPLICANT INFORMATION

First Name Insured:		
Address:		
City:	State:	Zip:
Phone Number:	Email:	
Insured's Occupation:	Spouse's Occupation:	
Farm/Ranch Business Name:		
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Trust or Estate		
If Named Insured is not an individual, list the individuals that make up the entity and the percentage of ownership for each:		
Type of Farm/Ranch Operations: <input type="checkbox"/> Cattle - # <input type="checkbox"/> Horses - # <input type="checkbox"/> Sheep - # <input type="checkbox"/> Hogs - # <input type="checkbox"/> Other - #		
Description of Operations:		
Total Receipts from Entire Farm/Ranch Operations (all Locations):		
Number Years of Experience in this Type of Operation:		
How Long Has Agency Known the Applicant:		
Additional Named Insureds ( <input type="checkbox"/> supplemental additional named insureds attached):		

### PRIOR CARRIER AND LOSS HISTORY (PREVIOUS 3 YEARS)

#### PRIOR INSURANCE INFORMATION

Company	Type of Policy	Effective Date	Expiration Date	Annual Premium

#### LOSS HISTORY

Date of Loss	Description of Loss	Amount Paid

No Losses (in last 3 years)       Loss Runs Attached       Apply Loss Free Credit

## UNDERWRITING QUESTIONS

1. Has the insured been canceled or non-renewed in the last 5 years? (N/A for Missouri) If yes, please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. During the last 5 years has the insured been indicted for or convicted of any degree of crime of fraud, bribery, arson or other arson related crime in connection with this or any other property? If yes, please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Has the insured had any bankruptcy, judgements, liens or foreclosures within the past 10 years? If yes, please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Is Farming the primary source of insured income? If no, what is?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Is any business other than farming conducted by the insured? If yes, explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Are any of 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 boarding or Christmas tree sales? If yes, please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Does the insured rent or lease any land, buildings or stables to others? If yes, explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Are customers allowed on the premises? If yes, explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Overall maintenance and condition of the grounds, fencing and buildings: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
10. Are all pastures totally fenced? Describe type of fencing: Height of fencing:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. How often is fencing checked:		
12. Who is responsible for fence repair?		
13. Are there any swimming pools situated on any insured location? If yes, is there a diving board? Is there a water slide? Are swimming pools completely fenced in? <b>Attach photos of swimming pool</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Are there any other bodies of water (lake, pond) situated on any insured location?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Are there any trampolines situated on any insured location? Is there a safety net around the trampoline? Used for private personal use only? <b>Attach photos of trampoline</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Does the insured have dogs? Number: <span style="float: right;">Breed:</span>  Dog bitten or caused injury to anyone? If yes, please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. Does the insured have horses? If yes, please complete the <b>Equine section</b> of application.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. Does insured have non-domestic or exotic animals on the premise? If yes, please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. Are any wood burning stoves or solid fuel devices used in dwellings or outbuildings? If yes, complete and attach the <b>Wood Burning Stove questionnaire</b> .	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. Does the insured plan on any construction or renovations in the next twelve (12) months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. Are independent contractors hired to perform any farm operations? If yes, attach Certificate of Insurance.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22. Any recreational vehicles used on the premises? If yes, number and type: Who is allowed to use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
23. Any hemp grown on the premises? <b>If yes, complete the Hemp application.</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## POLICY LEVEL COVERAGES

Policy Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other
Inflation Guard % (N/A if ITV Increase is selected): <input type="checkbox"/> NONE <input type="checkbox"/> 2% <input type="checkbox"/> 4% <input type="checkbox"/> 6% <input type="checkbox"/> 8%
ITV Increase % (0-10) (N/A if Inflation Guard is selected):
Equipment Breakdown Enhancement Endorsement: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, skip next five (5) items below
Optional EBD Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other
BI/EE Deductible (in Days):
Refrigerated Contamination Limit: <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
Pollutant Clean-Up and Removal Limit: <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
Spoilage Coverage Limit: <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000

## LOCATION INFORMATION

Supplemental Location Schedule Attached

LOC #	LEGAL DESCRIPTION (Include County, State, Zip Code or Section, Township & Range)	# OF ACRES	WIND/HAIL % DED	FEET TO FIRE HYDRANT	MILES TO FIRE DEPT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Pollutant Clean Up and Removal (\$10,000 Aggregate Limit Included)  \$25,000  \$50,000  \$100,000

Debris Removal (25% of Loss Included) Additional Limit:

Disruption of Farming Operations Coverage

Location #:

Percentage of Exposure Covered:

Limit of Insurance:

Indemnity Period (Days):

Description of Farming Operations:

Mine Subsidence Coverage (IL, IN, KY, OH, WV only)

**If Mine Subsidence Coverage is not desired, Insured must waive in writing**

# PROPERTY INFORMATION COVERAGE A - DWELLING

Additional Dwelling Schedule Attached

	Dwelling # _____ Location # _____	Dwelling # _____ Location # _____	Dwelling # _____ Location # _____	Dwelling # _____ Location # _____
Cov A Dwelling Limit of Insurance				
Structure Type (1)				
Dwelling Type (2)				
Year Built (3)				
Total Square Footage				
Occupancy Type (4)				
Primary or Secondary				
Construction Type (5)				
Number of Stories				
Roof Construction Material				
Roof Age				
ITV Increase % (0-10)				
Structure Deductible				
Cov B Appurtenant Structures Limit				
Cov C Household Personal Property				
Cov D - Loss of Use				
Causes of Loss (6)				
Loss Valuation Basis (7)				
Replacement Cost %				
Extended Replacement Cost (RC must be 100%) (8)	<input type="checkbox"/> 125% <input type="checkbox"/> 150%	<input type="checkbox"/> 125% <input type="checkbox"/> 150%	<input type="checkbox"/> 125% <input type="checkbox"/> 150%	<input type="checkbox"/> 125% <input type="checkbox"/> 150%
Household Personal Property Replacement Cost Coverage	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sump Overflow and Water Backup Minimum Limit \$5,000 (can be increased in \$100 increments)	<input type="checkbox"/> YES <input type="checkbox"/> NO Total Limit:	<input type="checkbox"/> YES <input type="checkbox"/> NO Total Limit:	<input type="checkbox"/> YES <input type="checkbox"/> NO Total Limit:	<input type="checkbox"/> YES <input type="checkbox"/> NO Total Limit:
Dwelling Plus	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Earthquake Coverage	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Earthquake Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Exclusions				
Theft	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Vandalism	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Rental to Others Theft	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Inflation Guard	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wind Hail	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cosmetic Damage	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ACV Roof Endorsement	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Interior Damage Amendment	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Smoke Detectors	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Protective Devices and Services (9)				
Year Electrical Updated				
Year Plumbing Updated				
Year Heating Updated				

(1) Dwelling, Mobile Home, Tenants, Unit, Builders Risk

(2) 1, 2, 3

(3) If dwelling was constructed more than 25 years ago, please submit an Older Dwelling Questionnaire with application

(4) Owner Occupied, Tenant Occupied

(5) Frame, Brick, Brick Veneer, Metal, Log, Mobile Home

(6) Basic, Broad, Special, Special/Broad

(7) Replacement Cost (RC), Actual Cash Value (ACV), Functional Replacement Cost (FRC), Special Loss

(8) Extended Replacement Cost (125% or 150%)

(9) Smoke Alarm, Automatic Sprinklers, Burglar, Local, Central Station Alarm, Name of Monitoring Company

# FARM PERSONAL PROPERTY – SCHEDULED

Supplemental Farm Personal Property - Scheduled Attached

**Loss Valuation Basis:** Actual Cash Value. Functional Replacement Cost (FRC) is also available on Cotton Pickers, Combines and Machinery, and Implements.

**Machinery and Implements - Scheduled** - Foreign Objects and Cab Glass Coverage are included under Special Causes of Loss. Foreign Objects is excluded under Basic and Broad. Cab Class is optional under Basic and Broad.

Description	Year	Make	Model	Serial or ID number	Limit	Cause of Loss	Ded	Away from Premises
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes
								<input type="checkbox"/> Yes

Grain

Storage Type	Limit	Cause of Loss	Deductible

Hay, Straw, Fodder, and Forage Crops

Storage Type	Limit	Increased Stacked Limit	Cause of Loss	Deductible

Livestock - Scheduled

Class	Causes of Loss	Limit of Insurance Per Animal	Deductible

Livestock - Blanket

Class	Causes of Loss	Limit of Insurance Per Class	Deductible

Peak Season Endorsement

Property Type	Increase in Limit of Insurance	From	To

Value Reporting Endorsement

Property Type	Length of Seasonal Risk	Value Reporting Frequency/Reporting Period	Reporting Date	Reported Value

Animal Collision      Limit per animal:                      Total # of animals:

## **FARM PERSONAL PROPERTY – UNSCHEDULED**

All Coverage on Actual Cash Value basis. Irrigation Equipment and Cotton Pickers are excluded. Co-insurance Clause - you must maintain insurance on unscheduled farm personal property to the extent of at least 80% of its actual cash value).

Farm Personal Property - Unscheduled (Attach list of inventory to be covered under blanket)

Limit of Insurance:              Causes of Loss:              Deductible:

Property Not Covered:

# FARM BUILDINGS – SCHEDULED

Supplemental Farm Buildings Schedule Attached

	Structure # _____ Location # _____	Structure # _____ Location # _____	Structure # _____ Location # _____	Structure # _____ Location # _____
Description				
Limit of Insurance				
Contains Residential Living Quarters	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Structure Type (1)				
Construction (2)				
Year Built				
Total Square Footage				
Roof Construction Material (3)				
Roof Age				
Causes of Loss (4)				
Loss Valuation Basis (5)				
Grain Bins Only - # of Bushels				
ITV Increase % (0-10) (N/A if Inflation Guard is selected)				
Structure Deductible				
Exclusions				
Theft	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vandalism	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wind Hail	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inflation Guard	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cosmetic Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental to Others Theft Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACV Roof Endorsement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unoccupancy and Vacancy Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Damage to Below Ground Foundation and Related Consequential Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Earthquake Coverage Earthquake Deductible	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protective Devices and Services (6)				

(1) 1, 2, 3

(2) Frame, Masonry, Non-combustible, Fire Resistant, Mixed (Masonry/Frame)

(3) Asphalt, Metal, Tile, Wood/Shake, Other (describe)

(4) Basic, Broad, Special

(5) Replacement Cost (RC), Actual Cash Value (ACV), Functional Replacement Cost (FRC)

(6) Smoke Alarm, Automatic Sprinklers, Burglar, Local, Central Station Alarm, Name of Monitoring Company

Farm Building - Blanket

Blanket Limit of Insurance:

Blanket Deductible:

Property Not Covered:

RC-100

ACV

## LIABILITY SECTION

Farm Liability     CGL Farm Liability

<b>LIMITS OF LIABILITY (PER OCCURRENCE)</b> <input type="checkbox"/> \$100,000 OCC/\$200,000 AGG <input type="checkbox"/> \$300,000 OCC/\$600,000 AGG <input type="checkbox"/> \$500,000 OCC/\$1,000,000 AGG <input type="checkbox"/> \$1,000,000 OCC/\$2,000,000 AGG <input type="checkbox"/> \$1,000,000 OCC/\$3,000,000 AGG <input type="checkbox"/> OTHER	<b>MEDICAL PAYMENTS</b> <input type="checkbox"/> \$5,000 (included) <input type="checkbox"/> \$10,000
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### FARM LIABILITY ONLY

<input type="checkbox"/> Personal and Advertising Injury Limit (Occurrence Limit Included) <input type="checkbox"/> Exclude Personal and Advertising Injury <input type="checkbox"/> Exclude Advertising Injury  <input type="checkbox"/> Fire Damage Limit (\$100,000 included) Increase to: <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$1,000,000  <input type="checkbox"/> Residence Employees - Number of Employees: Medical Payments Limit <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000  <input type="checkbox"/> Farm Stands - Gross Sales:
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### CGL FARM LIABILITY ONLY

Deductible Type <input type="checkbox"/> N/A <input type="checkbox"/> PD Deductible Basis - <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000 Per Occurrence <input type="checkbox"/> Damage to Premises Rented to You (\$100,000 included) Increase to: <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$1,000,000 Personal and Advertising Injury - <input type="checkbox"/> Include <input type="checkbox"/> Exclude <input type="checkbox"/> Personal Liability: Insured Name: <table border="1" style="margin-left: 20px; width: 300px; height: 40px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> <input type="checkbox"/> Feedlots - Number of Heads: <input type="checkbox"/> Limited Feeding and Watering (\$1,000 Deductible) - Number of Heads: <input type="checkbox"/> Pesticide or Herbicide Applicator - Acres:      Description of Operation: <input type="checkbox"/> Broad Farm Premises Liability - Limited Pollution Liability Extension Aggregate Limit <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Additional Residences Rented to Others <table border="1" style="margin-left: 20px; width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Type</th> <th style="width: 30%;">Occupancy</th> <th style="width: 40%;">Location of Residence</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One Family    <input type="checkbox"/> Two - Four Family</td> <td><input type="checkbox"/> Owner    <input type="checkbox"/> Non-Owner</td> <td> </td> </tr> <tr> <td><input type="checkbox"/> One Family    <input type="checkbox"/> Two - Four Family</td> <td><input type="checkbox"/> Owner    <input type="checkbox"/> Non-Owner</td> <td> </td> </tr> </tbody> </table> <input type="checkbox"/> Animals/Livestock Breeders or Dealers Except Poultry Hatcheries and Equine Operations - Gross Sales: <input type="checkbox"/> Farm Products (No Other Classification) Except Equine Operations - Gross Sales: <input type="checkbox"/> Grazing Away From the Farm Premises - Number of Animals:				Type	Occupancy	Location of Residence	<input type="checkbox"/> One Family <input type="checkbox"/> Two - Four Family	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner		<input type="checkbox"/> One Family <input type="checkbox"/> Two - Four Family	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner	
Type	Occupancy	Location of Residence										
<input type="checkbox"/> One Family <input type="checkbox"/> Two - Four Family	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner											
<input type="checkbox"/> One Family <input type="checkbox"/> Two - Four Family	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner											

### CGL Detail

Description/Classification	Class Code	Exposure
Example: Florists	12841	10,000

Transportation of Farm Chemicals (\$25,000 included limit of insurance) Increase to:     \$50,000     \$100,000  
 Chemical Drift (included aggregate limit) Increase to:     \$50,000     \$100,000     \$300,000     \$500,000     \$1,000,000



PLEASE COMPLETE THIS SECTION IF INSURED HAS HORSES

**UNDERWRITING QUESTIONS**

1. Is there 24-hour supervision of the facility? If yes, please describe:	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are all the pastures totally fenced? Describe type for all fencing:	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Height of fencing:	
4. Describe condition of fences:	
5. How often is fencing checked?	
6. Who is responsible for fence repair?	
7. Riding facilities: <input type="checkbox"/> Indoor Arena <input type="checkbox"/> Outdoor Arena <input type="checkbox"/> Open Fields <input type="checkbox"/> Trails	
8. Describe condition of stables:	
9. Overall maintenance and condition of the grounds, fencing and buildings: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
10. Does the insured have operable fire extinguishers visible and readily accessible in their stables?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Does the insured obtain a hold harmless release signed by boarders and students relieving them of claims for Bodily Injury and Property Damage? Is yes, please attach a copy to the application.	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Is there hunting conducted on any of the insured locations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Total number of Stalls on all insured locations?	
14. What is the number of horses, owned or non-owned that can be kept on all insured locations?	
15. Do you have hay, sleigh, carriage or wagon rides? If yes, please describe: Gross Receipts:	<input type="checkbox"/> YES <input type="checkbox"/> NO

**SUMMARY OF HORSES**

ACCOUNT FOR EACH ANIMAL ONLY ONCE, BASED ON ITS PRIMARY USE. ALL HORSE RELATED EXPOSURES MUST BE INSURED.

	# OWNED	# NON-OWNED
Boarding/Pasturing		
Breeding - Indicate # of Mares and # of Stallions		
Riding Instruction		
Racing and/or training to race		
Personal Use - Pleasure		
Personal Use - Show		
Foals/Weanlings		
Retired and/or Lay-Ups		
For Sale/Consignment for Sale		
Other (Describe)		
TOTAL		

<b>(16405) PRIVATE HORSE OWNER</b>				<input type="checkbox"/> Check if No Exposure
<input type="checkbox"/> Saddle Animals - Private				
1. Number of Horses:				
2. Are your horses stabled on premises owned or leased by you?				
3. Are any of your horses leased to others or used for instruction to others?				
4. Do you board, breed or train horses or riders for compensation or operate any commercial equine activities?				
5. Schedule of all owned horses:				
	Name of Horse	Breed	Use	% of Ownership

<b>COMMERCIAL EQUINE</b>		<input type="checkbox"/> Check if No Exposure
<input type="checkbox"/> Equine Professional Service		

<b>[09904] HORSE SHOWS/EVENTS</b>		<input type="checkbox"/> Check if No Exposure
1. Number of Participants:		
2. Number of Days:		
3. Shows Dates:		
4. Gross Receipts (All Shows):		
5. Arena Type: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		
6. Seating Capacity:		
7. Is your show recognized by any national association?		Name:
8. Do you obtain a signed release from all participants?		If yes, please attach a copy of the release.
9. Is the warm up area fenced?		
10. Security on Site?	Ambulance or EMT on site?	
11. Any food sales?	Prepackaged or cooked food?	Receipts:
12. Any concession stands?	Deep fat fryer used?	
13. Any rodeos?	If yes, please describe:	
14. Do you manage any hunts or racing?	What type?	
15. Do you own/lease hounds for hunting?	How many?	

<b>[10201] GRANDSTANDS/BLEACHERS</b>		<input type="checkbox"/> Check if No Exposure
1. Number of Seats:		
2. Construction:		
3. Stationary or Portable:		
4. Year Built:		
5. Number of Bleachers:		
6. Are back and side railings provided?		
7. Indoor or Outdoor?		

<b>[14100] RIDING CLUBS*</b>		<input type="checkbox"/> Check if No Exposure
1. Number of Members:		
2. Number of Public Days:		
3. Number of Spectators:		
4. Number of Clinic Days:		
5. Number of Parade Days:		
6. Premises Owned/Leased:		
7. Food Sales Receipts:		
8. Tack Sales Receipts:		
9. Number of Hounds:		

**\*COMPLETE RIDING CLUB APPLICATION**

<b>[60100] STABLES - RACING</b>	<input type="checkbox"/> Check if No Exposure
1. Number of Horses racing or training to race:	
2. What Breeds:	
3. How many do you train for others:	
4. Payroll:	
5. What states does the insured race in:	
6. Is the insured actively involved in the racing of their own race horses:	

<b>[16200] RIDING INSTRUCTIONS AND ACADEMIES</b>	<input type="checkbox"/> Check if No Exposure
1. School Horses      Receipts:                      Number of Schools Horses used at one time:	
2. Student Horses      Receipts:	
3. Off-Premises Show      Receipts:	
4. Day Camps              Receipts:	
5. Is instruction provided by the insured or an independent instructor?	
6. Is the insured a certified instructor?	
7. Describe type of safety gear required:	
8. Do you provide instruction for the handicapped?              If yes, complete the Therapeutic Questionnaire.	
9. Do you teach: <input type="checkbox"/> English <input type="checkbox"/> Jumping <input type="checkbox"/> Saddle Seat <input type="checkbox"/> Western <input type="checkbox"/> Dressage <input type="checkbox"/> Other:	

<b>[16201] CLINICS</b>	<input type="checkbox"/> Check if No Exposure
1. Number of Days:	
2. Type of Clinics:	
3. Receipts:	
4. Average Attendance - Participants:                      Spectators:	
5. Who teaches the clinics?	
6. Do you require outside clinicians to provide proof of insurance?	

<b>[16300] SADDLE ANIMALS - ACTIVITIES</b>	<input type="checkbox"/> Check if No Exposure
1. Number of event days:	
2. Gross Annual Receipts:	
3. What type of activity (describe in detail)?	
4. Are ponies/horses taken off the premises?	
5. Are ponies ever leased, rented or loaned for pony parties?	
6. Is food and/or drink served?                      If yes, what is served?	
7. Number of ponies used?	
8. Are side walkers and helmets required?	
9. Is a signed hold harmless agreement required by each rider/participant?              If yes, please provide a copy.	

<b>[16401] SADDLE ANIMALS - COMMERCIAL</b>	<input type="checkbox"/> Check if No Exposure
1. Number of Horses:	
2. Number of Carts, Buggies, Wagons and Carriages:              Describe use:	

<b>[16402] STABLES - BOARDING</b>	<input type="checkbox"/> Check if No Exposure
1. Number of Horses Boarded:	
2. Gross Annual Receipts:	
3. Total Number of Stalls Available:	
4. Number of Horses Pastured Boarded:	
5. Are any horses self-care?              If yes, please describe:	

<b>[16403] STABLES - TRAINING AND BOARDING</b>	<input type="checkbox"/> Check if No Exposure
1. Number of Horses:	

<b>[16404] STABLES - TRAINING</b>	<input type="checkbox"/> Check if No Exposure
1. Number of Horses:	

<b>[58500] LIVESTOCK SALES</b>	<input type="checkbox"/> Check if No Exposure
1. Number of Livestock:	

<b>[88002] THERAPEUTIC OPERATIONS*</b>	<input type="checkbox"/> Check if No Exposure
1. Number of School Horses used at one time:	
2. Receipts:                    or No. of Lessons and/or sessions:	

**\*COMPLETE THE THERAPEUTIC QUESTIONNAIRE**

<b>[08201] INDEPENDENT INSTRUCTORS</b>	<input type="checkbox"/> Check if No Exposure
1. Number of Instructors/Trainers:	
2. Do independent instructors/trainers operate on your premises?                    Do they operate under your name?	
3. Do they carry their own insurance?                    If yes, we require a copy of a Certificate of Insurance for each insured.	
<b>If not, answer questions 4-7. They will be added as an additional insured for an additional charge if eligible.</b>	
4. How many horses are provided for lessons by independent instructors on your premises?	
5. Gross receipts for instruction to students on their own horses?	
6. How many of your boarded horses are being trained by independent trainers?	
7. Names, ages and experience of independent instructors (provide copy of their hold harmless agreement):	

<b>CARE, CUSTODY AND CONTROL</b>	<input type="checkbox"/> Check if No Exposure
1. Number of Horses:                    Breed:                    Use:	
2. Per Horse Limit/Aggregate Limit: <input type="checkbox"/> \$2,500/\$25,000 <input type="checkbox"/> \$5,000/\$25,000 <input type="checkbox"/> \$5,000/\$50,000 <input type="checkbox"/> \$10,000/\$50,000 <input type="checkbox"/> \$10,000/\$100,000 <input type="checkbox"/> \$15,000/\$150,000 <input type="checkbox"/> \$25,000/\$250,000 <input type="checkbox"/> \$50,000/\$250,000 <input type="checkbox"/> \$75,000/\$300,000 <input type="checkbox"/> \$100,000/\$300,000 <input type="checkbox"/> \$150,000/\$400,000 <input type="checkbox"/> \$200,000/\$500,000 <input type="checkbox"/> \$500,000/\$1,000,000	
3. Number of Stalls: Stable/Barn #1:                    Stable/Barn #2:                    Stable/Barn #3:                    Stable/Barn #4:	
4. Is any stable over 25 years old?                    If yes, when was the last time electrical wiring was checked and certified suitable for current usage?	
5. Do the buildings have properly marked and charged fire extinguishers?	
6. Minimum # of Non-Owned Horses in Your Care:                    Minimum Value of Non-Owned Horses:	
7. Average # of Non-Owned Horses in Your Care:                    Average Value of Non-Owned Horses:	
8. Maximum # of Non-Owned Horses in Your Care:                    Maximum Value of Non-Owned Horses:	
9. Do you transport horses for others? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please answer questions a-g.	
a. Maximum number of trips per year:	
b. Maximum number of non-owned horses per trip:	
c. Radius of normal operations:                    miles	
d. Number of trips and destinations exceeding 175 mile radius: Trips:                    Destinations:	
e. How often are trailer or van boards checked?	
f. How many persons go on each trip?	
g. Are working fire extinguishers carried on the van or truck?	

Transportation Extension

## INLAND MARINE PROPERTY

Equine Tack Replacement Cost

Description	Limit	Deductible

Mobile Agricultural Machinery and Equipment - Scheduled

Machinery and Equipment (Cab Glass Included)

Description (include Year, Make, Model)	Limit	Loss Valuation Basis
		<input type="checkbox"/> ACV <input type="checkbox"/> RCV
		<input type="checkbox"/> ACV <input type="checkbox"/> RCV

Cotton Pickers (Cab Glass Included)

Description (include Year, Make, Model)	Limit	Loss Valuation Basis
		<input type="checkbox"/> ACV <input type="checkbox"/> RCV
		<input type="checkbox"/> ACV <input type="checkbox"/> RCV

Combines (Cab Glass Included)

Description (include Year, Make, Model)	Limit	Loss Valuation Basis
		<input type="checkbox"/> ACV <input type="checkbox"/> RCV
		<input type="checkbox"/> ACV <input type="checkbox"/> RCV

Misc Equipment (\$3,000 or less)

Description	Limit	Loss Valuation Basis
		ACV Only

Mobile Agricultural Machinery and Equipment - Blanket

Description	Limit	Loss Valuation Basis
		ACV Only

Personal Property in Transit on Owned Vehicles

Description	Limit	Deductible

Personal Property in Transit (Broad)

Description	Limit	Deductible

## COMMON ENDORSEMENTS (not inclusive)

- Farm and Equine Property Enhancement Endorsement
- 4-H and FFA Livestock Amendatory Endorsement
- Dairy Farm Enhancement Endorsement
- Orchard Vineyard Extension Endorsement
- Hunting and Fishing Endorsement - Receipts:
- Trampoline Exclusion
- Business Activities
- Non-Owned Auto Liability
- Farm Employers Liability
  - Payroll: \_\_\_\_\_ No. of Farm Employees: \_\_\_\_\_
  - Extend to Include Motor Vehicle/Autos, Watercraft:  Yes  No

- Custom Farming
  - Receipts: \_\_\_\_\_ Type of Custom Farming: \_\_\_\_\_ Total Farming Operation Receipts: \_\_\_\_\_

- Contingent Liability for Aircraft Crop Dusting
  - Service Provider Insurance Limit of Liability: \_\_\_\_\_ Aggregate Limit: \_\_\_\_\_ Cost of Application: \_\_\_\_\_

- Snowmobile Liability

Make/Model	Serial Number

- All-Terrain Vehicle Liability

Description of ATV	Year	Make	Model	Serial Number

- Watercraft Liability

Type	Horsepower	Length (Feet)	Navigation Period	Description of Watercraft (Year, Manufacturer, Model)

- Identity Expense Fraud Coverage
- Increased Special Limits of Insurance
- Farm Computer Coverage
- Increased Special Limits on Business Property
- Extra Expense Coverage - Property

- Scheduled Personal Property Endorsement

Article Type	Description	Limit of Insurance	Location

- Exclusion - Athletic or Sports Participants
- Exclusion - Designated Professional Services
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## ADDITIONAL INTERESTS

NAME AND ADDRESS	LOC #	DESCRIPTION OF PROPERTY	ADDITIONAL INTEREST
			<input type="checkbox"/> Lender's Loss Payable <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract of Sale <input type="checkbox"/> Additional Insured*
			<input type="checkbox"/> Lender's Loss Payable <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract of Sale <input type="checkbox"/> Additional Insured*
			<input type="checkbox"/> Lender's Loss Payable <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract of Sale <input type="checkbox"/> Additional Insured*
			<input type="checkbox"/> Lender's Loss Payable <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract of Sale <input type="checkbox"/> Additional Insured* -
			<input type="checkbox"/> Lender's Loss Payable <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract of Sale <input type="checkbox"/> Additional Insured*
			<input type="checkbox"/> Lender's Loss Payable <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract of Sale <input type="checkbox"/> Additional Insured*
			<input type="checkbox"/> Lender's Loss Payable <input type="checkbox"/> Loss Payable <input type="checkbox"/> Contract of Sale <input type="checkbox"/> Additional Insured*

**\*PLEASE DESCRIBE THE INSURABLE INTEREST THE ADDITIONAL INSURED HAS IN THE PROPERTY**

**FRAUD WARNING:**

**In AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**In CO:** 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.

**In FL and OK:** 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)\*. \*Applies in FL Only.

**In KS:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**In KY, NY, OH and PA:** 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**In ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**In NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**In OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**In PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**I hereby certify that I am an authorized representative of the applicant and to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.**

**Agent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_