



FARM APPLICATION

ATTACH PHOTOGRAPHS FOR ALL INSURED BUILDINGS – IDENTIFY WITH BUILDING NUMBER AND DATE TAKEN

GENERAL INFORMATION

EFFECTIVE DATE:		<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE
AGENCY:		AGENT CODE:	
ADDRESS:			
NAMED INSURED:			
MAILING ADDRESS: STREET			
CITY, STATE, ZIP			
Phone	Email:	Inspection Contact Person:	
FAX:		Phone	
NAMED INSURED IS:	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE: <input type="checkbox"/> CORP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER - EXPLAIN		
WEBSITE:			

UNDERWRITING QUESTIONS

1	Describe type of farming operations:
2	Number of years of farming experience by the insured:
3	Is farming the major source of income? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, please explain:
4	Are there Smoke Detectors in all habitational buildings? Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Are there UL approved Lightning Rods on any buildings? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, which ones:
6	Are there any livestock on premises? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, what kinds:
7	Are all livestock areas fenced? Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Are livestock near any public road or highway? Yes <input type="checkbox"/> No <input type="checkbox"/>
9	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? Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Does insured grow or store tobacco? Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Has insured ever filed for Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Does insured prepare and sell animal feed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details and receipts:
13	Does Insured mix, process or otherwise prepare for "end customer" his or any other grower's product? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details and receipts:
14	Swimming Pools? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, Diving Board? Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Other bodies of water on premises suitable for fire fighting? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details:
16	Any horses on premises? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please indicate if : <input type="checkbox"/> Public Riding <input type="checkbox"/> Boarding <input type="checkbox"/> Racing <input type="checkbox"/> Other If other explain:
17	Any commercial food processing by insured? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please describe:
18	Dairy Farm Operators: Is there any processing and/or retail sales of milk products to public? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes – Receipts NA Average Number of cows milked: ATTACH DAIRY FARM SUPPLEMENTAL APPLICATION
19	Does the insured provide any camping areas or overnight trailer parking? Yes <input type="checkbox"/> No <input type="checkbox"/> Receipts:
20	Does the insured allow any paying guests on premises for hunting, fishing, dude ranch or use of a resort facility? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details and receipts:

21	List non-farming activities such as: <input type="checkbox"/> snow removal <input type="checkbox"/> excavating <input type="checkbox"/> other non-farming activities <input type="checkbox"/> NO non-farming activities Receipts Please describe:
22	Does the insured allow the premises to be used for snowmobile races, rodeos, riding exhibitions or any other non-farming activities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details & receipts:
23	Does the insured rent or lease any portion of the premises to individuals, corporations or any other interest for activities not related to farming? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details and receipts:
24	Does the insured operate snowmobiles, ATVs or dirt bikes? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, are they used exclusively on the farm premises? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, number used off premises
25	Is there any vacation, seasonal premises or short term rental properties maintained by insured? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details:
26	Is any land held for real-estate development or speculation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details:
27	Are there any plans for construction or renovation work to be done on the premises in the next 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details:
28	Does the insured engage in building, repair or design machinery, equipment or systems for a fee? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details and receipts:
29	Any unusual hazards on premises: <input type="checkbox"/> open dump pits <input type="checkbox"/> silage pits <input type="checkbox"/> sump holes <input type="checkbox"/> lakes <input type="checkbox"/> manure pits <input type="checkbox"/> lagoons <input type="checkbox"/> reservoirs <input type="checkbox"/> trampolines <input type="checkbox"/> NONE <input type="checkbox"/> Other, please list:
30	Any airstrips on the premises? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide type of use and who uses it and how often:
31	Do you do Custom farming (farming operations done for others for a fee)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes: receipts:

NAME OF CURRENT INSURER	COVERAGE	Expiration date	Premium

List losses for past three years for all coverages requested (Attach loss runs from current insured if available

COVERAGE	Date of loss	Loss Amount	Describe loss and corrective action taken

Has coverage been cancelled, declined, non-renewed in past 3 years? Yes No

If yes please provide details including dates, insurer and reasons:

REMARKS:

FARM TYPE CLASSIFICATION:							
Type I Farms (Highest Exposure) *		Type II Farms*		Type III Farms*		Type IV Farms*	
Horses	<input type="checkbox"/>	Dairy – Cattle	<input type="checkbox"/>	Vegetables	<input type="checkbox"/>	Grain	<input type="checkbox"/>
Livestock – Cattle	<input type="checkbox"/>	Dairy – Goats	<input type="checkbox"/>	Melons	<input type="checkbox"/>	Wheat	<input type="checkbox"/>
Animal specialties(excl. bees, fish, worms):				Fruits & Berries	<input type="checkbox"/>	Hay	<input type="checkbox"/>
Llamas	<input type="checkbox"/>			Tree nuts	<input type="checkbox"/>	Soybean	<input type="checkbox"/>
Alpacas	<input type="checkbox"/>			Horticulture	<input type="checkbox"/>	Corn	<input type="checkbox"/>
Sheep	<input type="checkbox"/>			Bees, fish, worms	<input type="checkbox"/>	Other field crops	<input type="checkbox"/>
Goats	<input type="checkbox"/>			Maple Syrup	<input type="checkbox"/>	Estate Farms	<input type="checkbox"/>
* The highest risk exposure on the farm establishes the Type of Farm (Type I being the highest, Type IV the lowest). In determining the applicable Type of Farm, disregard any exposure on the farm that accounts for less than 15 percent of total gross income from farming.							

Animal Collision	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	NUMBER of HEAD:
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Borrowed Farm Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Equipment Breakdown Coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>
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GENERAL LIABILITY

TOTAL ACREAGE: _____ (Include all locations)

Choose One:	<input type="checkbox"/> Farm Liability	OR	<input type="checkbox"/> Farm CGL with:
	(Personal Liability and Product liability is included, subject to the provisions and conditions of the coverage forms)		Personal Liability: Yes <input type="checkbox"/> No <input type="checkbox"/> Product Liability: Yes <input type="checkbox"/> No <input type="checkbox"/>

	LIMIT OF INSURANCE		LIMIT OF INSURANCE
General Aggregate (other than Products/completed ops)	\$	Employers Liability	\$
Products/Completed Ops AGG Limit	\$	Medical payments	\$
Personal & Advertising Injury	\$	Total Payroll	\$
Each Occurrence	\$	Total Number of Employees	\$
Fire damage Legal Liab (any one fire)	\$	Total Farming Receipts	\$
Medical payments (any one person)	\$	Watercraft Liability Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Length Horsepower

Additional Insureds: (Include relationship to named Insured and Insurable interest in Property or gen Liab):

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PREMISES INFORMATION – LIST PRIMARY LOCATION 1ST; THEN ALL OTHER LOCATIONS

Lo c #	Buildings included	Street Address	City/Town	County	State	Zip Code	Prot Classs
1	Yes <input type="checkbox"/> No <input type="checkbox"/>						
2	Yes <input type="checkbox"/> No <input type="checkbox"/>						
3	Yes <input type="checkbox"/> No <input type="checkbox"/>						
4	Yes <input type="checkbox"/> No <input type="checkbox"/>						
5	Yes <input type="checkbox"/> No <input type="checkbox"/>						
6	Yes <input type="checkbox"/> No <input type="checkbox"/>						

DWELLINGS – INCLUDE ALL DWELLINGS TO BE INSURED HERE – REGARDLESS OF LOCATION

Include Household Property Coverages as well - We will apply 10% of Coverage A for Appurtenant Structures (Cov B) and Loss of Use (Cov D)

ALL OTHER STRUCTURES LIST UNDER COVERAGE G

Loc No.	DWG No.	COV A LIMIT (000's)	COV C LIMIT Options: % of Cov A: 0%, 40%, 50%, 60%, 70%, 80%	Cov D LIMIT (000's)	Mobile Home			Type of Construction	Type of Roof	Rented to Others Y or N	Deductible	Cause of loss Options: Basic, Broad, Special OR: Special for Cov A&B with Broad for Contents = Use "SB"
					Y/N	Skirted Y/N	Tied-Down Y/N					
					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					

DWELLING DETAIL INFORMATION

SMOKE DETECTORS REQUIRED ALL DWELLINGS

DWG #	SMOKE HEAT DET Y/N	WOOD STOVES Y/N	SPACE HEATER Y/N	YEAR BUILT	YR LAST UPDATED	EARTH QUAKE COV Y/N	DWG RC OR ACV	PERS PROP RC Y/N	GRD FLOOR SQ FEET	SEAS OCCUP OR VAC	TYPE OF HEATING SYSTEM & FUEL	MILES TO FIRE DEPT	NEAR WATER SOURCE Y/N
						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 <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 <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 <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 <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 <input type="checkbox"/>

Mortgagee/Loss Payee :

FARM PERSONAL PROPERTY APPLICATION AND INVENTORY

Indicate after each Item whether it is: Coverage E – Scheduled Farm Personal Property or Coverage F - Unscheduled Farm Personal Property

(Use additional pages if more space is needed)

MACHINERY

Description	E	F	MAKE	MODEL	VIN	Cause of Loss Basic/Broad/ Special	Foreign Object Y/N	Limit of Insurance	Ded
	<input type="checkbox"/>	<input type="checkbox"/>					Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>					Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>					Yes <input type="checkbox"/> No <input type="checkbox"/>		

	<input type="checkbox"/>	<input type="checkbox"/>					Yes <input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>					No <input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>					Yes <input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>					No <input type="checkbox"/>		

LIVESTOCK

Description	E	F	No of Units	Unit Price	Cause of Loss Basic/Broad/ Special	Limit of Insurance	Ded
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

GRAIN, FEED, HAY or HARVESTED PRODUCE

Description	E	F	No of Units	Unit Price	Cause of Loss Basic/Broad/ Special	Limit of Insurance	Ded Amount
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

TOOLS, EQUIPMENT & Supplies

Description	E	F	No of Units	Unit Price	Cause of Loss Basic/Broad/ Special	Limit of Insurance	Ded Amount
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

IRRIGATION EQUIPMENT

Description	E	F	No of Units	Unit Price	Cause of Loss Basic/Broad/ Special	Limit of Insurance	Ded Amount
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

FARM BARNs, FARM BUILDINGS and OTHER STRUCTURES – COVERAGE G

Loc No.	Bldg No	Amount of Insurance	Description	DED	Construc-tion	Type 1,2,3	Cause of Loss Basic, Broad, Special	RC or ACV	Year Built	Roof Age	Sq. Feet	Open Sides Y/N
												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 <input type="checkbox"/>

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

The signing of this APPLICATION does not bind the Applicant or Acadia Insurance Company to complete this insurance unless otherwise indicated below:			
Coverage Bound <input type="checkbox"/>	A.M. /P.M.	Date:	EXCEPTIONS:
AGENT:		APPLICANT:	
Date:		Applicant Title:	

Insurance policies may be issued by one or more of the following affiliated insurance companies: Acadia Insurance Company, Continental Western Insurance Company, Firemen's Insurance Company of Washington, D.C. and Union Insurance Company. pany.