

FARMOWNERS APPLICATION

		<input type="checkbox"/> NEW _____ <input type="checkbox"/> RENEWS _____ <input type="checkbox"/> REPLACES _____	
Named Insured and P.O. Address (No., Street, Town or City, County, State, Zip Code)		Agent's Name and Code	
		Policy Term 3 years	Policy Number
NOTICE : When more than one named insured (husband and wife excepted) is shown - explain interest of each		Policy Period	
		From _____ To _____ Inception Expiration	
The premises covered are located on and confined to _____ acres in the Town of _____ and situated on _____ side of _____ road about _____ miles from _____ (N.E.S.W) (Nearest Town)			
Insurance is provided only with respect to the following Coverages for which a limit is specified, subject to all conditions of this policy.			
PROPERTY COVERAGES	Amount of Insurance	PROPERTY COVERAGES DEDUCTIBLE	BILLING
A. Residence	\$	<input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other (Refer to deductible endorsement).	<input type="checkbox"/> ANNUAL <input type="checkbox"/> S/A <input type="checkbox"/> QTR.
B. Related Private Structures on the Premises	DOES NOT APPLY	Co Insurance Clause	
C. Personal Property	\$	_____% on Farm Personal Property (Scheduled)	
D. Additional Living Expense and Loss of Rent	\$	_____% on Farm Personal Property (Blanket)	
E. Farm Personal Property (Scheduled)	\$	Basic Policy Premium	\$
Farm Personal Property (Blanket)	\$	Additional Premium-Prop. Cov.	
F. Farm Barns, Buildings and Structures	\$	Premium - (Cov. E) Scheduled	
FARMERS COMPREHENSIVE PERSONAL LIABILITY	Limit of Liability	Premium - (Cov. E) Blanket	
L. Farm Liability Each Occurrence	\$	Premium - (Cov. F)	
M. Medical Payments to Others Each Person	\$	Additional Premium-Liab. Cov.	
		Additional Premium-NY Mandatory Fee	
RESIDENCE RATING INFORMATION:		PREMIUM AT INCEPTION	
Premium Group	No. of Families or apartments	Protection	\$
Miles from Department	Distance from Hydrant	Fire District	
Mobile Home	Year	Make	
		Serial Number	Lenth Width
NAME AND ADDRESS OF ADDITIONAL INSURED(S)			
_____ <input type="checkbox"/> Cov. A <input type="checkbox"/> Cov. E _____ <input type="checkbox"/> Cov. F <input type="checkbox"/> Cov. L & M			
Mortgagee(s)	Address		
1 st			
2 nd			
3 rd			
FAIR CREDIT REPORTING ACT NOTICE			
A Consumer Report may be requested by the insurer to which this application is assigned. Subsequent consumer requests may be requested in connection with an update, or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested - and if such was requested, informed of the name and address of the consumer reporting agency that furnished the report. The undersigned hereby applies for Insurance Coverage as set forth in the application, and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his knowledge true.			
FRAUD WARNING			
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 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.			
DATE	APPLICANT SIGNATURE	IS COVERAGE BOUND? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		I recommend the risk for insurance.	
I <input type="checkbox"/> HAVE SEEN <input type="checkbox"/> HAVE NOT SEEN the above property.		Agent _____	

BASIC PREMIUM - INITIAL DWELLING(S) UNDER COVERAGE A

Prot. Class	<input type="checkbox"/> ACV <input type="checkbox"/> RC (w/estimator)	Form: <input type="checkbox"/> ML-1 <input type="checkbox"/> ML-2 <input type="checkbox"/> ML-3 <input type="checkbox"/> ML-4	AMOUNT	CODE
Dwelling No. 1	Coverage A Amount \$	Conditions	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2	BASIC PREMIUM
Dwelling No. 2	<input type="checkbox"/> Co-owner <input type="checkbox"/> Tenant Occupied	Const. <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Mobile Home		
Premium Group	Type	No. of Families		
Miles from Fire Department	Distance from hydrant	Fire District		
Year	Serial Number	Length	Width	Tiedowns
Make	Location			BASIC PREMIUM
(Attach ML-309)	Coverage A Amount \$		Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Dwelling No. 2 Credits:	<input type="checkbox"/> Liability Duplication \$	<input type="checkbox"/> Eliminate Coverage C \$		
TOTAL BASIC PREMIUM				\$

PROPERTY COVERAGES - ADDITIONAL ITEMS WITH ADDITIONAL PREMIUMS

Increased Personal Property (Coverage C Amount) to \$	\$	
TV Antenna /	\$	
Other	\$	
PROPERTY COVERAGES - TOTAL ADDITIONAL PREMIUM		\$

PERSONAL LIABILITY - ADDITIONAL ITEMS WITH ADDITIONAL PREMIUMS

Acreage -Initial Farm Premises plus all land without buildings	<input type="checkbox"/> 0-160 <input type="checkbox"/> 160-500 <input type="checkbox"/> Over 500	
Increase Coverage L Limits to \$	Medical Payment Limit to \$	\$
Additional Residence Premise Occupied by Insured ;Location:		\$
Additional farm premises with buildings -		
LOCATION		
1.	ACRES _____	\$
2.	ACRES _____	\$
3.	ACRES _____	\$
4.	ACRES _____	\$
Additional Residence Premises - Rented to Others (ML-70) Includes Medical Payments		
LOCATION	1 Family	2 Family
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>
Watercraft Endorsement (ML-75)	H.P.	M.P.H.
Length and description of Watercraft		
Outboard Motors (More than 25 H.P) for which coverage is desired (ML-75)		
HORSEPOWER AND DESCRIPTION OF MOTOR	OWNER (IF NOT NAMED INSURED)	DESCRIPTION OF BOAT
A.		
B.		
Office, Professional, etc. Occupancy End. -	<input type="checkbox"/> Described Premises Only (ML-42) <input type="checkbox"/> Add'l Farm Prem.(ML-43)	\$
DESCRIBE -		
Business Pursuits (ML-71) Includes Medical Payments	includes Medical Payments	\$
Name of Insured -	Business	
Custom Farming (ML-313) Estimated Receipts. Inc. Pest. \$	Excl. Pest. \$	\$
Employers Liability (ML-311) Estimated Payroll \$	Minimum Prem. \$	\$
Other		\$
PERSONAL LIABILITY - TOTAL ADDITIONAL PREMIUM		\$

Describe any unusual hazards in connection with any dwellings or outbuildings.

Any woodstoves? Yes No No Exposed Cellular Insulation? Yes No

RATING CONDITIONS - BUILDING TYPES

Dwellings	FARM BARNs, BUILDINGS AND STRUCTURES	SILOS
A. Superior Char. Exc. Repair Type 1 - ACDE	A. \$2,000 Minimum Type 1 - A B C D E F	A. Harvester type over \$10,000 Type 1
B. Permanent Space Heaters Type 2 - A B	B. Continous Masonry Foundation Type 2 - A C (or A B C)	B. Harvester type under \$10,000 Type 2
C. Approved Central Heat Type 3 - All Others	C. Superior Char., Exc. Repair Type 3 - All Others	C. Concrete over \$5,000 Type 2
D. Continuous Masonry Foundation	D. Approved Pole Barn	D. Others (Not Wood) Type 3
E. Approved Plumbing, Electricity	E. No Hay	E. All Wood Silos Type 3
	F. Not Over One Floor	Any structure not fully qualifying for Type 1 or Type 2 must be typed as Type 3.
	G. Fully Enclosed	

SCHEDULE OF FARM PERSONAL PROPERTY - COVERAGE E

Amount of Insurance		Premium	
1. \$ _____	_____	\$ _____	On Farm Produce and Supplies (Co-insurance Clause Applies)
2. \$ _____	_____	\$ _____	On Mobile Machinery (Co-insurance Clause Applies)
3. \$ _____	_____	\$ _____	On Poultry (Co-insurance Clause Applies)
4. \$ _____	_____	\$ _____	On Livestock (Co-insurance Clause Applies)
5. \$ _____	_____	\$ _____	On _____
6. \$ _____	_____	\$ _____	On _____
7. \$ _____	_____	\$ _____	On _____
8. \$ _____	_____	\$ _____	On _____
9. \$ _____	_____	\$ _____	On _____
10. \$ _____	_____	\$ _____	On _____
11. \$ _____	_____	\$ _____	On _____
12. \$ _____	_____	\$ _____	On _____
13. \$ _____	_____	\$ _____	On _____
14. \$ _____	_____	\$ _____	On _____
15. \$ _____	_____	\$ _____	On _____
16. \$ _____	_____	\$ _____	On _____
17. \$ _____	_____	\$ _____	On _____
18. \$ _____	_____	\$ _____	On _____
19. \$ _____	_____	\$ _____	On _____
20. \$ _____	_____	\$ _____	On _____
21. \$ _____	_____	\$ _____	On _____
22. \$ _____	_____	\$ _____	On _____
23. \$ _____	_____	\$ _____	On _____
24. \$ _____	_____	\$ _____	On _____
25. \$ _____	_____	\$ _____	On _____
26. \$ _____	_____	\$ _____	On SPECIFICALLY INSURED CATTLE, PER ATTACHED LIST
27. \$ _____	_____	\$ _____	
		\$ _____	

COVERAGE E - FARM PERSONAL PROPERTY BLANKET, SUBJECT TO 80% COINSURANCE CLAUSE

Amount of Insurance \$ _____	RATE \$ _____	PREMIUM \$ _____
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COVERAGE F - SCHEDULE OF BARN, BUILDINGS, STRUCTURES AND ADDITIONAL FARM DWELLINGS

	Amount of Insurance	Stories	Roof	Occupancy	Loc.	Type	Credit	Net Rate	Premium
1.	\$ _____			Dwelling					
2.	\$ _____			Garage					
3.	\$ _____			Barn 1					
4.	\$ _____			Barn 2					
5.	\$ _____								
6.	\$ _____								
7.	\$ _____			Silo # 1					
8.	\$ _____			Silo # 2					
9.	\$ _____								
10.	\$ _____								
11.	\$ _____								
12.	\$ _____								
13.	\$ _____								
14.	\$ _____								
15.	\$ _____								
16.	\$ _____								
17.	\$ _____								
18.	\$ _____								
19.	\$ _____								
20.	\$ _____								
	\$ _____								\$3

FARM INSPECTION REPORT

<p>1. Insured occupies dwelling as: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Manager</p> <p>2. % of Total income other than farming:</p> <p>3. Does any member of the Insured's household travel extensively or live away from home regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:</p> <p>4. List unusual liability hazards; (farm ponds, junk cars, etc.)</p> <p>5. List all recreational vehicles:</p> <p>6. Riding horses owned by assured: by others:</p> <p>7. Describe fully any business operations conducted on the premises</p> <p>8. Type of farming: (Include all related operations)</p> <p>9. Does insured operate a roadside market?</p> <p>10. Percentage of sales from purchased produce or merchandise:</p> <p>11. Does the farm produce maple syrup, cider, butter, etc.?</p> <p>12. Risk evaluation: <input type="checkbox"/> Superior <input type="checkbox"/> Good <input type="checkbox"/> Poor</p> <p>13. Estimated values: Land \$ Farm as a unit \$</p>	<p>14. Insured's farming history:</p> <p>15. Number of Employees: Workmen's compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Heat in farm building <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:</p> <p>17. Any roof undesirable as a wind risk: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:</p> <p>18. Water supply on premise? <input type="checkbox"/> Yes <input type="checkbox"/> No Distance from buildings:</p> <p>19. Fuel supply: <input type="checkbox"/> Gas? <input type="checkbox"/> Diesel? Distance from buildings:</p> <p>20. Has any company cancelled or refused to write similar coverage?</p> <p>21. LOSS INFORMATION: List all previous losses for Insured</p> <p>22. ADDITIONAL INFORMATION:</p>
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DIAGRAM

Show ALL buildings whether insured or not and distance between each. Identify each building as per items on schedule. Show water supply, if any.

ATTACH PHOTOS OF ALL INSURED AND UNINSURED BUILDINGS

