ACORD <sup>®</sup>

# AGRICULTURE APPLICATION

DATE (MM/DD/YYYY)

		APPLI	CAN	NT INF	ORM	<b>ATION</b>	SEC	CTION					
AGENCY			C	ARRIER	2								NAIC CODE
			L										
			COMPANY POLICY OR PROGRAM NAME PROGRAM CODI							RAM CODE:			
CONTACT NAME:			┪							ACCOL	JNT NO:		
PHONE			┿	NEW	FFFFC	CTIVE DATE	FX	PIRATION DATE	П	RECT BILL	PAYMENT	PI AN	
(A/C, No, Ext): FAX (A/C, No):			╅	RNWL		JIIVE DAIL	-^	I MATION DATE		GENCY BILL	1 ATMENT		
É-MAIL			╅					POLICY TYPE		SEIVOT BILL	EST TOTA	L s	
ADDRESS:  CODE:	SUBCODE:		✝	QUOTE	(DATE):						DEPOSIT	\$	
AGENCY CUSTOMER ID:	T SOBCODE.		✝	ISSUE F	, ,						BAI ANCE	2	
INDICATE SECTIONS ATTACHED	AGRICULT	TURE LIABILITY				MORTALITY		HOMEOWN	IERS			ATERCI	RAFT
AGRICULTURE PROPERTY		TURE PREMISES / N DIAGRAM		EQI	JINE LIAE	BILITY		PERSONAL	AUTO				
AG PROPERTY SECTION SCHED AND UNSCHED	AG PROPI	ERTY SECTION		CO	MMERCIA	AL AUTO		PERSONAL	INLAND	MARINE			
PERSONAL PROPERTY		AL PROPERTY		CO	MML GEN	IERAL LIABIL	ITY	UMBRELLA					
APPLICANT INFORMATION	ON												
NAME (First Named Insured & Oth	ner Named Insureds)							MAILING ADDR	ESS INC	L ZIP+4 (of F	irst Named I	nsured	)
FEIN OR SOC SEC # (of First Named Insured):		PHONE (A/C, No, Ext):						NUMBER OF Y	EARS F	RMING EXP	ERIENCE BY	THEIN	SURED:
E-MAIL ADDRESS(ES):		1 (10), 110, 210,						WEBSITE ADDRESS(ES):					
INDIVIDUAL COF	RPORATION	SUBCHAPTER "S" CORPORATION	LL	.C		CR BURE	AU II	D NUMBER					
PARTNERSHIP JOIN	NT VENTURE	NOT FOR N PROFIT ORG A	O. OF ND MA	MEMBERS ANAGERS	S	1							
INSPECTION CONTACT:	PHO (A/C	ONE C, No, Ext):				ACCOUNTING REC CONTA	G CT:			PHONE (A/C, N	o, Ext):		
E-MAIL ADDRESS:	`					E-MAIL ADDRESS:					-		
TYPE OF FARM / RANCH	I OPERATIONS	(Mark and descr	ibe a	all that a	apply)								
AQUACULTURE	FLOWERS		HOE	BBY / GEN	TLEMAN	FARM	LIVE	STOCK GRAZING		POULT	RY		
COTTON	FRUIT / CITRUS	S	HOF	· -			LIVE	STOCK PROCESS	ING	TOBAC	CO		
DAIRY	FUR BEARING	_	7	1 =				SERY STOCK			ABLES		
FIELD CROPS  DESCRIBE FARM/RANCH OPERA	GREENHOUSE			LIVESTOCK FEEDLOT NUTS						VINEY	ARDS		
LOSS HISTORY													
ENTER ALL CLAIMS OR OCCURE	RENCES FOR THE PA	ST FIVE YEARS											
DATE OF OCCURRENCE	TYPE OF LOSS					DESCRIPTIO	N OF	OCCURRENCE					AMOUNT PAID
PRIOR INSURANCE INFO	ORMATION												
PRIOR CARRIE		TV	DE O	F INSURAN	ICE				POLICY	#		AMO	UNT OF COVERAGE
FRIOR CARRIE	.r.		r L OI	PINSORA	NOL .				FOLICI	#		AIVIO	ONT OF COVERAGE
OTHER RELATED POLIC	CIES												
INSURED NAM		тү	PE O	F INSURAN	NCE					POLI	CY#		
REMARKS (Attach additi	onal sheets if m	ore space is rec	uire	d)									

AGENCY CUSTOMER ID:\_ **LOCATION / SUBLOCATION SCHEDULE** RANGE LOC# ADDRESS (Street / Route, City, State, Zip) SUBLOCATION TYPE DWELLING BLDG / I ATITUDE LONGITUDE SUBLOC# STRUCTURE SUBLOCATION DESCRIPTION: RANGE LOC# ADDRESS (Street / Route, City, State, Zip) SUBLOCATION TYPE DWELLING BLDG / SUBLOC # LATITUDE LONGITUDE STRUCTURE SUBLOCATION DESCRIPTION: ADDRESS (Street / Route, City, State, Zip) RANGE LOC# SUBLOCATION TYPE DWELLING BLDG / LATITUDE LONGITUDE SUBLOC # STRUCTURE SUBLOCATION DESCRIPTION: LOC# ADDRESS (Street / Route, City, State, Zip) SUBLOCATION TYPE RANGE **DWELLING** BI DG / LATITUDE LONGITUDE SUBLOC # STRUCTURE SUBLOCATION DESCRIPTION: PREMISES INFORMATION LOC # COUNTY SECTION TOWNSHIP FARM NAME # ACRES IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION? PROT CLASS FIRE DISTRICT CODE FIRE DISTRICT NAME IF YES, (A) SOURCE = (B) QUANTITY = OPERATED BY OWNED BY APPLICANT DISTANCE TO WELL LESS THAN 1,000 GALLONS YES POND / LAKE 1,000-3,000 GALLONS APPLICANT YES NO PUBLIC HYDRANT FIRE STAT HYDRANT WITHIN 1,000 FT. OVER 3,000 GALLONS TENANT NO LOC # COUNTY SECTION TOWNSHIP FARM NAME # ACRES IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION? PROT CLASS FIRE DISTRICT CODE FIRE DISTRICT NAME (B) QUANTITY = IF YES, (A) SOURCE = YES WELL LESS THAN 1,000 GALLONS **OPERATED BY** OWNED BY APPLICANT DISTANCE TO NO POND / LAKE 1,000-3,000 GALLONS APPLICANT YES PUBLIC HYDRANT FIRE STAT HYDRANT WITHIN 1,000 FT. OVER 3,000 GALLONS TENANT NO FT COUNTY TOWNSHIP FARM NAME LOC# SECTION # ACRES IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION? FIRE DISTRICT CODE FIRE DISTRICT NAME PROT CLASS IF YES, (A) SOURCE = (B) QUANTITY = YES WFII LESS THAN 1,000 GALLONS **OPERATED BY** OWNED BY APPLICANT DISTANCE TO POND / LAKE 1.000-3.000 GALLONS APPLICANT YES NO PUBLIC HYDRANT FIRE STAT HYDRANT WITHIN 1,000 FT. OVER 3,000 GALLONS **TENANT** NO TOWNSHIP FARM NAME LOC # COUNTY SECTION # ACRES IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION? PROT CLASS FIRE DISTRICT CODE FIRE DISTRICT NAME IF YES, (A) SOURCE = (B) QUANTITY = YES WELL LESS THAN 1,000 GALLONS OPERATED BY OWNED BY APPLICANT DISTANCE TO POND / LAKE 1,000-3,000 GALLONS APPLICANT YES PUBLIC HYDRANT FIRE STAT HYDRANT WITHIN 1,000 FT. TENANT NO OVER 3.000 GALLONS FT

GE	NERAL INFORMATION AGENCY CUSTOMER ID:		
		Y/N	_
1.	PLAIN ALL "YES" RESPONSES  DOES APPLICANT HAVE ANY OTHER BUSINESS OR OTHER NON-FARM ACTIVITIES ON OR OFF PREMISES, SUCH AS DUDE RANCH, BED & BREAKFA OR RESORT FACILITY? IF SO, INCLUDE RECEIPTS: \$	+=	<u>.</u>
2.	IS FARMING THE PRIMARY SOURCE OF THE INSURED'S INCOME?		Ī
3.	IS THIS BUSINESS NEW TO THE AGENCY?		Ī
4.	HAS ANY POLICY BEEN CANCELLED OR NONRENEWED IN THE PAST 5 YEARS? (NOT APPLICABLE IN MO)		Ī
5.	HAVE YOU INSPECTED THIS PROPERTY IN THE LAST TWELVE (12) MONTHS?		]
6.	DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		]
7.	ARE INDEPENDENT CONTRACTORS HIRED TO PERFORM ANY FARMING OPERATIONS?		]
8.	IS ANY PART OF THE FARM RENTED OR LEASED FOR RECREATIONAL USE?		]
9.	ARE THE FARM PREMISES OPEN TO THE PUBLIC FOR ACTIVITIES SUCH AS ROADSIDE STANDS, "U-PICK", RECREATIONAL, CAMPING, "RENT-A-GARDEN", AUCTION, SALES, SHOWS, RODEOS, HAY RIDES, FISHING, KENNELS, ANIMAL BOARDING, OR CHRISTMAS TREE SALES?		]
10.	ARE ANY PORTIONS OF THE FARM OR STRUCTURES RENTED OR LEASED OR USED BY ANY OTHER INDIVIDUAL, CORPORATION OR INTEREST FOR OTHER THAN FARMING?	₹□	]
11.	DOES THE APPLICANT OR SPOUSE OWN, RENT OR OPERATE AS A FARM, RANCH OR RESIDENCE ANY PREMISES OTHER THAN THOSE DESCRIBED THE PREMISES INFORMATION SECTION?	) IN	]
12.	IS ANY LAND HELD FOR REAL ESTATE DEVELOPMENT OR SPECULATION?		]
13.	DOES APPLICANT MAINTAIN ANY VACATION OR SEASONAL PREMISES?		]
14.	IS THE APPLICANT A SUBSIDIARY OF ANOTHER?		]
15.	DOES THE APPLICANT HAVE SUBSIDIARIES?		]
16.	DOES THE INSURED PLAN ANY CONSTRUCTION OR RENOVATION WORK TO BE DONE ON THE PREMISES IN THE NEXT 12 MONTHS?		]
17.	IS A FORMAL SAFETY PROGRAM IN EXISTENCE?		Ī
18.	HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?		]

	AGENCY CUSTOMER ID:		
RE	MARKS	Α	TTACHMENTS
			APPRAISALS
			BILL OF SALE
			COST ESTIMATOR
			INVENTORIES
			PHOTOS
			PREMISES DIAGRAM
			STATE SUPPLEMENT(S) (if applicable
CI TI O DI DI PI IN	OTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUI REDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN HIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH THER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CE ISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATI ETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARG ARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO IFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE I OUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUES R BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.	YOU NFC RTA ON I ED. RE\ DET/	IN CONNECTION WITH DRMATION AS WELL AS IN CIRCUMSTANCES BE MAY BE USED TO HELP WE MAY USE A THIRD VIEW YOUR PERSONAL AILED DESCRIPTION OF
AI FO	NY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR A PPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INIT OR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETOWN ISURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND INY: SUBSTAN APPOPULATION OF THE PERSON TO CRIMINAL AND INTERPRETABLE OF THE PERSON TO CRIMINAL AND PROPRETABLE OF THE PE	ORI , CC TIAL	MATION, OR CONCEALS DMMITS A FRAUDULENT L] CIVIL PENALTIES. (Not
S.	I FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECI TATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADIN F A FELONY OF THE THIRD DEGREE.		
AI C	I MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND NY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE ONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF I ONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.	OR MISL	STATEMENT OF CLAIM EADING INFORMATION

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

DATE



AGENCY CUSTOMER ID: \_\_

DATE (MM/DD/YYYY)

			<b>AGRIC</b>	CU	LTUR	EP	RO	PERT'	Y SECT	ION			DATE	E (MM/DD/YY	YY)
AGENCY						NA	MED IN	SURED(S)							
POLICY NUMBE	R					CA	RRIER							NAIC COI	DE
ACCOUNT NUMI	BER										NEW EF	FECTIVE DA	ATE	EXPIRATIO	N DATE
BUILDING C	R PERSONAL	PROPERTY	INFORMAT	ION							RNWL				
LOC# BLDG															
SUBJECT OF IN	SURANCE			BLKT #	OF INSUE	T RANCE	COINS	VALUATION RC/ACV	CA	USES OF LOSS		DEDUCTI	BLE	PREMIU	IM
													+		
													士		
TOTAL BLDG TYPE	RATE GROUP	DIAG #	CONST TYPE	<u> </u>	YR BUILT	HEAT	TYPE	ROOF YEAR	ROOF TYPE	TOTAL AREA	LENGTI	H V	VIDTH	HEI	GHT
ADDITIONAL CO	VERAGES, RESTR	ictions, endors	SEMENIS AND	KAIIN	NG INFORMA	ATION									
	ES" RESPONSES														Y/N
1. ARE ANY W	OOD OR COAL F	FIRED STOVES U	JSED?												
	ANY BURGLARY			"YES"	, indicate th	e type c	of alarm	and floors pro							
3. ARE THERE	ARY FLOORS F ANY OTHER PR	OTECTIVE DEVI							FIRE FLOO	DRS PROTECTED	BY ALARM:				
	L INTEREST	Γ													
LOSS PAY	FF	NAME AND ADD	RESS RANK:		EVIDENC	E:	CERT	IFICATE				NTEREST II			
MORTGAG											ITEM CLASS:	<u>l:</u>	ITE	ILDING: M:	
											ITEM DES	CRIPTION			
		REFERENCE / LO	OAN #:												
REMARKS															
					Δ٦	TTACL	I TO A	CORD 401							

RIIII	DING C	R PERSONAL	PROPERTY	INFORMAT	ION				<b>AGENCY</b>	CUSTOMER	ID:					
LOC		# BUILDING DES		iiti OitiiiAi												
SUBJ	ECT OF IN	SURANCE			BLK1 #	LIM OF INSU	IIT RANCE	COINS	VALUATION RC/ACV	C	AUSES OF LOSS		DEDUCTIBL	E P	REMIUN	ı
TOTAL	G TYPE	RATE GROUP	DIAG #	CONST TYPE		YR BUILT	ЦЕЛТ	TYPE	ROOF YEAR	R ROOF TYPE	TOTAL AREA	LENGTH	1 10/11	OTH	HEIG	шт
BLD	GITPE	RATE GROUP	DIAG#	CONSTITE	1	TK BUILT	HEAI	ITPE	ROOF TEAP	ROOFTIFE	IOIAL AREA	LENGIA	'   vvii		HEIG	пі
ADDIT	IONAL CO	VERAGES, RESTR	ICTIONS, ENDOR:	SEMENTS AND	RATIN	IG INFORM	ATION							<b>'</b>		
EXPL	AIN ALL "Y	ES" RESPONSES														Y/N
1. AF	RE ANY W	OOD OR COAL I	FIRED STOVES I	JSED?												
2 AF	F THERE	ANY BURGLAR	Y AND/OR FIRE	ALARMS? (If	"YES"	indicate th	he type o	of alarm	and floors or	otected)						
	BURGL		PROTECTED BY A		120	, irraicate ti	no type c	n alaim	and noors pr	7	ORS PROTECTED	BY ALARM:				
3. AF		ANY OTHER PR	OTECTIVE DEVI	ICES?												
INTER		<u> INTEREST</u>	NAME AND ADD	DESS DANK		=\#P=\#						T	NTEDEST IN	TEM NIIM	DED.	
	.OSS PAYI	=F	NAME AND ADD	NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER  LOCATION: BUILDING:												
$\overline{}$	ORTGAG											ITEM CLASS:	•	ITEM:	<u>.                                    </u>	
				ITEM DESCRIPTION												
			REFERENCE / L	OAN #:												
BUIL	DING C	R PERSONAL	PROPERTY	INFORMAT	ION											
LOC	# BLDG	# BUILDING DES	CRIPTION													
SUBJ	ECT OF IN	SURANCE			BLKT #	LIM OF INSU	IIT RANCE	COINS	VALUATION RC/ACV	C	AUSES OF LOSS		DEDUCTIBL	E P	REMIUN	l
TOTAL																
TOTAL	G TYPE	RATE GROUP	DIAG #	CONST TYPE		YR BUILT	ЦЕЛТ	TYPE	ROOF YEAR	R ROOF TYPE	TOTAL AREA	LENGTH	1 10/11	OTH	HEIG	шт
	01112	KAIL GROOT	DIAG #	001011112	-	II DOILI			INOOF TEAL	(   KOOI III E	TOTAL AILLA	LENGT	.   **	····	IILIO	
ADDIT	IONAL CO	VERAGES, RESTR	ICTIONS, ENDOR	SEMENTS AND	RATIN	IG INFORM	ATION		'			<u>'</u>				
		ES" RESPONSES	-IDED 0-4:	IOED?												Y/N
1. AF	RE ANY W	OOD OR COAL I	-IRED STOVES (	JSED?												
2. AF	E THERE	ANY BURGLAR	Y AND/OR FIRE	ALARMS? (If	"YES'	, indicate th	he type c	of alarm	and floors pr	otected)						
	BURGL	ARY FLOORS	PROTECTED BY A	LARM:						FIRE FLO	ORS PROTECTED	BY ALARM:				
3. AF	RE THERE	ANY OTHER PR	OTECTIVE DEVI	CES?												
ADD	ITIONA	_ INTEREST														
INTER	EST		NAME AND ADD	RESS RANK:		EVIDEN	CE:	CERT	IFICATE			ll ll	NTEREST IN	TEM NUM	BER	
╚	OSS PAY	E							_			LOCATION		BUILDING	3:	
<u> </u>	ORTGAG	EE										ITEM CLASS:		ITEM:		
Ш												ITEM DESC	CRIPTION			
l			REFERENCE / L	OAN #:												

BUII I	DING O	R PERSONAL	PROPERTY	INFORMAT	ION				AGENCY	CUSTOMER	ID:					
LOC#		# BUILDING DES		IIII ORIIIAI	1011											_
SUBJE	CT OF INS	SURANCE			BLKT #	OF INSU	IT RANCE	COINS	VALUATION RC/ACV	C,	AUSES OF LOSS		DEDUCTIBL	.E	PREMIUM	
														_		
TOTAL					•				•	•			•			
BLDG	TYPE	RATE GROUP	DIAG #	CONST TYPE	[ \	R BUILT	HEAT	TYPE	ROOF YEA	R ROOF TYPE	TOTAL AREA	LENGTH	WI	OTH	HEIGH	IT
ADDITI	ONAL CO	VERAGES, RESTR	ICTIONS, ENDOR	SEMENTS AND	RATIN	IG INFORM	ATION									
		ES" RESPONSES														Y / N
1. ARI	E ANY W	OOD OR COAL F	FIRED STOVES	USED?												
2. ARI		ANY BURGLAR	Y AND/OR FIRE	ALARMS? (If	"YES"	, indicate th	ne type o	of alarm	and floors p	7						
0 45	BURGL		PROTECTED BY A							FIRE FLOO	ORS PROTECTED	BY ALARM:				
3. ARI	HERE	ANY OTHER PR	OTECTIVE DEV	ICES?												
		INTEREST	T					_				T				
INTERE	ST SS PAYE	: <b>=</b>	NAME AND ADD	DRESS RANK:		EVIDEN	CE:	CERT	IFICATE				NTEREST IN I			
_	ORTGAGE		LOCATION: BUILDING: ITEM CLASS: ITEM:													
	JIL TOMOL	· <b>-</b>										ITEM DESC	RIPTION	ITEM:		
			REFERENCE / L	OAN #:												
BUILI	DING O	R PERSONAL		INFORMAT	ION											
LOC#	BLDG	# BUILDING DES	CRIPTION													
SIID IE	CT OF INS	SURANCE			BLKT	LIM OF INSU	IT	COINS	VALUATION RC/ACV	<u></u>	AUSES OF LOSS		DEDUCTIBL	_	PREMIUM	
OODOL	01 01 1140	JONANOL			#	OF INSU	RANCE	%	RC/ACV	0.	10020 01 2000		DEDOGNIBL	_	T IXEIIIIOIII	
								-								
TOTAL	TVDE	DATE ODOUR	DIAG#	CONOT TYPE	-   ,	(D. D.III. T.		TVDE	DOOF VEA	D DOOF TYPE	TOTAL ADEA	LENGTH	1 1400		LIFIO	
BLDG	TYPE	RATE GROUP	DIAG #	CONST TYPE	·   ·	R BUILT	HEAI	TYPE	ROOF YEA	R ROOF TYPE	TOTAL AREA	LENGTH	WIL	OTH	HEIGH	11
ADDITI	ONAL CO	VERAGES, RESTR	ICTIONS, ENDOR:	SEMENTS AND	RATIN	IG INFORM	ATION		ļ				ļ.		<u> </u>	
		,	,													
EVDI A	N. A. I. IIV	FO! DEODONOFO														Y / N
		<u>ES" RESPONSES</u> OOD OR COAL F	FIRED STOVES	USED?												
2 ADI	THERE	ANV DUDCLAD	V AND/OD FIDE	ALADMO2 (If	"VEC"	indicate th		of alarm	and floors n	rotootod)					<del></del>	
Z. ARI	BURGL	ANY BURGLAR'	PROTECTED BY A		TES	, indicate tr	іе туре с	or alarm	and lloors p	7	ORS PROTECTED	BY ALARM:				
3. ARI		ANY OTHER PR														
VDD.	TION: 4:	INTEREST														
INTERE		<u> INTEREST</u>	NAME AND ADD	DRESS RANK.		EVIDEN	CE:	CEDT	IFICATE			li li	NTEREST IN I	TEM NUI	MBER	
$\rightarrow$	SS PAYE	:Ε		ionii.				CERI	III CAIE			LOCATION		BUILDI		_
М	ORTGAGE	E										ITEM CLASS:		ITEM:		_
												ITEM DESC	RIPTION			
_																
			REFERENCE / L	OAN #:												



<b>AGENCY CUSTOMER ID:</b>	

LOC#:

AGRICULTURE SCHEDULED AND UNSCHE						ΤY		DAT	E (MM/DD/YYYY)
AGENCY		CANT/FIRST NAME			to: Lit	•			
POLICY NUMBER	CARRII	ER							NAIC CODE
ACCOUNT NUMBER						NEW	, EFFE	CTIVE DATE	EXPIRATION DATE
						RNW	/L		
GENERAL INFORMATION									
1. IS ANY PROPERTY KEPT ON A LOCATION(S) OTHER THAN AN INSURED LO	OCATION'	? (Y / N)							
IF YES, WHERE IS IT KEPT? (A) DURING FARMING SEASON?									
(B) DURING OFF SEASON?			010.5						
2. WHAT IS MAXIMUM VALUE OF EQUIPMENT AT ANY ONE LOCATION?	•	IN	SIDE			•		IN OPEN	
(A) DURING FARMING SEASON? (B) DURING OFF SEASON?	\$					\$ \$			
3. IS THERE ANY EQUIPMENT LOANED OR RENTED TO/FROM OTHERS? (Y /	-	IF YES, VAI	LIE FO	R BORRO	WED OR F		D FOLIIPM		
4. WHAT IS RADIUS OF OPERATIONS OF EQUIPMENT?  MILES	14)	11 120, 771		IN BOILING	WED OIL	<u> </u>	D EQUITIV	<u> </u>	
5. IS EQUIPMENT WELL MAINTAINED? (Y/N)									
TRANSIT									
THAT		LIMIT OF INSU	RANCE	COINS %	CAUSES (	FLOSS	(PERILS)	DEDUCTIBLE	PREMIUM
TRANSIT							,		
PEAK SEASON									
			ERIOD		APPLIES	то			
DESCRIPTION		(MM/DE FROM	D/YYYY)	то	SCHD / UN		LIMIT OF	INSURANCE	PREMIUM
						_			
						+			
						_			
					TO	TAI			
ADDITIONAL INTEREST					10	IAL			
INTEREST RANK: NAME AND ADDRESS REFERENCE #:			С	ERTIFICAT	E REQUIRE	D	INT	EREST IN ITEM	I NUMBER
ADDITIONAL INSURED							CATION:		IILDING:
LOSS PAYEE							HICLE:		DAT:
MORTGAGEE						sc	HEDULED	ITEM NUMBER	₹:
LIENHOLDER						ОТ	HER		
EMPLOYEE AS LESSOR									
ITEM DESCRIPTION:									
INTEREST RANK: NAME AND ADDRESS REFERENCE #:			C	ERTIFICAT	E REQUIRE	D	INT	EREST IN ITEM	I NUMBER
ADDITIONAL INSURED						LO	CATION:	BU	IILDING:
LOSS PAYEE						VE	HICLE:	ВС	DAT:
MORTGAGEE								ITEM NUMBER	₹:
LIENHOLDER						01	HER		
EMPLOYEE AS LESSOR									
ITEM DESCRIPTION:						_			
INTEREST RANK: NAME AND ADDRESS REFERENCE #:			CI	ERTIFICAT	E REQUIRE			EREST IN ITEM	
ADDITIONAL INSURED							CATION:		IILDING:
LOSS PAYEE MODTOLOGIC							HICLE:		DAT:
MORTGAGEE  LIENHOLDER							HEDULED HER	ITEM NUMBER	<b>\.</b>
EMPLOYEE AS LESSOR									

ITEM DESCRIPTION:

	ELLANEOUS AGRICULTURAL HINERY AND IMPLEMENTS  PER ITEM  NOT EXCEEDING S PER ITEM  NOT EXCEEDING S PER ITEM S P									
MISCELLANEOUS AGRICULTURAL MACHINERY AND IMPLEMENTS S PERITEM  MISCELLANEOUS TOOLS, EQUIPMENT S SOME SERIAL #  MISCELLANEOUS TOOLS, EQUIPMENT TOTAL  SCHEDULED FARM PERSONAL PROPERTY  DESCRIPTION - EQUIPMENT #  YEAR MAKE MODEL SERIAL #  CAUSE OF LOSS (PERILS) LIMIT OF INSURANCE DEDUCTIBLE PREMIUM  PREMIUM  AND SUPPLIES  CAUSE OF LOSS (PERILS)  LIMIT OF INSURANCE DEDUCTIBLE PREMIUM  AND SUPPLIES  PREMIUM  AND SUPPLIES  DESCRIPTION - EQUIPMENT  SERIAL #  MISCELLANEOUS AGRICULTURAL SERIAL #  MISCELLANEOUS AGRICULTURAL S S CAUSE OF LOSS (PERILS)  LIMIT OF INSURANCE DEDUCTIBLE S S S S S S S S S S S S S S S S S S S										
WIIOCI	LLLANL	<del>503</del>				LIMIT OF INCURANCE	COINE %	CALISE OF LOSS (BEDILS)	DEDUCTIBLE	DDEMILIM
MISCE MACH	LLANEOU	JS AGRICULTU ID IMPLEMENT	RAL S		DEDITEM	LIMIT OF INSURANCE	COINS %	CAUSE OF LOSS (PERILS)	DEDUCTIBLE	PREMIUM
				T	PERHEM					
AND S	UPPLIES		JIPINEN I	\$						
SCHE	DIII ED I	EADM DEDSO	NAI DRODERI	rv	IOIAL					
JUIL				· •						
#				SEDIAL #		CALISE OF LOSS (BEDI	11 6/	LIMIT OF INSUIDANCE	DEDUCTIBLE	DDEMILIM
	ILAK	MAINE	MODEL	OEMAL#		CAUGE OF LOCO (FER	LO)	LIMIT OF INCONANCE	DEDOCTIBLE	TREMION
	-									
#	DESCRIP	TION - NON-EQUIP	MENT (LIVESTOCK	INFO, FEED, HAY, ETC.)		CAUSE OF LOSS (PERI	ILS)	LIMIT OF INSURANCE	DEDUCTIBLE	PREMIUM
	i					I	1		1	

AGENCY CUSTOMER ID:	
LOC #·	

## AGRICULTURE UNSCHEDULED FARM PERSONAL PROPERTY

Use ACORD 406 to itemize individual category items with multiple units (i.e., Tractors, etc.).

AGRICULTURAL PRODUCE	UNIT PRICE	VALUE	CAUSE OF LOSS	DED	AGRICULTURAL MACHINERY AND IMPLEMENTS	# UNITS	VALUE	CAUSE OF LOSS	DED
BARLEY					TILLAGE:				
CORN					TRACTORS				
FODDER					DISCS				
FRUIT					HARROWS				
GROUND FEED					PLOWS				
HAY									
MFG STK FEED									
NUTS									
OATS									
SILAGE					CULTIVATING:				
SOYBEANS					CULTIPACKERS				
STRAW					CULTIVATORS				
WHEAT					DRILLS				
					PLANTERS				
					ROTARY HOES				
					SEEDERS			+	
					SPREADERS			-	
					SPRAYERS				
								-	
TOTAL VALUE:									
POULTRY	UNIT PRICE	VALUE	CAUSE OF LOSS	DED	HARVESTING:				
CHICKENS					BLOWERS				
TURKEYS					CHOPPERS				
TURNETS					COMBINES				
					CORN PICKERS				
					COTTON PCKRS				
					DRIERS				
TOTAL VALUE:			1		ELEVAT (PORT)				
LIVESTOCK	UNIT PRICE	VALUE	CAUSE OF LOSS	DED	FORAGE: HARVESTERS				
DAIRY COWS					GRAIN CLNRS				
DAIRY HEIFERS					GRAIN HEADS				
DAIRY CALVES					GRAPE:				
BEEF COWS					HARVESTERS				
BEEF CALVES					HAY BALERS				
FEEDER CATTLE					MOWERS				
BULLS					NUTSHAKERS				
					RAKES			1	
SOWS & GILTS								+	
BOARS					RICE HARVSTRS			+	
FEEDER PIGS					SILO BLOWERS			+	
EWES					SILO UNLOADRS				
RAMS					TOMATO:				
LAMBS					HARVESTERS				
HORSES					WAGONS				
PONIES									
MULES									
TOTAL VALUE			-		TOTAL VALUE	1	-		
TOTAL VALUE:					TOTAL VALUE:				

AGENCY CUSTOMER ID:	
LOC#·	

### AGRICULTURE UNSCHEDULED FARM PERSONAL PROPERTY

AGRIC TOOLS, EQUIPMENT AND SUPPLIES	# OF UNITS	VAL	.UE	CAUSE OF LOSS	DED	IRRIGATION EQUIPMENT	# OF UNITS	VALUE	CAUSE	OF LOSS	DED		
AGRICULT CHEM:						CNTR PIVOT IRR							
FERTILIZERS						DRIP							
HERBICIDES						HANDSET							
INSECTICIDES						LTRL MOVE IRR							
PESTICIDES						PUMPS							
AIR COMPRESSORS						SOLID SET							
BINS BOXES & BOX SHOOK						WHEEL-LINE							
SHOOK ELECTRIC MOTORS													
FARM LUBRICANTS													
FENCING & POSTS													
GAS/DIESEL FUEL													
HAND TOOLS						TOTAL VALUE:							
MATERIALS & SUPP						ADDITIONAL ITEMS	# OF UNITS	VALUE	CAUSE	OF LOSS	DED		
MILKING EQUIP						ADDITIONAL ITEMS	UNITS						
OFFICE EQUIP													
PAINTS													
PICKING EQUIP													
POULTRY EQUIP POWER TOOLS													
SADDLES & TACK													
SPARE PARTS													
TIRES						=							
VET SUPPLIES													
WELDRS & TRCHES													
						-							
TOTAL VALUE:		-		<u> </u>	1	TOTAL VALUE:	-		-		ı		
SUMMARY SCH	IEDUL	ED FARM	PERSONA	AL PROPERTY		SUMMARY UNSCH	IEDULE	D FARM PERSO	NAL P	ROPERT	Υ		
				-		TOTAL ALL CATEGORIES							
LIMIT OF INSURANCE	E: \$					LIMIT OF INSURANCE:							
PREMIUM:	\$					PREMIUM:	\$						
IF EXCLUSION	OF PR	OPERTY F	ROM BLA	NKET COVER	AGE IS DESIRED	, PLEASE LIST THE	SPECIF	IC ITEMS					
PROPERTY CLASS	PROP SI	JB-CLASS I	TEMS								VALUE		
										\$			
										\$			
										\$			
										\$			
										\$			
										\$			
										\$			
										\$			
										\$	\$		
										\$			
400BB 400 (00	07/00)				D	1 11				\$			



AGENCY CUSTOMER ID:	

LOC #: \_

AG	RICUL	TUR	E LI	ABILI	TY S	ECTION	I			DAT	E (MM/DI	D/YYYY)			
AGENCY			APPLIC	CANT/FIRST NAMED INSURED											
POLICY NUMBER			CARRIE	ER .							NAIC	CODE			
ACCOUNT NUMBER						NEW	EFFE	CTIVE DATE	EXPIRA	EXPIRATION DATE					
								RNW							
COVERAGES							LIMITS	OF LIAE	BILITY						
BODILY INJURY AND PROPERTY DAMAGE LIABII	LITY			\$								RENCE" LIMIT			
				\$ GENERAL AGGREGATE LIMIT \$ EACH "OCCURRENCE" LIMIT											
PERSONAL AND ADVERTISING INJURY LIABILITY	1			\$ \$						NERAL AGO					
				\$						Y ONE PER					
MEDICAL PAYMENTS				\$						CH "OCCUR					
PROPERTY DAMAGE LIABILITY FIRE DAMAGE LI	MIT			\$					AN	Y ONE FIRE					
ADDITIONAL COVERAGE - DAMAGE TO PROPER	TY OF OTHER	<u> </u>		\$											
				\$											
				\$											
EARM REPOONAL LIABILITY		]		\$	20141450	OLAL LIABULT	.,								
FARM PERSONAL LIABILITY  PERSONAL   NAME AND ADDRESS OF INSURED(S) (AH2		YES	NO			CIAL LIABILIT					YES	NO			
PERSONAL LIABILITY COVERAGE YES NO	ich additional she	ets if nece	essary)		NAME ANL	O ADDRESS OF IN	SURED(S	o)							
										BASIS/RATE	PR	EMIUM			
INITIAL FARM PREMISES ACRES:															
TOTAL ACREAGE FOR ALL LOCATIONS, INCLUDI	NG INITIAL FA	ARM PRE	EMISES:												
ADDITIONAL FARM PREMISES MAINTAINED BY N	NAMED INSUR	ED							LOC#						
ADDITIONAL NON-FARM PREMISES OCCUPIED E	BY INSURED		SEASONA	L	PERMANI	ENT			LOC#						
ADDITIONAL RESIDENCE RENTED TO OTHERS							# FAMI	LIES	LOC#						
CUSTOM FARMING RECEIPTS							RECEII	PTS							
INCIDENTAL BUSINESS ACTIVITIES (i.e., ROADS)	DE STANDS, I	DAY CAI	RE, HUN	TING ANI	) FISHING	G)	Ψ								
ACTIVITY	·						RECEI	PTS							
							\$								
							\$				_				
							\$				+				
							\$				+				
							\$				+				
							LIMIT								
LIMITED FARM POLLUTION LIABILITY					COST		\$								
CONTINGENT LIABILITY FOR CROP DUSTING BY INDEPENDENT AIRCRAFT					\$	T	LIMIT \$								
ANIMAL COLLISION  LIMIT PER HEAD  # OF HEAD  \$								HEAD							
EMPLOYERS LIABILITY  # OF PERSON # FULL TIME EMPLOYEES TOTAL PAYROLL EMPLOYEES															
									TOTA	L PREMIUM:					
		AT1	I ACH T	O ACORI	J 401										

				AGENCY CU	STOMER ID:			
الا	DITIONAL INTEREST/C	EDTIFICATE DECI	DIENT		LOC #:			
	REST		REFERENCE # / LOAN #:		CERTIFICATE REQUIRED	INTEDEST IN	ITEM NUMBER	
IIVIL	ADDITIONAL INSURED	NAME AND ADDRESS	REFERENCE #/ LOAN #.		CERTIFICATE REGUIRED	LOCATION:	BUILDING:	
	LOSS PAYEE					VEHICLE:	BOAT:	
	1							
	MORTGAGEE					SCHEDULED ITEM NUI OTHER	WBEK:	
	LIENHOLDER					OTTLER.		
	EMPLOYEE AS LESSOR							
<u> </u>	DITIONAL INTEREST/C	EDITION:	DIENT					
INTE	REST	NAME AND ADDRESS	REFERENCE # / LOAN #:		CERTIFICATE REQUIRED		ITEM NUMBER	
	ADDITIONAL INSURED					LOCATION:	BUILDING:	
	LOSS PAYEE					VEHICLE:	BOAT:	
	MORTGAGEE					SCHEDULED ITEM NU	MBER:	
	LIENHOLDER					OTHER		
	EMPLOYEE AS LESSOR							
		ITEM DESCRIPTION:						
GE	NERAL INFORMATION							
EXP	LAIN ALL "YES" RESPONSES							Y/N
1.	DOES APPLICANT BUIL	.D, REPAIR OR DESI	GN MACHINERY, EQUIPMENT	OR SYSTEMS FO	OR ANYONE AT A CHARG	E?		
2.	DOES APPLICANT RENT	OR LEASE EQUIPM	MENT TO OTHERS?					
3.		OR EQUIPMENT OV	/NED OR OPERATED BY THE	APPLICANT NOT	CONFORM TO APPLICAB	LE SAFETY	ſ	
	REGULATIONS?							
4	DOEO ADDI IOANITANY	DD00500 01 411011	ED DUTOUED OD OTHERWIN	05 0050405 505	A A A A A A A A A A A A A A A A A A A	1110 OD ANN OTHE		
4.	PRODUCT?	PROCESS, SLAUGH	TER, BUTCHER OR OTHERWIS	SE PREPARE FOR	R ANY "END CONSUMER"	HIS OR ANY OTHE	R GROWER'S	
	TROBUUT.							
5	DOES APPLICANT HAND	N E ANY PRODUCT	SUCH AS SEED, FERTILIZER,	SDRAVS ETC FO	OR RESALE?		ı	$\overline{}$
J.	DOLO ALI LICANI HANE	DEL AITT I RODOOT,	OOOITAO OEED, TERTILIZER,	01 NATO, ETO. 1 C	OK KLOALL:		[	
6.	ARE ANY CONTRACT OF	R SERVICE OPERAT	IONS PERFORMED FOR OTHE	RS SUCH AS SNO	OW REMOVAL TILING (e.	a FIFI D/DRAIN TII	F) FXCAVATING	<del>-</del>
0.	OR DITCHING?	COLITION OF LIGHT	iono i Em ommes i on o i i e		ov kemovie, henvo (o.	g., 1122 <i>5/5</i> 10/014/112		
7.		JAL HAZARDS SUCH	AS (BUT NOT LIMITED TO) O	PEN DUMP PITS,	MANURE PITS, SUMP HO	LES, PONDS, LAKE	S OR	$\overline{\Box}$
	RESERVOIRS?							
8.	IS THERE AN AIRSTRIP	ON THE PREMISES?					[[	
9	ARE ANY "HOLD HARM!	ESS" OR "INDEMNIE	YING" AGREEMENTS IN EFFE	CT?			l f	
٥.	ARE ART HOLD HARWE	LOG OK HADEWHAII	TING AGREEMENTS IN ELTE	01:			[	
10.	IS THERE A SWIMMING	POOL ON PREMISES	S? IF "YES":					$\Box$
	IN GROUND (Y/N):	FENCED (Y/N):	DIVING BOARD (Y/N): S	SLIDE (Y/N):	DEPTH:	FEET		
			· <b></b>					_
11.	IS THERE ANY WATERO	KAFT EXPOSURE?					[	
							[	
12.	IS THERE ANY SNOWMO	OBILE EXPOSURE?					[	
								_
13.	IS THERE ANY ATV OR	DIRT BIKE EXPOSU	RE?				<u></u>	ΠĪ

	AGENCY CUSTOMER ID:	
GE	ENERAL INFORMATION (continued)	
	PLAIN ALL "YES" RESPONSES	Y/N
	. IS THERE A TRAMPOLINE ON THE PREMISES?	
15.	. DOES APPLICANT SERVE ON ANY BOARDS FOR REMUNERATION?	
16.	. ARE ANY PREMISES USED BY OTHERS FOR HUNTING, FISHING OR OTHER RECREATIONAL ACTIVITIES?	
47	DOEC ADDITIONAL HAVE ANY DOTENTIALLY DANCEDOLIC ANIMALS OF EVOTIC DETCS	
17.	. DOES APPLICANT HAVE ANY POTENTIALLY DANGEROUS ANIMALS OR EXOTIC PETS?	
ΙΙV	VESTOCK / DAIRY INFORMATION	
	PLAIN ALL "YES" RESPONSES	Y/N
	. ARE ANY LIVESTOCK PRESENT ON PREMISES OR ARE ANY LIVESTOCK ANTICIPATED DURING THE YEAR?	
19.	. ARE LIVESTOCK KEPT IN AREAS THAT ARE NOT ADEQUATELY FENCED AND MAINTAINED IN A GOOD STATE OF REPAIR? PREMISES	IS IN:
	OPEN I	RANGE AREA
		D RANGE AREA
20.	. ARE LIVESTOCK NEAR ANY PUBLIC ROAD OR HIGHWAY?	
24	DOEC INCLIDED OWN, DOADD, DACE, DDEED OD DENT HODGEGO	
۷۱.	. DOES INSURED OWN, BOARD, RACE, BREED OR RENT HORSES?	
22.	. ANY NON-OWNED HORSES ON ANY INSURED PREMISES?	
23.	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?	
24	. NUMBER OF ANIMALS MILKED:	
	. IS THERE ANY PROCESSING OF MILK?	
26.	. ARE THERE ANY RETAIL SALES OF MILK PRODUCTS TO PUBLIC? RECEIPTS: \$	I
RE	EMARKS	

ACORD 404 (2007/09)

ACORD <sup>®</sup>

AGENCY CUSTOMER ID: \_\_\_

AGRICULTURE PREMISES / LOCATION DIAGRAM  DATE (MM/DD/YYYY)									
AGENCY		APPLICANT/FIRST NAMED INSURED	APPLICANT/FIRST NAMED INSURED						
POLICY NUMBER		CARRIER		NAIC CODE					
ACCOUNT NUMBER									
PREMISES INFOR	RMATION								
DIAGRAM#	LOCATION #	PHONE NUMBER							
PREMISES ADDRESS (I	ROM ACORD 401, INCLUDE ROUTE, SECTION, TOWI	NSHIP, RANGE, GPS COORDINATES, ETC. IF NECESSARY)							
NOTES (HOW TO GET T	HERE, NEAREST CROSS STREET, ETC.):								

### PREMISES DIAGRAM

SHOW ALL CHARACTERISTICS ON THE PREMISES INCLUDING STRUCTURES, PONDS, ROADWAYS, ETC. (WHETHER INSURED OR NOT) AND DISTANCE IN FEET BETWEEN THEM.

LABEL ALL STRUCTURES AND ATTACH DATED PHOTOGRAPH OF EVERY STRUCTURE. (INDICATE "NC" IF NOT COVERED) 0 | R | T | W Ε Ε Α S S T T U S 0 Т Н **ATTACH TO ACORD 401** 



<b>AGENCY CUSTOMER ID:</b>	

DATE (MM/DD/YYYY)

LOC #:

### AGRICULTURE SUPPLEMENT

UNSCHEDULED FARM PERSONAL PROPERTY INVENTORY FORM									
AGENCY		-	APPLICANT/FIRST NAMED INSURED		•				
POLICY NUMBER			CARRIER		NAIC CODE				
ACCOUNT NUMBER				NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE			
INVENTORY - Individual P	roperty Class / Sub Clas	s Items with Mul	Itiple Units (i.e., Tractors, etc.)			'			
PROPERTY CLASS	PROPERTY SUB CLASS	DESCRIPTION			TOTAL VALUE				

ACO	RĹ	<b>)</b> °			D	WE	ELLIN	NG F	FIR	EA	<b>API</b>	PLI		AT	ION					DAT	E (MM	IDDIY	YYY)
AGENCY	P	HONE	Ext):					APPLICA	NT'S NA	AME AN	ND MAIL	ING AD	DDRE	SS (Inclu	ide county	& ZIP+	<b>⊦</b> 4)						
	È	AX VC, No):	,					NAIC CODE									CODE	FACILITY CODE			TY CODE		
																		POL	ICY#				
								DATE AT		/PLAN							HOME F	PHONE	#				DAY
																							EVE
CODE: AGENCY C	USTON	1FR ID		SUBCO	DE:			EFFE	CTIVE	DATE		EXPIRA	ATION	IDATE	BUSIN	IESS P	HONE #	<b>‡</b>					DAY
APPLICA			MATION																				EVE
PREVIOUS ADDRESS (If less than 3 years)								YRS PRE ADD	AT LC	OCATIO	N OF PI	ROPE	ERTY IF I	DIFF FROM	/ ABO	/E (Inc o	county	& ZIP)					
APPLICAN (State natur	r'S OCe re of bu	CUPATIC Isiness if	N f self-emplo	oyed)	APPLICA	ANT'S EM	IPLOYER N	AME AND A	ADDRES	ss		YEARS CURR C	S IN	YEARS W/ URR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DA	TE OF	BIRTH	SO	CIAL S	ECUR	RITY#
CO-APPLIC	ΔNT'S	OCCUPA	ATION		CO ADD	ICANTIC	EMPLOYE	D NAME AN	ID ADD	DECC		VESS		·====	VEIBOW	MAR	DA	TE 05	DIDTU	500		CUD	UTV #
(State natur				oyed)	CO-APPI	LICANTS	SEMPLOYE	K NAWE A	עטא טוי	JKESS		CURR	OCC C	URR EMPL	YEARS W/ PRIOR EMPL	. Šťät	DA	TE OF	ыктп	500	CIAL SE	ECUR	.IIY#
HOW LO	NG H	AVE YO	U KNOW	VN THE	APPLICA	NT?				D	ATF A	GENT	LAS	ST INSE	PECTED	PRO	PERTY	···					
COVERA						FIRE	FIR	E & EC		FIRE, E				BROAD			SPECI		PRE	MIUM			
POLICY TYPE		DWELL	ING	ST	OTHER RUCTURE	s	PERS PROF	ONAL PERTY	RENTA	AL VALI	JE		PERSO LIABII	NAL LITY		MEDIC PAYME	CAL EST TOT PREMIU			\$			
										DITION	AL EXP	ENSE		CH OCCI	JRRENCE		ACH PE	RSON	DEPOSIT \$		\$		
DED	\$	1		\$				\$					\$		NAMED	\$	1		BALAN	NCE	\$		
ENDORS			L PERIL			WIND	/HAIL			THEFT	<u> </u>						able in	NC					
PAYMEN	NT PL	.AN	AC	ORD 61	0 Attach	ed (N	OT APPL	ICABLE	IN N	C)													
ACCOUNT: BILLING	#:		IF DIRECT	DII I ·						IE ADE	DI ICAN	T DII I ·						M	AIL POLIC				
	OT DI	-			_	]									AGENT	AGENT APPLICANT							
	CT BIL NCY BI			APPLICAN' MORTGAG		]			FULL PAY						- APPLIC	CANT							
RATING				VIOITIOAO																			
FRAM	E	MFC	HOME	YR BUIL	T #ROC	OMS	MARKET \	/ALUE	STRU	CTURE	TYPE	_		USA	AGE TYPE		FAI	RM	# FAM- ILIES	# HSEHL	D F	PURCI	HASE PRICE
MASO	· · · · ·	_	YL SIDING			\$			D/	WELLIN	ELLING TOWNHOUS		USE PRIMARY CO		co	С		RES		, <b>_</b> , .			
MASO VENE	ER	SIDI	IMINUM NG	SQ FT	# AP		EPLACEME	NT COST		PART		ROW	HOUS	SE	SECOND	ARY	COMP.	DATE:					
FIRE F		TERR	PREM	 /I PROT	FCT	S DISTAN	ICF TO			ONDO	7.405 7	CO-OF			SEASON	AL					YPE P	ART C	OMP YEAR
FIRE U	NITS IN RE DIV	CODE	GROU	P CLA	SS	DRANT	FIRE			OKE				<b>HEAT TY</b> PRIMAR'			NC	DNE	PLUMBI		+		
DIVS FI	KE DIV	1				F	STATION	I CENTRA		OKE	ILIVIE	BUKGI		SECONE					HEATIN		$\neg$		
FIRE/I	EC RAT	E		FIRE DIST	RICT/COD			DIRECT							JSEKEEPI	ING CC	NDITIO	N	ROOFIN				
								LOCAL											EXTERI	OR PAII	NT		
DATE HEAT LAST SERV	TING S	YSTEM	NUM OF (ELEC	SYST)	CIRCUIT BI	REAKER	S FUSES		K A	(NOB &	TUBE C	DR ING	CON	MBING S	SYSTEM	ANY	IBING S	YSTEN	S FOUN	OITADI	N _	c	LOSED
DWELLING	LOCA:	TION	OCCUDAN	CV	YES	N	O YE		NO L	YES		NO			0 0001	· _ ·	YES	No.		OPEN			ONE
WITH		-	OCCUPAN				EADBOLT	INDOORS		SE TANK			S	WIMMIN APE	G POOL PROVED	YES	3 1		INDSTOR EATURES		3 MILIC	SATIO	)N
CITY LIMITS OWNER UNOCC FIRE EXT WITHIN TENANT VACANT NEIGHBORS NEIGHBORS						ABC	OVE GRO	OUND ON FLOOR OUND NO	N	OORS ABOVE GROUN BELOW	ID    _	FEN DIV BO	NCE ING ARD	G	BOVE ROUND	)							
WITHIN PROT SUBURB  BLDG CODE INSPECTED? TAX CODE RATING OCCU							MASONI	RY FLOC # WKS ENTED	WIND	GROUN		SLII SEN		Ġ	ROUNE MATERIA		CON	NDITION	I OF R	OOF			
						YES	NO			RESISTI		ОТН	HER										
IF REPLAC			PPLIES, A			):			RATI	NG CRE			:	MANNED SECURIT		SPRI	NKLER	FI	FIREPLACES (Enter Number)				
BA	SEMEN	I <b>T</b> SQ FT		GARAG	<b>E</b> SQ FT		BREEZEW	SQ FT		LIGHT	SMOKEI NING ECTION			OFF PREI THEFT EX			PARTIA FULL	L	CHIMN	- H	v	RE-FA VOOD NSER	STOVE
PRIOR C	OVE				OWIT	-		Owil		PROII	ECHON						, OLL					NOEK	1
PRIOR CAR	RRIER									PF	RIOR PO	DLICY N	NUMB	ER							EXPIR	RATIO	N DATE

#### **GENERAL INFORMATION** EXPLAIN ALL "YES" RESPONSES IN REMARKS YES NO EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17) YES NO ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? 14. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR (Including day/child care) If "Yes", list gross receipts: \$ ANY RESIDENCE EMPLOYEES? CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION (Number and type of full and part time employees) WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose 3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC? the existence of an arson conviction is a misdemeanor punishable by a 4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED? sentence of up to one (1) year of imprisonment.) ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) 15. IS THERE A MANAGER ON THE PREMISES? RENTERS AND HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? 16. IS THERE A SECURITY ATTENDANT? CONDOS ONLY: ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED 17. IS THE BUILDING ENTRANCE LOCKED? DURING THE LAST 3 YEARS? (Not applicable in MO) 18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, 19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE (Give estimated completion date and dollar value) YEARS? 20. IS HOUSE FOR SALE? ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR PREMISES? (Note breed and bite history) NON-RESIDENTIAL PROPERTY? 10. DISTANCE TO TIDAL WATER: ☐ Miles ☐ Feet 22. IS THERE A TRAMPOLINE ON THE PREMISES? 11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? 23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A (If yes, describe land use) PRIVATE RESIDENCE AND THEN CONVERTED? 12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES 24. ANY LEAD PAINT HAZARD? (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model) IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and 13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable) Third Party and limit) IF BUILDING IS UNDER CONSTRUCTION IS THE APPLICANT THE GENERAL CONTRACTOR? ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING APPLICANT'S LOSS HISTORY YEARS, AT THIS OR AT ANY OTHER LOCATION? INITIALS: THE LAST NO IF YES, INDICATE BELOW DATE TYPE DESCRIPTION OF LOSS AMOUNT CAT# ADDITIONAL INTEREST LOAN NUMBER INT# NAME AND ADDRESS MORTG'E ADDL INT REMARKS (Attach Additional Sheets if More Space is Required) **ATTACHMENTS** PHOTOGRAPH RECREATIONAL VEHICLE APP STATE SUPPLEMENT(S) (If applicable) SOLID FUEL SUPPLEMENT WATERCRAFT APPLICATION INLAND MARINE APPLICATION PROTECTION DEVICE CERTIFICATE LEAD FREE PAINT CERTIFICATION REPLACEMENT COST ESTIMATE PERS EXCESS/UMBRELLA APP HOME BASED BUSINESS SUPP BINDER/SIGNATURE IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: INSURANCE BINDER THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. **EXPIRATION DATE EFFECTIVE DATE** THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. TIME 12:01 AM COVERAGE IS NOT BOUND APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY. PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.) ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.) APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

Agent Number:	
Agent:	
Policy No.:	
Date:	· · · · · · · · · · · · · · · · · · ·

	Date:
	ER'S QUESTIONNAIRE
s the property address information shown above correct? Yes Primary Insured's Social Security Number (optional):	☐ No (If no, please indicate any changes).  Telephone Number (optional):
In what year was your home built?	Do you have any of the following actively working protection devices in your home?
2. What is your type of home/construction?  Wood Frame Synthetic Stucco  Brick Log  Masonry Veneer Mobile Home (not modular)  Stucco Other (describe)	Fire Alarm Yes No If Yes, check the type of alarm system:  Local/audible Central Station Direct to Fire Dept  Burglar Alarm Yes No If Yes, check the type of alarm system:  Local/audible Central Station Direct to Police Dept
3. Please indicate the following: Ground Floor Square Footage: Number of Stories (1, 1-1/2, 2, Other): Total Square Footage:	Smoke Detector ☐ Yes ☐ No  15. Do you have a swimming pool? ☐ Yes ☐ No If yes: a. is there a diving board? (circle: spring / platform) ☐ Yes ☐ No
<ul> <li>4. Does your home have a basement? ☐ Yes ☐ No If yes, is it finished? ☐ Yes ☐ No</li> <li>5. What is your home's roof type?</li> </ul>	depth of water below: b. is there a slide?
☐ Asphalt ☐ Tar and Gravel ☐ Tile ☐ Wood (circle: shingle, shake, fiber shingle) ☐ Metal ☐ Other (describe)	d. do you provide swimming lessons?
6. Does your home have a flat roof?  Yes No	17. Do you have a shed, barn or outbuilding on your premises? ☐ Yes ☐ No If yes, please explain the type and use of each:
7. Has your roof been replaced?	18. Do you operate a daycare for children out of your home? ☐ Yes ☐ No
Please indicate the following:	a. How many children are in your care? b. What is your daycare license number? c. Do you transport the children? ☐ Yes ☐ No
System Updated Inspected  Heating Wiring Plumbing	19. Do you have any pets at your residence? ☐ Yes ☐ No a. If yes, please list the type (dog, cat, horse, etc.) and how many of each.  b. If dog, what breed or mix?  *If unsure of breed or mix, submit photo.
9. Please indicate the type of wiring in your home (check all that apply):  ☐ Aluminum ☐ Circuit Breakers ☐ Knob and Tube ☐ Fuse Box	20. Do you have any farm animals?  Yes No If yes, please list the type and how many of each:
Other (describe)	21. Please indicate the number of people in your household:      22. Please list each household member and their primary occupation:
10. Please indicate ALL sources used to heat the home:  Primary Alternate  Gas  Electric  Oil	Name: Occupation: Name: Occupation: Name: Occupation: Name: Occupation: Name: Occupation: Name: Occupation: Occupation:
Wood/Coal Other (describe)	23. If you are self-employed, do you conduct any business or farming operations out of your home? ☐ Yes ☐ No If yes, please explain:
11. What is the name of your primary responding fire department?	24. Do you have any business supplies, equipment or machinery at your premises? ☐ Yes ☐ No If yes, please explain:
12. How far from your home is your:  Primary fire dept? miles  Nearest fire hydrant? feet	25. Do you employ anyone at your residence (domestic help or business-related)?
13. Is your home within city limits? ☐ Yes ☐ No	How many people?Total monthly payroll? Type of work done?
IMPORTANT: If you have any of the following heat sources (wood bu heating unit, including front and side, and exterior chimney, and compl	rning stove, wood furnace, pellet stove, fireplace insert), please submit photos of the ete the Heating Questionnaire on the reverse side of this form.

I have reviewed the above information and it is correct as of the date signed.

Signature

Date

HEATING QUESTIONNAIRE	
IMPORTANT: If you have any of the following heat sources (wood burning stove, wood furnace, pellet stove, fireplace insert), please submit photos of the heating unit, including front and side, and exterior chimney, and complete the Heating Questionnaire below.	
INSTALLATION/MAINTENANCE OF HEATING UNIT	
Date installed: Name of manufacturer: Model No  Was the unit professionally installed? \( \sqrt{Y}\) Yes \( \sqrt{N}\) No  If Yes, please provide installer's name and address:	
Is the unit installed to manufacturer's specifications?  \Begin{array}{c c c c c c c c c c c c c c c c c c c	
TYPE OF HEATING UNIT	
☐ Woodburning stove       ☐ Auxillary furnace attached to:       ☐ Fireplace insert, with direct connection? ☐ Yes ☐ No         ☐ Pellet stove       ☐ Electric ☐ Wood       ☐ Other (describe)	
WALL PROTECTION SURROUNDING THE UNIT FLOOR PROTECTION BELOW THE UNIT	
□ Brick     □ Wood paneling     □ Brick     □ Carpet       □ Drywall     □ Other (describe)     □ Concrete     □ Other (describe)       □ Linoleum	
DIMENSIONS (If free-standing heating unit/wood stove)	
Please provide the distance (in inches):  1. Side of unit nearest to wall:  2. Rear of unit to wall:  3. Bottom of unit to floor:  4. Unit to edge of floor protection:  Sides:  Front:  Rear:  in.  Rear:  in.	
ADDITIONAL INFORMATION	
Do you use a metal container for ash disposal? ☐ Yes ☐ No Is there a fire extinguisher in the dwelling? ☐ Yes ☐ No	

10234 (12-04) PAGE 2 of 2