



AGRICULTURE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY		CARRIER				NAIC CODE	
		COMPANY POLICY OR PROGRAM NAME			PROGRAM CODE:		
					ACCOUNT NO.:		
CONTACT NAME:		<input type="checkbox"/> NEW	EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/> DIRECT BILL	PAYMENT PLAN	
PHONE (A/C, No, Ext):		<input type="checkbox"/> RNWL			<input type="checkbox"/> AGENCY BILL		
FAX (A/C, No):		QUOTE		POLICY TYPE		EST TOTAL PREMIUM \$	
E-MAIL ADDRESS:		BOUND (DATE):				DEPOSIT \$	
CODE:	SUBCODE:	ISSUE POLICY				BALANCE \$	
AGENCY CUSTOMER ID:							
INDICATE SECTIONS ATTACHED		<input type="checkbox"/> AGRICULTURE LIABILITY		<input type="checkbox"/> LIVESTOCK MORTALITY		<input type="checkbox"/> HOMEOWNERS	
<input type="checkbox"/> AGRICULTURE PROPERTY		<input type="checkbox"/> AGRICULTURE PREMISES / LOCATION DIAGRAM		<input type="checkbox"/> EQUINE LIABILITY		<input type="checkbox"/> PERSONAL AUTO	
<input type="checkbox"/> AG PROPERTY SECTION SCHED AND UNSCHED		<input type="checkbox"/> AG PROPERTY SECTION UNSCHED FARM		<input type="checkbox"/> COMMERCIAL AUTO		<input type="checkbox"/> PERSONAL INLAND MARINE	
<input type="checkbox"/> PERSONAL PROPERTY		<input type="checkbox"/> PERSONAL PROPERTY		<input type="checkbox"/> COMML GENERAL LIABILITY		<input type="checkbox"/> UMBRELLA	
						<input type="checkbox"/> WATERCRAFT	

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)				MAILING ADDRESS INCL ZIP+4 (of First Named Insured)			
FEIN OR SOC SEC # (of First Named Insured):		PHONE (A/C, No, Ext):		NUMBER OF YEARS FARMING EXPERIENCE BY THE INSURED:			
E-MAIL ADDRESS(ES):				WEBSITE ADDRESS(ES):			
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC	CR BUREAU NAME	ID NUMBER		
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE						
INSPECTION CONTACT:		PHONE (A/C, No, Ext):		ACCOUNTING REC CONTACT:		PHONE (A/C, No, Ext):	
E-MAIL ADDRESS:				E-MAIL ADDRESS:			

TYPE OF FARM / RANCH OPERATIONS (Mark and describe all that apply)

<input type="checkbox"/> AQUACULTURE	<input type="checkbox"/> FLOWERS	<input type="checkbox"/> HOBBY / GENTLEMAN FARM	<input type="checkbox"/> LIVESTOCK GRAZING	<input type="checkbox"/> POULTRY
<input type="checkbox"/> COTTON	<input type="checkbox"/> FRUIT / CITRUS	<input type="checkbox"/> HORSES	<input type="checkbox"/> LIVESTOCK PROCESSING	<input type="checkbox"/> TOBACCO
<input type="checkbox"/> DAIRY	<input type="checkbox"/> FUR BEARING ANIMALS	<input type="checkbox"/> LIVESTOCK CONFINEMENT	<input type="checkbox"/> NURSERY STOCK	<input type="checkbox"/> VEGETABLES
<input type="checkbox"/> FIELD CROPS	<input type="checkbox"/> GREENHOUSES	<input type="checkbox"/> LIVESTOCK FEEDLOT	<input type="checkbox"/> NUTS	<input type="checkbox"/> VINEYARDS

DESCRIBE FARM/RANCH OPERATIONS AND ANY INCIDENTAL BUSINESS ACTIVITIES. DESCRIBE ADDITIONAL ITEMS IN OPTIONAL CHECK BOXES.

LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES FOR THE PAST FIVE YEARS

DATE OF OCCURRENCE	TYPE OF LOSS	DESCRIPTION OF OCCURRENCE	AMOUNT PAID

PRIOR INSURANCE INFORMATION

PRIOR CARRIER	TYPE OF INSURANCE	POLICY #	AMOUNT OF COVERAGE

OTHER RELATED POLICIES

INSURED NAME	TYPE OF INSURANCE	POLICY #

REMARKS (Attach additional sheets if more space is required)

LOCATION / SUBLOCATION SCHEDULE

LOC #	ADDRESS (Street / Route, City, State, Zip)	SUBLOCATION TYPE	RANGE	
BLDG / SUBLOC #		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	LATITUDE	LONGITUDE
SUBLOCATION DESCRIPTION:				

LOC #	ADDRESS (Street / Route, City, State, Zip)	SUBLOCATION TYPE	RANGE	
BLDG / SUBLOC #		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	LATITUDE	LONGITUDE
SUBLOCATION DESCRIPTION:				

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SUBLOCATION DESCRIPTION:				

LOC #	ADDRESS (Street / Route, City, State, Zip)	SUBLOCATION TYPE	RANGE	
BLDG / SUBLOC #		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	LATITUDE	LONGITUDE
SUBLOCATION DESCRIPTION:				

PREMISES INFORMATION

LOC #	COUNTY	SECTION	TOWNSHIP	FARM NAME	# ACRES
IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION?					
<input type="checkbox"/> YES	IF YES, (A) SOURCE =		(B) QUANTITY =		PROT CLASS
<input type="checkbox"/> NO	<input type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS	<input type="checkbox"/> APPLICANT		FIRE DISTRICT CODE
	<input type="checkbox"/> POND / LAKE	<input type="checkbox"/> 1,000-3,000 GALLONS	<input type="checkbox"/> TENANT		OWNED BY APPLICANT
	<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.	<input type="checkbox"/> OVER 3,000 GALLONS			<input type="checkbox"/> YES
					<input type="checkbox"/> NO
					DISTANCE TO
					PUBLIC HYDRANT
					FIRE STAT
					FT MI

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					<input type="checkbox"/> NO
					DISTANCE TO
					PUBLIC HYDRANT
					FIRE STAT
					FT MI

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES APPLICANT HAVE ANY OTHER BUSINESS OR OTHER NON-FARM ACTIVITIES ON OR OFF PREMISES, SUCH AS DUDE RANCH, BED & BREAKFAST OR RESORT FACILITY? IF SO, INCLUDE RECEIPTS: \$	<input type="checkbox"/>
2. IS FARMING THE PRIMARY SOURCE OF THE INSURED'S INCOME?	<input type="checkbox"/>
3. IS THIS BUSINESS NEW TO THE AGENCY?	<input type="checkbox"/>
4. HAS ANY POLICY BEEN CANCELLED OR NONRENEWED IN THE PAST 5 YEARS? (NOT APPLICABLE IN MO)	<input type="checkbox"/>
5. HAVE YOU INSPECTED THIS PROPERTY IN THE LAST TWELVE (12) MONTHS?	<input type="checkbox"/>
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.)	<input type="checkbox"/>
7. ARE INDEPENDENT CONTRACTORS HIRED TO PERFORM ANY FARMING OPERATIONS?	<input type="checkbox"/>
8. IS ANY PART OF THE FARM RENTED OR LEASED FOR RECREATIONAL USE?	<input type="checkbox"/>
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?	<input type="checkbox"/>
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?	<input type="checkbox"/>
11. DOES THE APPLICANT OR SPOUSE OWN, RENT OR OPERATE AS A FARM, RANCH OR RESIDENCE ANY PREMISES OTHER THAN THOSE DESCRIBED IN THE PREMISES INFORMATION SECTION?	<input checked="" type="checkbox"/>
12. IS ANY LAND HELD FOR REAL ESTATE DEVELOPMENT OR SPECULATION?	<input type="checkbox"/>
13. DOES APPLICANT MAINTAIN ANY VACATION OR SEASONAL PREMISES?	<input type="checkbox"/>
14. IS THE APPLICANT A SUBSIDIARY OF ANOTHER?	<input type="checkbox"/>
15. DOES THE APPLICANT HAVE SUBSIDIARIES?	<input type="checkbox"/>
16. DOES THE INSURED PLAN ANY CONSTRUCTION OR RENOVATION WORK TO BE DONE ON THE PREMISES IN THE NEXT 12 MONTHS?	<input type="checkbox"/>
17. IS A FORMAL SAFETY PROGRAM IN EXISTENCE?	<input type="checkbox"/>
18. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?	<input type="checkbox"/>

REMARKS

ATTACHMENTS

	APPRAISALS
	BILL OF SALE
	COST ESTIMATOR
	INVENTORIES
	PHOTOS
	PREMISES DIAGRAM
	STATE SUPPLEMENT(S) (if applicable)

NOTICE OF INSURANCE INFORMATION PRACTICES - 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 HELP 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.

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, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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AGENCY CUSTOMER ID: _____

AGRICULTURE PROPERTY SECTION

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)			
POLICY NUMBER		CARRIER		NAIC CODE	
ACCOUNT NUMBER		<input type="checkbox"/> NEW <input type="checkbox"/> RENEW	EFFECTIVE DATE	EXPIRATION DATE	

BUILDING OR PERSONAL PROPERTY INFORMATION

LOC #	BLDG #	BUILDING DESCRIPTION									
		SUBJECT OF INSURANCE	BLKT #	LIMIT OF INSURANCE	COINS %	VALUATION RC/ACV	CAUSES OF LOSS			DEDUCTIBLE	PREMIUM
TOTAL											
BLDG TYPE	RATE GROUP	DIAG #	CONST TYPE	YR BUILT	HEAT TYPE	ROOF YEAR	ROOF TYPE	TOTAL AREA	LENGTH	WIDTH	HEIGHT

ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
---	--	--	--	--	--	--	--	--	--	--	--

EXPLAIN ALL "YES" RESPONSES

EXPLAIN ALL "YES" RESPONSES											Y / N
1. ARE ANY WOOD OR COAL FIRED STOVES USED?											
2. ARE THERE ANY BURGLARY AND/OR FIRE ALARMS? (If "YES", indicate the type of alarm and floors protected)											
<input type="checkbox"/> BURGLARY FLOORS PROTECTED BY ALARM: _____ <input type="checkbox"/> FIRE FLOORS PROTECTED BY ALARM: _____											
3. ARE THERE ANY OTHER PROTECTIVE DEVICES?											

ADDITIONAL INTEREST

INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
				LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	
REFERENCE / LOAN #: _____					

REMARKS

REMARKS

ATTACH TO ACORD 401



AGENCY CUSTOMER ID: _____

LOC #: _____

AGRICULTURE PROPERTY SECTION

SCHEDULED AND UNSCHEDULED FARM PERSONAL PROPERTY

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED			
POLICY NUMBER	CARRIER			NAIC CODE
ACCOUNT NUMBER		NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE

GENERAL INFORMATION

1. IS ANY PROPERTY KEPT ON A LOCATION(S) OTHER THAN AN INSURED LOCATION? (Y / N) <input type="checkbox"/>		
IF YES, WHERE IS IT KEPT? (A) DURING FARMING SEASON? _____		
(B) DURING OFF SEASON? _____		
2. WHAT IS MAXIMUM VALUE OF EQUIPMENT AT ANY ONE LOCATION?	INSIDE	IN OPEN
(A) DURING FARMING SEASON?	\$	\$
(B) DURING OFF SEASON?	\$	\$
3. IS THERE ANY EQUIPMENT LOANED OR RENTED TO/FROM OTHERS? (Y / N) <input type="checkbox"/>	IF YES, VALUE FOR BORROWED OR RENTED EQUIPMENT: \$ _____	
4. WHAT IS RADIUS OF OPERATIONS OF EQUIPMENT? _____	MILES	
5. IS EQUIPMENT WELL MAINTAINED? (Y / N) <input type="checkbox"/>		

TRANSIT

	LIMIT OF INSURANCE	COINS %	CAUSES OF LOSS (PERILS)	DEDUCTIBLE	PREMIUM
TRANSIT					

PEAK SEASON

DESCRIPTION	TIME PERIOD (MM/DD/YYYY)		APPLIES TO SCHD / UNSCHD	LIMIT OF INSURANCE	PREMIUM
	FROM	TO			
TOTAL					

ADDITIONAL INTEREST

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						



AGENCY CUSTOMER ID: _____

LOC #: _____

AGRICULTURE LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY		APPLICANT/FIRST NAMED INSURED			
POLICY NUMBER		CARRIER			NAIC CODE
ACCOUNT NUMBER		<input type="checkbox"/> NEW <input type="checkbox"/> RNL	EFFECTIVE DATE	EXPIRATION DATE	

COVERAGES	LIMITS OF LIABILITY	
BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$	EACH "OCCURRENCE" LIMIT
	\$	GENERAL AGGREGATE LIMIT
PERSONAL AND ADVERTISING INJURY LIABILITY	\$	EACH "OCCURRENCE" LIMIT
	\$	GENERAL AGGREGATE LIMIT
MEDICAL PAYMENTS	\$	ANY ONE PERSON LIMIT
PROPERTY DAMAGE LIABILITY FIRE DAMAGE LIMIT	\$	EACH "OCCURRENCE" LIMIT
ADDITIONAL COVERAGE - DAMAGE TO PROPERTY OF OTHERS	\$	ANY ONE FIRE
	\$	
	\$	
	\$	

FARM PERSONAL LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	FARM COMMERCIAL LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO
PERSONAL LIABILITY COVERAGE	NAME AND ADDRESS OF INSURED(S) (Attach additional sheets if necessary)		NAME AND ADDRESS OF INSURED(S)
<input type="checkbox"/> YES <input type="checkbox"/> NO			

COVERAGE	BASIS/RATE	PREMIUM
INITIAL FARM PREMISES ACRES:		
TOTAL ACREAGE FOR ALL LOCATIONS, INCLUDING INITIAL FARM PREMISES:		
ADDITIONAL FARM PREMISES MAINTAINED BY NAMED INSURED	LOC #	
ADDITIONAL NON-FARM PREMISES OCCUPIED BY INSURED <input type="checkbox"/> SEASONAL <input type="checkbox"/> PERMANENT	LOC #	
ADDITIONAL RESIDENCE RENTED TO OTHERS	# FAMILIES LOC #	
CUSTOM FARMING RECEIPTS	RECEIPTS \$	
INCIDENTAL BUSINESS ACTIVITIES (i.e., ROADSIDE STANDS, DAY CARE, HUNTING AND FISHING)		
ACTIVITY	RECEIPTS	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
LIMITED FARM POLLUTION LIABILITY	LIMIT \$	
CONTINGENT LIABILITY FOR CROP DUSTING BY INDEPENDENT AIRCRAFT	COST \$	LIMIT \$
ANIMAL COLLISION	LIMIT PER HEAD \$	# OF HEAD
EMPLOYERS LIABILITY	# OF PERSON MONTHS # FULL TIME EMPLOYEES # PART TIME EMPLOYEES	TOTAL PAYROLL \$
		TOTAL PREMIUM:

ATTACH TO ACORD 401

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

INTEREST	NAME AND ADDRESS	REFERENCE # / LOAN #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
				LOCATION:	BUILDING:
<input type="checkbox"/> ADDITIONAL INSURED				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> LOSS PAYEE				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MORTGAGEE				<input type="checkbox"/> SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER				<input type="checkbox"/> OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

INTEREST	NAME AND ADDRESS	REFERENCE # / LOAN #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
				LOCATION:	BUILDING:
<input type="checkbox"/> ADDITIONAL INSURED				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> LOSS PAYEE				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MORTGAGEE				<input type="checkbox"/> SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER				<input type="checkbox"/> OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES APPLICANT BUILD, REPAIR OR DESIGN MACHINERY, EQUIPMENT OR SYSTEMS FOR ANYONE AT A CHARGE?	<input type="checkbox"/>
2. DOES APPLICANT RENT OR LEASE EQUIPMENT TO OTHERS?	<input type="checkbox"/>
3. DOES ANY MACHINERY OR EQUIPMENT OWNED OR OPERATED BY THE APPLICANT NOT CONFORM TO APPLICABLE SAFETY REGULATIONS?	<input type="checkbox"/>
4. DOES APPLICANT MIX, PROCESS, SLAUGHTER, BUTCHER OR OTHERWISE PREPARE FOR ANY "END CONSUMER" HIS OR ANY OTHER GROWER'S PRODUCT?	<input type="checkbox"/>
5. DOES APPLICANT HANDLE ANY PRODUCT, SUCH AS SEED, FERTILIZER, SPRAYS, ETC. FOR RESALE?	<input type="checkbox"/>
6. ARE ANY CONTRACT OR SERVICE OPERATIONS PERFORMED FOR OTHERS SUCH AS SNOW REMOVAL, TILING (e.g., FIELD/DRAIN TILE), EXCAVATING OR DITCHING?	<input type="checkbox"/>
7. ARE THERE ANY UNUSUAL HAZARDS SUCH AS (BUT NOT LIMITED TO) OPEN DUMP PITS, MANURE PITS, SUMP HOLES, PONDS, LAKES OR RESERVOIRS?	<input type="checkbox"/>
8. IS THERE AN AIRSTRIP ON THE PREMISES?	<input type="checkbox"/>
9. ARE ANY "HOLD HARMLESS" OR "INDEMNIFYING" AGREEMENTS IN EFFECT?	<input type="checkbox"/>
10. IS THERE A SWIMMING POOL ON PREMISES? IF "YES": IN GROUND (Y/N): <input type="checkbox"/> FENCED (Y/N): <input type="checkbox"/> DIVING BOARD (Y/N): <input type="checkbox"/> SLIDE (Y/N): <input type="checkbox"/> DEPTH: _____ FEET	<input type="checkbox"/>
11. IS THERE ANY WATERCRAFT EXPOSURE?	<input type="checkbox"/>
12. IS THERE ANY SNOWMOBILE EXPOSURE?	<input type="checkbox"/>
13. IS THERE ANY ATV OR DIRT BIKE EXPOSURE?	<input type="checkbox"/>

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y/N
14. IS THERE A TRAMPOLINE ON THE PREMISES?	<input type="checkbox"/>
15. DOES APPLICANT SERVE ON ANY BOARDS FOR REMUNERATION?	<input type="checkbox"/>
16. ARE ANY PREMISES USED BY OTHERS FOR HUNTING, FISHING OR OTHER RECREATIONAL ACTIVITIES?	<input type="checkbox"/>
17. DOES APPLICANT HAVE ANY POTENTIALLY DANGEROUS ANIMALS OR EXOTIC PETS?	<input type="checkbox"/>

LIVESTOCK / DAIRY INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
18. ARE ANY LIVESTOCK PRESENT ON PREMISES OR ARE ANY LIVESTOCK ANTICIPATED DURING THE YEAR?	<input type="checkbox"/>
19. ARE LIVESTOCK KEPT IN AREAS THAT ARE NOT ADEQUATELY FENCED AND MAINTAINED IN A GOOD STATE OF REPAIR? PREMISES IS IN: <input type="checkbox"/> OPEN RANGE AREA <input type="checkbox"/> CLOSED RANGE AREA	<input type="checkbox"/>
20. ARE LIVESTOCK NEAR ANY PUBLIC ROAD OR HIGHWAY?	<input type="checkbox"/>
21. DOES INSURED OWN, BOARD, RACE, BREED OR RENT HORSES?	<input type="checkbox"/>
22. ANY NON-OWNED HORSES ON ANY INSURED PREMISES?	<input type="checkbox"/>
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?	<input type="checkbox"/>
24. NUMBER OF ANIMALS MILKED:	
25. IS THERE ANY PROCESSING OF MILK?	<input type="checkbox"/>
26. ARE THERE ANY RETAIL SALES OF MILK PRODUCTS TO PUBLIC? RECEIPTS: \$_____	<input type="checkbox"/>

REMARKS



DWELLING FIRE APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				NAIC CODE	FACILITY CODE
	FAX (A/C, No):					POLICY #	
CODE:	SUBCODE:	DATE AT CURR RES	CO/PLAN	HOME PHONE #			DAY EVE
AGENCY CUSTOMER ID		EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #			DAY EVE

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)		YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)					
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS		YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #

HOW LONG HAVE YOU KNOWN THE APPLICANT?

DATE AGENT LAST INSPECTED PROPERTY:

COVERAGES/LIMITS OF LIABILITY

POLICY TYPE	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	RENTAL VALUE	PERSONAL LIABILITY	MEDICAL PAYMENTS	EST TOTAL PREMIUM	\$
	\$	\$	\$	\$	EACH OCCURRENCE	EACH PERSON	DEPOSIT	\$
				ADDITIONAL EXPENSE			BALANCE	\$
DED (Type & Amount)	ALL PERIL		WIND/HAIL	THEFT		NAMED HURRICANE *		

ENDORSEMENTS

* Not Applicable in NC

PAYMENT PLAN

 ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #:	MAIL POLICY TO:	
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT	<input type="checkbox"/> FULL PAY
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> AGENT
		<input type="checkbox"/> APPLICANT

RATING/UNDERWRITING

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE
MASONRY	VINYL SIDING			\$	DWELLING	PRIMARY	COC			
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	COMP. DATE:			
FIRE RES				\$	CONDO	SEASONAL				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING	
				FT	MI	SYSTEM	SMOKE	TEMP	PLUMBING	
						CENTRAL			HEATING	
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER					DIRECT			ROOFING	
						LOCAL			EXTERIOR PAINT	
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED		
		YES NO	YES NO	YES NO		YES NO	OPEN	NONE		
DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES					
WITHIN CITY LIMITS	OWNER	UNOCC	INDOORS	APPROVED FENCE						
WITHIN FIRE DIST	TENANT	VACANT	ABOVE GROUND ON MASONRY FLOOR	DIVING BOARD						
WITHIN PROT SUBURB			ABOVE GROUND NOT ON MASONRY FLOOR	SLIDE						
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF	
	YES NO		CLASS SPEC	YES NO			OTHER			
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:			RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES (Enter Number)			
BASEMENT	GARAGE	BREEZEWAY	NON-SMOKER			PARTIAL	CHIMNEYS	PRE-FAB		
SQ FT	SQ FT	SQ FT	LIGHTNING PROTECTION			FULL	HEARTHES	WOOD STOVE INSERT		

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO	
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care) If "Yes", list gross receipts: \$			14. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], 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 (1) year of imprisonment.)			
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)						
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?						
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?						
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)						
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				15. IS THERE A MANAGER ON THE PREMISES?		
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)				RENTERS AND CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT?		
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?				17. IS THE BUILDING ENTRANCE LOCKED?		
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)				18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		
10. DISTANCE TO TIDAL WATER: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet				19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)				20. IS HOUSE FOR SALE?		
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)				21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (if applicable)				22. IS THERE A TRAMPOLINE ON THE PREMISES?		
			23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?			
			24. ANY LEAD PAINT HAZARD?			
			25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)			
			26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?			

LOSS HISTORY			ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR AT ANY OTHER LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE BELOW	APPLICANT'S INITIALS:	
DATE	TYPE	DESCRIPTION OF LOSS		CAT #	AMOUNT

ADDITIONAL INTEREST			
INT #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

REMARKS (Attach Additional Sheets if More Space is Required)

ATTACHMENTS			
STATE SUPPLEMENT(S) (if applicable)	PHOTOGRAPH	RECREATIONAL VEHICLE APP	
INLAND MARINE APPLICATION	SOLID FUEL SUPPLEMENT	WATERCRAFT APPLICATION	
REPLACEMENT COST ESTIMATE	PROTECTION DEVICE CERTIFICATE	LEAD FREE PAINT CERTIFICATION	
	PERS EXCESS/UMBRELLA APP	HOME BASED BUSINESS SUPP	

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: 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. 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.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
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	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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Property Address: _____

Agent Number: _____

Agent: _____

Policy No.: _____

Date: _____

HOMEOWNER'S QUESTIONNAIRE

Is the property address information shown above correct? Yes No (If no, please indicate any changes).

Primary Insured's Social Security Number (optional): _____

Telephone Number (optional): _____

1. In what year was your home built? _____

2. What is your type of home/construction?
 Wood Frame Synthetic Stucco
 Brick Log
 Masonry Veneer Mobile Home (not modular)
 Stucco Other (describe) _____

3. Please indicate the following:
Ground Floor Square Footage: _____
Number of Stories (1, 1-1/2, 2, Other): _____
Total Square Footage: _____

4. Does your home have a basement? Yes No
If yes, is it finished? Yes No

5. What is your home's roof type?
 Asphalt Tar and Gravel
 Tile Wood (circle: shingle, shake, fiber shingle)
 Metal Other (describe) _____

6. Does your home have a flat roof? Yes No

7. Has your roof been replaced? Yes No
Approximate year? _____

8. Please indicate the following:

<u>System</u>	<u>Year Last Updated</u>	<u>Year Last Professionally Inspected</u>
Heating	_____	_____
Wiring	_____	_____
Plumbing	_____	_____

9. Please indicate the type of wiring in your home (check all that apply):
 Aluminum Circuit Breakers
 Knob and Tube Fuse Box
 Other (describe) _____

10. Please indicate ALL sources used to heat the home:

	<u>Primary</u>	<u>Alternate</u>
Gas	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Oil	<input type="checkbox"/>	<input type="checkbox"/>
Wood/Coal	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>

11. What is the name of your primary responding fire department?

12. How far from your home is your:
Primary fire dept? _____ miles
Nearest fire hydrant? _____ feet

13. Is your home within city limits? Yes No

14. Do you have any of the following actively working protection devices in your home?
 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
 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
depth of water below: _____ Yes No
b. is there a slide? Yes No
depth of water below: _____
c. is there a privacy fence around it? Height? _____ Yes No
d. do you provide swimming lessons? Yes No

16. Do you have a trampoline? 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:

18. Do you operate a daycare for children out of your home? Yes No
a. How many children are in your care? _____
b. What is your daycare license number? _____
c. Do you transport the children? Yes No

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.

20. Do you have any farm animals? Yes No
If yes, please list the type and how many of each: _____

21. Please indicate the number of people in your household: _____

22. Please list each household member and their primary occupation:
Name: _____ Occupation: _____
Name: _____ Occupation: _____
Name: _____ Occupation: _____
Name: _____ Occupation: _____

23. If you are self-employed, do you conduct any business or farming operations out of your home? Yes No If yes, please explain:

24. Do you have any business supplies, equipment or machinery at your premises? Yes No If yes, please explain: _____

25. Do you employ anyone at your residence (domestic help or business-related)? Yes No If yes, please indicate:
How many people? _____ Total monthly payroll? _____
Type of work done? _____

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 on the reverse side of this form.

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

SIGN HERE

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? Yes No
If Yes, please provide installer's name and address: _____
Is the unit installed to manufacturer's specifications? Yes No
Is it UL approved? Yes No
Where is the heating unit located (specify dwelling, outbuilding, garage, etc.)? _____
Is the unit used for: Primary heat Secondary heat Sole heat source
When was the unit last inspected and/or cleaned? _____ By whom: _____
If it was not professionally cleaned, what devices were used? _____

TYPE OF HEATING UNIT

<input type="checkbox"/> Woodburning stove <input type="checkbox"/> Wood stove insert <input type="checkbox"/> Pellet stove <input type="checkbox"/> Kerosene heater	<input type="checkbox"/> Auxillary furnace attached to: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Coal furnace	<input type="checkbox"/> Fireplace insert, with direct connection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (describe) _____
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WALL PROTECTION SURROUNDING THE UNIT

<input type="checkbox"/> Brick <input type="checkbox"/> Drywall	<input type="checkbox"/> Wood paneling <input type="checkbox"/> Other (describe) _____
--	---

FLOOR PROTECTION BELOW THE UNIT

<input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Linoleum	<input type="checkbox"/> Carpet <input type="checkbox"/> Other (describe) _____
--	--

DIMENSIONS (If free-standing heating unit/wood stove)

Please provide the distance (in inches):

1. Side of unit nearest to wall: _____ in.
2. Rear of unit to wall: _____ in.
3. Bottom of unit to floor: _____ in.
4. Unit to edge of floor protection:
Sides: _____/_____ in.
Front: _____ 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