



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: CODE: SUBCODE: AGENCY CUSTOMER ID:	CARRIER		NAIC CODE
	COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
	POLICY NUMBER		
	UNDERWRITER		UNDERWRITER OFFICE
	STATUS OF TRANSACTION	<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY
		BOUND (Give Date and/or Attach Copy):	
		<input type="checkbox"/> CHANGE	<input type="checkbox"/> RENEW
		<input type="checkbox"/> CANCEL	<input type="checkbox"/> AM
		<input type="checkbox"/> DATE	<input type="checkbox"/> TIME
			<input type="checkbox"/> PM

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO	\$
BOILER & MACHINERY	\$	EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER	\$
BUSINESS AUTO	\$	GARAGE AND DEALERS	\$	UMBRELLA	\$
BUSINESS OWNERS	\$	GLASS AND SIGN	\$	YACHT	\$
COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$		\$
CRIME / MISCELLANEOUS CRIME	\$	OPEN CARGO	\$		\$
DEALERS	\$	PROPERTY	\$		\$

ATTACHMENTS

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT	
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT	
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT	
CONDO ASSN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES	
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (if applicable)	
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE	
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT		
LOSS SUMMARY		

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
		<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				<input type="checkbox"/>
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				<input type="checkbox"/>
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				<input type="checkbox"/>
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				<input type="checkbox"/>
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				<input type="checkbox"/>
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				<input type="checkbox"/>
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				<input type="checkbox"/>
7. 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, this question must be answered by any applicant for property insurance. 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"/>
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				<input type="checkbox"/>
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				<input type="checkbox"/>
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				<input type="checkbox"/>
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				<input type="checkbox"/>
NAME OF TRUST				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				<input type="checkbox"/>
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				<input type="checkbox"/>

REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

SIGNATURE

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.)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. 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. 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, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

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.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGRICULTURAL SUPPLEMENTAL APPLICATION

THIS APP MUST BE ATTACHED TO THE ACORD GENERAL APPLICANT INFORMATION APPLICATION

Applicant's Name _____ Agency _____

LOCATION (S)

Loc #	911 / Legal Address	City	State	Zip	County	Deductible	Protection Class

POLICY LEVEL PROPERTY OPTIONS

Deductible: \$1,000 \$2,500 \$5,000 \$_____

Separate Wind or Hail _____ Named Storm Wind/Hail _____%

Inflation Guard %: 4% 6% 8% _____

POULTRY/SWINE BUILDINGS – SCHEDULED ONLY

Bldg Type AB – Automated Breeder / Layer B – Broiler BC – Broiler with Cool Cells C – Compost Shed INC - Incinerator L – Litter Shed	Poultry MB – Manual Breeder / Layer P – Pullet House S – Stack House TKB – Turkey Brooder TKGO – Turkey Grow Out	Swine B & G – Breeding & Gestation F – Farrowing FIN – Hog Finishing N – Nursery	ALL E – Equipment Shed G – Generator Shed with permanent generator OFF - Office PU – Water well pump only WH – Well House and well pump O - Other
Truss Type F - Frame M – Metal		Additional Supports KB – Knee Bracing CT – Collar Ties SP – Snow Poles OT – Other (describe)	

Loc #	Bldg #	Building Property Type	Roof truss type	Additional Bracing code(s)	Distance between trusses	Year built	Length	Width	Condition	Distance to nearest other building	Amount of Insurance	Coverage / Coinsurance
												<input type="checkbox"/> RC 100% <input type="checkbox"/> ACV 90%
												<input type="checkbox"/> RC 100% <input type="checkbox"/> ACV 90%
												<input type="checkbox"/> RC 100% <input type="checkbox"/> ACV 90%
												<input type="checkbox"/> RC 100% <input type="checkbox"/> ACV 90%

FARM BUILDINGS

Bldg Type BA - Barn FM - Feed Mill GB - Grain Bin E - Equipment Shed G – Gen. Shed with permanent generator	SI - Silo SH - Storage - Hay SO - Storage - Other Farm Products WH – Well House and well pump O - Other	GR - Granary MP - Milking Parlor OB - Out Building OFF - Office PU – Water well pump only	Condition E= Excellent AA= Above Average AV=Average BA= Below Average P=Poor
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Loc #	Bldg #	Building Property Type	Year built	Area (sq. ft.)	Const. Type	Limit	Valuation	Coins %	Type Class of Building	Distance to nearest building	Enclosed Foundation?	Condition
							<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> FRC <input type="checkbox"/> SA		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> E <input type="checkbox"/> AA <input type="checkbox"/> AV <input type="checkbox"/> BA <input type="checkbox"/> P
							<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> FRC <input type="checkbox"/> SA		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> E <input type="checkbox"/> AA <input type="checkbox"/> AV <input type="checkbox"/> BA <input type="checkbox"/> P
							<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> FRC <input type="checkbox"/> SA		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> E <input type="checkbox"/> AA <input type="checkbox"/> AV <input type="checkbox"/> BA <input type="checkbox"/> P
							<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> FRC <input type="checkbox"/> SA		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> E <input type="checkbox"/> AA <input type="checkbox"/> AV <input type="checkbox"/> BA <input type="checkbox"/> P

When SA, Stated Amount expiration date _____

RESIDENTIAL PROPERTY

Deductible: if different than Policy Deductible \$1,000 \$2,500 \$5,000 \$ _____

Loc #	BLDG #	DESCRIPTION	Year built	Const. Type	Area	Amount of Insurance	Valuation	Coins %	Type Class of Dwelling
		Residence					<input type="checkbox"/> RC <input type="checkbox"/> ACV		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3
		Adjacent Structures							
		Unsch. Pers. Prop.							
		Loss of Use							

Fire Protective Device Theft Protective Device

BUSINESS PERSONAL PROPERTY/STOCK/SPECIFICALLY SCHEDULED PROPERTY

Loc #	Bldg #	Model Year	Description	Serial #	Amount of Insurance	Valuation	Coins %
						<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> FRC	
						<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> FRC	
						<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> FRC	

COMPUTER

Specifically Scheduled Items Blanket (Farm only)

Loc #	Bldg #	Item #	Year	Description (Make & Model)	Serial Number	Amount of Insurance	Valuation	Coins %
							<input type="checkbox"/> RC <input type="checkbox"/> ACV	
							<input type="checkbox"/> RC <input type="checkbox"/> ACV	

MOBILE EQUIPMENT

Specifically Scheduled Items Blanket (Farm only)

Item #	Year	Description (Make & Model)	Serial Number	Amount of Insurance	Valuation	Coins %
					<input checked="" type="checkbox"/> ACV	
					<input checked="" type="checkbox"/> ACV	
					<input checked="" type="checkbox"/> ACV	

EARTHQUAKE

Loc No.	Covered Property	Masonry Veneer	Earthquake Deductible	Amount of Insurance

OPTIONAL PROPERTY COVERAGES

Hay Coverage

Loc No.	Limit of Insurance			Coins %
	Per Location	Per Stack	Per Building	

Livestock Coverage

Covered Perils	Type or Class of Livestock	Per Animal Limit	All Animals Limit	Coins %
<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Including Earthquake <input type="checkbox"/> Including Off-Premises Power Interruption	<input type="checkbox"/> By Class of Type <input type="checkbox"/> By Specific Animal			

OPTIONAL PROPERTY ENDORSEMENTS

EXCLUSIONS

- Collapse
- Windstorm or Hail
- Consequential loss

PROPERTY ADDITIONAL COVERAGES

- Additional Debris Removal Expense \$ _____
- Emergency Removal Expense \$ _____
- Fire Department Service Charges \$ _____
- Inventory and Appraisals/Expense \$ _____
- Pollutant Clean Up and Removal \$ _____
- Recharge of Fire Extinguishing Equipment \$ _____

PROPERTY COVERAGE EXTENSIONS

- Fraud or Deceit \$ _____
- Newly Acquired Computers \$ _____
- Newly Acquired or Constructed Buildings \$ _____
- Personal Effects \$ _____
- Personal Property – Acquired Locations \$ _____
- Property Away from a Covered Location \$ _____
- Stock – Acquired Locations \$ _____
- Trees, Shrubs, Plants and Lawns \$ _____

PROPERTY OTHER COVERAGES

- Electrical Breakdown \$ _____
hp of motors and generators _____
kilovolt amps for transformers _____
- Ordinance or Law – Undamaged Parts of a Building \$ _____

PROPERTY SUPPLEMENTAL COVERAGES

Supplemental Coverages	Total Amount of Insurance
Accounts Receivable	_____
Fine Arts, Furs, Guns, Jewelry, Metals	_____
Fine Arts	_____
Furs	_____
Guns	_____
Jewelry, watches, jewels, precious and semi precious stones	_____
Silverware, goldware, pewterware or items plated with gold or silver	_____
Money	_____
Securities	_____
Ordinance or Law: Increased Costs	_____
Ordinance or Law – Undamaged Parts of a Building	_____
Property in Transit	_____
Property on Exhibition	_____
Sewer Backup and Water Below the Surface	_____
Spoilage	_____
<input type="checkbox"/> Breakdown <input type="checkbox"/> Contamination <input type="checkbox"/> Power Disruption	
Tank Leakage	_____
Utility Service Interruption	_____
All Services Except: <input type="checkbox"/> Overhead Transmission Power Lines	
<input type="checkbox"/> Overhead Communication Transmission Lines	
<input type="checkbox"/> Gas	
<input type="checkbox"/> Water	
Valuable Papers and Records – Cost of Research	_____
Watercraft	_____

MORTGAGEE / LOSS PAYEES

Loc #	Bldg #	Item #	Name	Mailing Address	City	State	Zip Code	Interest
								<input type="checkbox"/> MG <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> CS
								<input type="checkbox"/> MG <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> CS

MG= Mortgagee LLP=Lenders Loss Payee LP=Loss Payee CS=Contract of Sales Loss Payee

EQUIPMENT BREAKDOWN

	Amount of Insurance	Coins %	Deductible
Property			
Additional Coverages			
Expediting Expense			
Pollutants			
Spoilage Coverage			
Income Coverage			

(\$ or % of loss, subject to _____ minimum)
 (\$, hours, average daily value or combined)

- Earnings, Rents & Extra Expense
- Rents and Extra Expense
- Earnings and Extra Expense
- Extra Expense only

Utility Service Interruption Amount of Insurance \$ _____ Does not apply to: _____

BUSINESS INCOME

Loc #	Bldg #	Coverage	Amount of Insurance
		<input type="checkbox"/> Income <input type="checkbox"/> Monthly Limitation	
		<input type="checkbox"/> Income <input type="checkbox"/> Monthly Limitation	

Income Coverage Coinsurance % _____
 Monthly Limitation _____% _____% _____% _____% _____%

- Loss of Earnings from Meat Birds
 - Limit per bird \$ _____
 - Deductible: Per bird \$ _____
 - Equipment Breakdown included
 - Limit per occurrence \$ _____
 - Minimum per occurrence \$ _____
- Loss of Earnings from Eggs
 - Limit per layer: First laying cycle \$ _____ First Force Molt Cycle \$ _____
 - Limit per occurrence \$ _____
 - Deductible: _____% per occurrence
 - Equipment Breakdown included

Mobile Equipment Rental Reimbursement- waiting period No. of hours _____

GENERAL LIABILITY COVERAGES

Farm Liability Farm Premises and Operations	\$ _____ per occurrence \$ _____ general aggregate
Medical Payments	\$ _____ per person
Farm Chemicals Limited Liability	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
Fire Legal Liability	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000
<input type="checkbox"/> Custom Farming	\$ _____ annual receipts
<input type="checkbox"/> Grazing Animals – away from premises	_____ Max number of animals away from the premises.
<input type="checkbox"/> Pick your own fruit or vegetable operations	\$ _____ annual sales <input type="checkbox"/> Picking allowed above ground level <input type="checkbox"/> No picking allowed above ground level

Farm Liability Classifications

Classification	Class Description	Exposure Type	Exposure
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Liability

Named Insured(s)

Personal Liability – Additional Insured – Other Residents of the Household

Named Insured(s) to be covered

Additional Residence - Occupied by an Insured Show locations below

Location of all additional and secondary premises

Additional Residence - Rented to Others

Location of each residence

Number of Families

Location of each residence	Number of Families

Related Private Structures – Rented to Others

Description of structure

Number of Families

Description of structure	Number of Families

Motorized Low Power Vehicles Liability Number of households _____

Hired and Non-owned Auto Liability

Owned Snowmobiles – Off Premises

Make or Model

Serial or Motor Number

Make or Model	Serial or Motor Number

Owned All-Terrain Vehicles

Make or Model

Serial or Motor Number

Make or Model	Serial or Motor Number

Golf carts

Make or Model

Serial or Motor Number

Make or Model	Serial or Motor Number

Watercraft

Description

Horsepower

Rated Speed (mph)

Length

Owner (if not insured)

Description	Horsepower	Rated Speed (mph)	Length	Owner (if not insured)

Business Activities

Designated Insured Name(s)

Designated Business Activity

Custom Feeding Coverage

Described Location and Operations

Each Occurrence Limit

Aggregate :Limit

Farm Employers Liability and Medical Payments

Liability Limit - Each Occurrence \$25,000 \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000

Medical Payments Limit – Per Employee \$500 \$1,000

Number of farm employees working: 180 days or more _____ 41-179 days _____

When farm employees work 40 or less days, number of man-days _____

Autos Exempted From Registration

Year	Mfg Name / Model / Body Type	GVW	Serial Number	Certificate No.	Exemption

Additional Insured – Designated Person or Organization

Name of Designated Person or Organization	Legal Interest

Additional Insured – Lessor of Leased Equipment

Automatic status Designated Person or Organization

Name of Designated Person or Organization	Legal Interest

Additional Insured – Lessor of Premises

Lessor's Name	Portion Leased to the Insured

Additional Insured – Mortgagee, Assignee or Receiver

Mortgagee's Name	Premises Description

Exclusions



AGRICULTURAL SUPPLEMENTAL QUESTIONNAIRE

THIS QUESTIONNAIRE MUST BE ATTACHED TO THE ACORD GENERAL APPLICANT INFORMATION APPLICATION – ACORD 125

Applicant's Name _____ Agency _____

- 1. Number of years of **farming/ranching experience** of the insured: _____
- 2. Is farming/ranching the **primary source of income** of the insured? Yes No
If no, describe primary income: _____
- 3. List any **non-farming/ranching activities** conducted by the insured.

- 4. Does the insured maintain any **fire and/or burglar alarms** on the premises? Yes No
- 5. Do all dwellings and farm structures have **lightning rods** installed? Yes No
- 6. Are any dwellings on the premises **unoccupied or occupied** by someone other than the insured? Yes No
If yes, describe occupancy: _____
- 7. Does the insured maintain smoke detectors and/or fire extinguishers in dwellings **occupied by tenants** or employees?
 Yes No
- 8. Is any type of **livestock** on premises? Yes No
- 9. For poultry/swine accounts: Does the insured have an **integrator***? Yes No Name: _____
*An integrator is the contractual owner of the poultry/swine paying the insured to raise or maintain the livestock for production.
- 10. Are all livestock areas **fenced**? Yes No Type: _____ Condition: _____
- 11. Does the insured **slaughter, butcher, process, package or otherwise prepare** for "end consumer" his/her or anyone else's livestock? Yes No
If yes, details and receipts: _____
- 12. Does the insured prepare, package and/or sell **animal feed**? Yes No
If yes, details and receipts: _____
- 13. Does the insured **mix, process, package or otherwise prepare** for "end consumer" his/her or any other grower's products?
 Yes No If yes, details and receipts: _____
- 14. Does the insured process and/or conduct retail sales of **milk products** to the public? Yes No
If yes, details and receipts: _____

15. Does the insured conduct any **commercial food processing**? Yes No
If yes, details: _____
16. Does the insured grow or store **tobacco**? Yes No
17. Are there any **horses** on the premises? Yes No
If yes, complete Acord 408 – Equine Liability Supplement.
18. Does the insured conduct any **Agritourism** such as, but not limited to; petting zoos, dude ranches, public riding, etc...?
Yes No If yes, details and receipts: _____
19. Are there any **hunting** or other sporting activities or competitions held on any premises? Yes No
If yes, details and receipts: _____
20. Does the insured lease any area of land to others for **hunting** purposes? Yes No
If yes, details and receipts: _____
21. Does the insured own or operate any snowmobiles, four wheelers, dirt bikes or other **ATV's**? Yes No
Number used for Farm _____ Pleasure _____ Used off premises? Yes No
22. Does the insured hold any part of the premises for **lease or real estate development** or speculation?
Yes No If yes, details and receipts: _____
23. Is there any **oil, gas, mineral or water** production on premises? Yes No
If yes, details and receipts: _____
24. Does the insured conduct any **custom farming**? Yes No If yes, receipts: _____
25. Does the insured plan any **construction or renovation work** to be done on the premises in the next 12 months?
Yes No If yes, explain: _____
26. Are there any **unusual hazards** on premises such as, but not limited to; open dumps, silage pits, sump holes, lakes, reservoirs, dams, pools, trampolines or airstrips? Yes No
If yes, provide details: _____

Diagrams (show all structures and distance between, if a structure will not be covered on this policy indicate as 'NC')

Location _____

