



Please fill in your Agency information below so we have a way to contact you.

Agent Name	Phone
Agency Name & Address	Fax
	Email
	Nationwide Producer # <i>only applicable for agents affiliated with Ill / Nationwide</i>

Please complete the form, **EMAIL** or **FAX** to the appropriate person below.

Quote Type	Send to	Email	Fax
Farm/ Equine / CCC	Kristen Wright	farmquote@pisinsure.com	1-888-860-6063
Commercial Farm Auto Mortality	Tim Craig	tim@pisinsure.com	1-888-860-6103
Poultry & Swine	Curtis Barham	curtis@pisinsure.com	(318)-242-4810
Farm Pollution	Jim Craig	jim@pisinsure.com	1-888-815-6122
Work Comp / GL	Brad Rickey	brad@pisinsure.com	1-888-860-6095
Commercial Property / GL	Mary Wilson	mary@pisinsure.com	(317)-324-6047
Home/Dwelling Fire	Holly Glass	holly@pisinsure.com	1-888-860-6083

AGRIBUSINESS FARM POLICY APPLICATION Date (MM/DD/YYYY)

AGENCY INFORMATION: Agency Name: _____ Address: _____ _____ City _____ State _____ Zip _____ Phone: (A/C, No., Ext) _____ Fax: (A/C, No.) _____ Email: _____	AGENCY CODE: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> INDICATE SECTIONS ATTACHED: <input type="checkbox"/> Farm <input type="checkbox"/> Auto-ACORD <input type="checkbox"/> Umbrella / Excess- ACORD </td> <td style="width: 50%; vertical-align: top;"> APPLICATION STATUS: <input type="checkbox"/> Quote <input type="checkbox"/> Bound <input type="checkbox"/> Renewal <input type="checkbox"/> Rewrite Policy #: _____ </td> </tr> <tr> <td style="vertical-align: top;"> EFFECTIVE DATE: _____ </td> <td style="vertical-align: top;"> EXPIRATION DATE: _____ </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> PROGRAM: <input type="checkbox"/> Standard <input type="checkbox"/> Select <input type="checkbox"/> Select Plus <input type="checkbox"/> Other _____ </td> </tr> </table>	INDICATE SECTIONS ATTACHED: <input type="checkbox"/> Farm <input type="checkbox"/> Auto-ACORD <input type="checkbox"/> Umbrella / Excess- ACORD	APPLICATION STATUS: <input type="checkbox"/> Quote <input type="checkbox"/> Bound <input type="checkbox"/> Renewal <input type="checkbox"/> Rewrite Policy #: _____	EFFECTIVE DATE: _____	EXPIRATION DATE: _____	PROGRAM: <input type="checkbox"/> Standard <input type="checkbox"/> Select <input type="checkbox"/> Select Plus <input type="checkbox"/> Other _____	
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EFFECTIVE DATE: _____	EXPIRATION DATE: _____						
PROGRAM: <input type="checkbox"/> Standard <input type="checkbox"/> Select <input type="checkbox"/> Select Plus <input type="checkbox"/> Other _____							

APPLICANT NAME: (First Named Insured & Other Named Insureds)	MAILING ADDRESS: (of First Named Insured)
Phone (A/C, No, Ext): _____	E-mail Address(es): _____
Website Address(es): _____	

NAMED INSURED IS: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership # of Partners _____	Years Farming/ Ranching Experience	FARMING OPERATION: (Please check one main farming type only) <input type="checkbox"/> Equine <input type="checkbox"/> Livestock (excl. Equine) <input type="checkbox"/> Dairy <input type="checkbox"/> Grain <input type="checkbox"/> Other _____
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BILLING: <input type="checkbox"/> Annual <input type="checkbox"/> 10 Pay (20% down) <input type="checkbox"/> 2 Pay (60% down) <input type="checkbox"/> 12 Pay* (15% down) <input type="checkbox"/> 4 Pay (30% down) * Requires Prior Approval	* NAME AND ADDRESS OF BILLING RECIPIENT: _____ _____ _____
BILLING RECIPIENT: <input type="checkbox"/> Insured <input type="checkbox"/> *Third Party <input type="checkbox"/> *Mortgagee <input type="checkbox"/> *Other	

LOCATION INFORMATION												
Loc #	# Of Acres	Wind/Hail Ded %	Legal Description			911 Address	City, State, Zip Code	County	Liab Only (Y/N)	Fire District Name	Distance To	
			Sec	Twsp	Rge						FD (miles)	Hydrant (feet)

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, including information from a credit report, may be collected from persons other than you in connection with this application for insurance and subsequent policy 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. 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 right 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.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/she certifies that the answers are true, correct, and complete to the best of his/her knowledge.

Applicant's Signature	Date	Agent's Signature	Date
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DWELLING (ISO COVERAGE A, B, C, & D)											* Attach cost estimator for each dwelling		
Loc #	Dwlg #	Year Built	Square Foot	Type of Construction (If mobile home, attach questionnaire)	Roof Type	Type of Heat	Dwelling Type (1, 2, or 3)	If 30 years old or more, when was it updated for:				# of Families	Protective Devices (Refer to Farm Quote for examples)
								Heat	Wiring	Plumbing	Roofing		

DWELLING (ISO COVERAGE A, B, C, & D) - continued											
Loc #	Dwlg #	Program (Standard, Select, Select Plus, Other)	Dwelling Occupancy	Valuation		Deductible	Perils ††	Cov A: Dwelling Limit	Cov B: Other Structures Limit	Cov C: Household Personal Property Limit	Cov D: Loss of Use Limit
				Cov A*	Cov C**						
								\$	\$	\$	\$
								\$	\$	\$	\$
								\$	\$	\$	\$
								\$	\$	\$	\$
								\$	\$	\$	\$

DWELLING (ISO COVERAGE A, B, C, & D) - continued												
Loc #	Dwlg #	Mine Subsidence	Supplemental Heat (Attach questionnaire)	Earthquake (Y/N)		IG%†	Sump Overflow and Backup	Special Loss Settlement (%)	Contents Rental to Others Theft	Replacement Cost Protection		
				Cov A	Cov C					A	B	C
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$

* Valuation Coverage A: RC=Replacement Cost; ERC=Extended Replacement Cost; ACV=Actual Cash Value; FBV=Functional Building Valuation.
 ** Valuation Coverage C: RC=Replacement Cost; ACV=Actual Cash Value †Available Inflation Guard %: 4, 6, 8, 10 †† Perils: B=Basic BR=Broad S=Special S/BR=Special/Broad

UNOCCUPANCY AND VACANCY		
A. Certain causes of loss are excluded with respect to buildings or structures vacant more than 30 consecutive days. Use 'Waiver of Vacancy' to extend coverage beyond 30 days.	<input type="checkbox"/> Does Not Apply	
B. A loss condition reduces the applicable Limit of Insurance by 50% if a building or structure is unoccupied or vacant more than 120 consecutive days. Use 'Waiver of Unoccupancy and Vacancy' to waive the Unoccupancy and Vacancy Loss Condition for periods of vacancy and unoccupancy beyond 120 days.	<input type="checkbox"/> Waiver of Vacancy	
	<input type="checkbox"/> Waiver of Unoccupancy and Vacancy	
Dwlg #:	Unoccupancy or Vacancy	Starts: Ends:

MORTGAGEE INFORMATION					
Dwlg #	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address	Dwlg #	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address

SCHEDULED PERSONAL ITEMS				* Refer to FarmQuote for included increased special property limits	
Dwlg #	Type #	Description of Item (Serial # if any) -Attach Appraisal for Items Over \$5,000	Deductible	Limit of Insurance	
				\$	
				\$	
				\$	
				\$	
				\$	

SCHEDULED FARM PERSONAL PROPERTY (ISO COVERAGE E)

Loc #	Item #	Description (If applicable, include year, make, model, and serial number)	Away From Premises*	Deductible	Perils**	Foreign Object	Cab Glass	Limit of Insurance
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
Animal Collision Only <input type="checkbox"/>		Type of Animal:	Limit Per Head:	# of Head:	Total Limit: \$			

* Does not apply to Livestock or Machinery ** Perils: B=Basic BR=Broad S=Special

PEAK SEASON - FARM PERSONAL PROPERTY (ISO COVERAGE E)

Months	Property Type	Limit of Insurance
		\$
		\$
		\$

HAY - SCHEDULED (\$100,000 limit/stack with 100 ft. of clear space between stacks)

Loc #	Description	Ded	Spontaneous Combustion	Limit of Insurance
			<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N	\$

RECREATIONAL VEHICLES

Loc #	Item #	Description (include make/model, & for boats indicate navigational period)	Year	Serial #	CC/HP	Length	Type of Motor	Liability (off premises) (Y/N)	Phys Dam (Y/N)	Ded	Limit of Insurance
											\$
											\$
											\$
											\$

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

E Item #	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address	E Item #	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address

UNSCHEDULED FARM PERSONAL PROPERTY (ISO COVERAGE F) - ACV VALUATION * Please attach blanket inventory
(Irrigation Equipment, Combines, Cotton Pickers, Hay, Four-Wheeler ATVs, and Computers must be scheduled under Coverage E.)

Item	Perils*	Deductible	Limit of Insurance
Livestock (Basic and Broad only)			\$
Other than Livestock			\$
* Perils: B=Basic BR=Broad S=Special			TOTAL \$

EXCLUDED PROPERTY/ITEMS FROM COVERAGE F:

CAB GLASS - ISO COVERAGE F

Model	Serial #	Type	Year

PEAK SEASON - FARM PERSONAL PROPERTY (ISO COVERAGE F)

Months	Property Type	Limit of Insurance
		\$
		\$
		\$

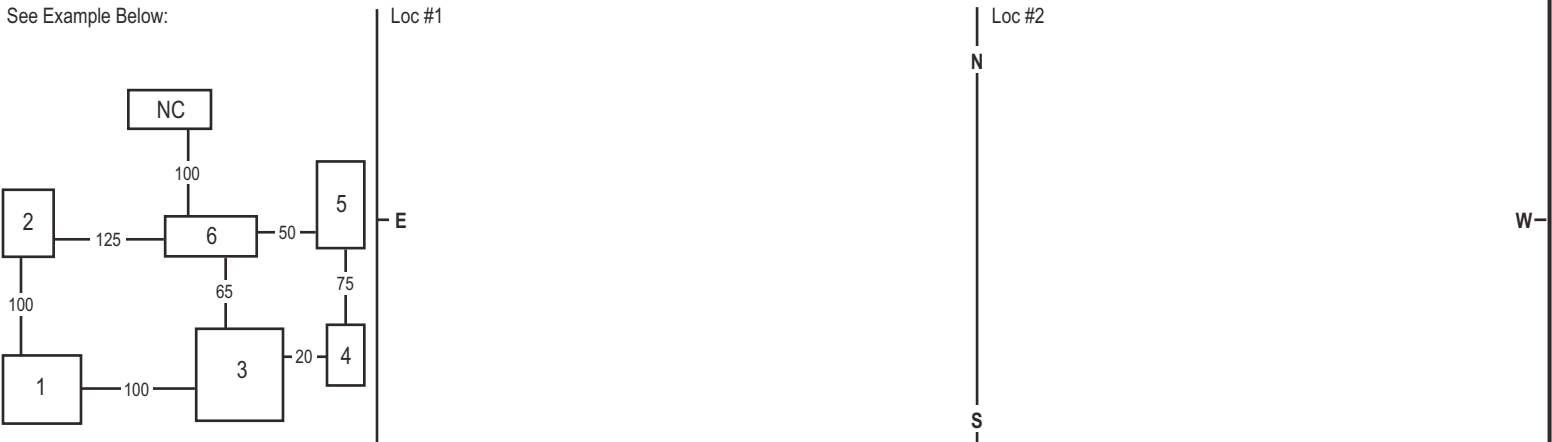
ADDITIONAL INTEREST/CERTIFICATE RECIPIENT * Only two additional interests available for coverage F

F Item Description	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address	F Item Description	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address

DIAGRAM

Show all buildings on the premises whether insured or not and distance in feet between them. Label all buildings and attach dated photographs of every building. (Indicate "NC" if not covered.)

See Example Below:



PRIOR CARRIER INFORMATION

Line of Business	Prior Carrier	Effective/Expiration Dates	Expiring Annual Premium
<input type="checkbox"/> Farm <input type="checkbox"/> Auto <input type="checkbox"/> Umbrella <input type="checkbox"/> Excess			\$
<input type="checkbox"/> Farm <input type="checkbox"/> Auto <input type="checkbox"/> Umbrella <input type="checkbox"/> Excess			\$
<input type="checkbox"/> Farm <input type="checkbox"/> Auto <input type="checkbox"/> Umbrella <input type="checkbox"/> Excess			\$

LOSS HISTORY

Check Here if None

See Attached Loss Summary

* Please provide hard copy loss runs for a minimum of the previous three years

Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status
						Open
						Closed
						Open
						Closed
						Open
						Closed

Have you been (Not Applicable in Missouri): Canceled Non-Renewed Declined None of the above Please explain:

Inspection Contact	Phone (A/C, No, Ext):	Accounting Records Contact	Accounting Records Contact (A/C, No, Ext):

ADDITIONAL RESOURCES (Include the following forms if they apply)

Addendum Name	Questionnaire Name
Additional Insureds	Care Custody and Control
Miscellaneous Coverages	Combine and Cotton Picker
Unscheduled Farm Personal Property Inventory (Cov F)	Equine Liability
	Hog Confinement
	Mobile Home Tie Down
	Supplemental Heat
	Swimming Pool/Trampoline