

Farmowners Application & Stableowners Liability



Underwritten by:
American Bankers Insurance Company of Florida

American Bankers Insurance Company of Florida

222 South 15th Suite 600 S
Omaha, NE 68102

FARMOWNERS APPLICATION THIS IS NOT A BINDER

Incomplete or unsigned Applications will be returned for completion.

<input type="checkbox"/> New <input type="checkbox"/> Renewal of # _____		DESIRED EFFECTIVE DATE / /		POLICY DEDUCTIBLE <input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000	
APPLICANT			AGENCY NAME		
DBA			AGENCY CODE		
MAILING ADDRESS (INCLUDING CITY, STATE, ZIP CODE)			MAILING ADDRESS (INCLUDING CITY, STATE, ZIP CODE)		
PHONE NUMBER ()		FAX NUMBER ()		PHONE NUMBER ()	
EMAIL ADDRESS		SOCIAL SECURITY NUMBER		FAX NUMBER ()	
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: specify _____					
FEDERAL EIN			NAMES OF ALL PARTNERS OR OFFICERS		

Applicant is: Owner Operator Absentee Owner Other: specify _____

GENERAL INFORMATION

1. DESCRIBE FARMING OPERATIONS		APPLICANT'S ADDITIONAL OCCUPATION	
2. NUMBER OF YEARS EXPERIENCE IN THIS TYPE OF OPERATION:		NUMBER OF YEARS AT THIS LOCATION:	
3. HOW LONG HAS THE AGENT KNOWN THE APPLICANT?		HAS PROPERTY BEEN INSPECTED? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, DATE _____	
4. IS OVERALL MAINTENANCE AND CONDITION OF THE GROUNDS, FENCING AND BUILDINGS? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
5. DESCRIBE ANY BUILDINGS OR FENCES IN FAIR OR POOR CONDITION		HOW OFTEN IS FENCING CHECKED?	
6. DO YOU HAVE A ROADSIDE MARKET? <input type="checkbox"/> Yes <input type="checkbox"/> No		"PICK YOUR OWN" OPERATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. IS THERE ANY OTHER BUSINESS BEING CONDUCTED ON THE COVERED LOCATION – IF YES, PLEASE DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. IS THERE A SWIMMING POOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, IS IT ENCLOSED BY A FENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IS IT RESTRICTED TO PRIVATE USE OF RESIDENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. IDENTIFY LIABILITY HAZARDS – CHECK THE BOXES THAT APPLY <input type="checkbox"/> Hunting <input type="checkbox"/> 3-Wheel ATV or ATC <input type="checkbox"/> Trampoline <input type="checkbox"/> Ponds/Fishing <input type="checkbox"/> Airstrip <input type="checkbox"/> Junk Cars <input type="checkbox"/> Other _____ <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Daycare <input type="checkbox"/> Overnight Camps			
10. DOES APPLICANT RENT OR LEASE ANY OF THE LAND, BUILDINGS, STABLES TO OTHERS? – IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. ANY HORSE EXPOSURE? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, COMPLETE EQUINE LIABILITY SUPPLEMENT.			
12. ANY DOGS ON THE PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, HOW MANY AND WHAT BREED?	HAS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. DOES APPLICANT OWN CATTLE? <input type="checkbox"/> Yes <input type="checkbox"/> No		SWINE? <input type="checkbox"/> Yes <input type="checkbox"/> No	SHEEP? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, NUMBER OF HEAD AND RANGE ACRES:		IF YES, NUMBER OF HEAD:	IF YES, NUMBER OF HEAD AND RANGE ACRES:
14. ADVISE IF ANY NON-DOMESTIC, EXOTIC ANIMALS, EMUS, OSTRICHES, REPTILES, OTHER			
15. HAS ANY COMPANY CANCELLED, DECLINED OR REFUSED TO RENEW SIMILAR COVERAGE – IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No			

PROPERTY AND LIABILITY -- PREVIOUS 3 YEARS CARRIER INFORMATION

COMPANY	POLICY NUMBER	POLICY PERIOD	PREMIUM	NUMBER OF CLAIMS	LOSSES/RESERVE
1.					
2.					
3.					

EXPLAIN ANY LOSSES WITHIN PAST THREE YEARS, INCLUDE APPROXIMATE DATES

PROPERTY SECTION

LOC #	# OF ACRES	LEGAL DESCRIPTION OF LOCATIONS TO BE INSURED, INCLUDING STATE & ZIP CODE	USED BY INSURED	MILES FROM FIRE DEPT.	FEET FROM HYDRANT	W/IN 25 MILES FROM COAST	COUNTY
1			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
2			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
3			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
4			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
5			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
6			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	

DWELLING INFORMATION

LOC. NO.	DWL. NO.	COVER. A LIMIT	COVER. A DWELLING	COVER. B LIMIT	COVER. C LIMIT	COVER. C UNSCHED PERS PROP.	COVER. D LOSS OF USE LIMIT	TYPE OF CONST.	YEAR BUILT	MOBILE HOME	DED.	CAUSES OF LOSS		
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC <input type="checkbox"/> ACV				<input type="checkbox"/> YES <input type="checkbox"/> NO		BASIC	BROAD	SPECIAL
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC <input type="checkbox"/> ACV				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC <input type="checkbox"/> ACV				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC <input type="checkbox"/> ACV				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC <input type="checkbox"/> ACV				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC <input type="checkbox"/> ACV				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC <input type="checkbox"/> ACV				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC <input type="checkbox"/> ACV			<input type="checkbox"/> RC <input type="checkbox"/> ACV				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Coverage B unavailable in California. Additional Structures can be covered under Coverage E.

DWG. NO.	PRIMARY RESIDENCE Y/N	OCCUP. SEASONAL Y/N	TENANT Y/N	EMPL. Y/N	SQ. FT. GRND FLOOR	LOCAL ALARM Y/N	CENTRAL STATION Y/N	SMOKE/HEAT DET. Y/N	TYPE OF HEAT	THERMO. CONTROL. Y/N	WOODSTOVE/FIREPLACE Y/N*	NR. WATER SOURCE Y/N	YEAR UPDATE		
													PLUMBING	ELEC-TRICAL	ROOF
1											Fireplace				
2											*Complete				
3											Woodstove				
4											Suppl.				
5															
6															
7															

FIRST MORTGAGEE	MAILING ADDRESS INCLUDING ZIP CODE	LOAN NUMBER
SECOND MORTGAGEE	MAILING ADDRESS INCLUDING ZIP CODE	LOAN NUMBER
LOSS PAYEE	MAILING ADDRESS INCLUDING ZIP CODE	

ADDITIONAL PERSONAL PROPERTY COVERAGE

SCHEDULED PROPERTY	TOTAL LIMIT	SCHEDULED PROPERTY	TOTAL LIMIT
Jewelry	\$	Fine Arts	\$
Furs	\$	Other	\$
Silverware	\$	(A complete schedule and current appraisals (within 3 years) on any item over \$1,500 must be provided before coverage can be bound.)	

SCHEDULE OF COMPUTER EQUIPMENT

DEDUCTIBLE:

HARDWARE	MAKE	DESCRIPTION	SERIAL NUMBER
LIMIT			
SOFTWARE			
LIMIT			

COVERAGE E – SCHEDULED FARM BARNs, BUILDINGS, STRUCTURES, DWELLINGS

LOC #	BLDG #	LIMIT OF INS.	DESCRIPTION	BDGTYPE 1, 2 OR3	YEAR BUILT	CONSTF / M	HAY Y / N	RC/ ACV	LENGTH & WIDTH	TYPE HEAT	TYPE ROOF	AGE	# OF STALLS	CAUSES OF LOSS			
														BASIC	SPECIAL*	WISS*	
		\$															
		\$															
		\$															
		\$															
		\$															
		\$															
		\$															
		\$															
		\$															

*If Special Form or WISS, Collapse Coverage Supplement MUST be completed.

MOBILE HOME SECTION	MAKE	SERIAL NUMBER(S)	SOLID FOUNDATION <input type="checkbox"/> Yes <input type="checkbox"/> No	TIE DOWN <input type="checkbox"/> Yes <input type="checkbox"/> No	SKIRTED <input type="checkbox"/> Yes <input type="checkbox"/> No
	MAKE	SERIAL NUMBER(S)	SOLID FOUNDATION <input type="checkbox"/> Yes <input type="checkbox"/> No	TIE DOWN <input type="checkbox"/> Yes <input type="checkbox"/> No	SKIRTED <input type="checkbox"/> Yes <input type="checkbox"/> No

Identify buildings over 20 years old and advise year heating, plumbing and wiring were updated

"No Smoking" signs posted? yes no

Do any buildings have exposed urethane or styrene insulation – If yes, identify buildings and describe
 Yes No

Are fire extinguishers maintained in barns and stables? Yes No

Are buildings being renovated, remodeled or under construction – If yes, please explain: Yes No

NOTE: IF DECLINING COVERAGE FOR COLLAPSE DUE TO WEIGHT OF ICE, SLEET OR SNOW, PLEASE INITIAL HERE:

CRITERIA FOR BUILDING TYPES 1, 2, 3

DWELLINGS	FARM BARNs, BUILDINGS & STRUCTURES	SILOS
A. Excellent Repair B. Good Repair C. Foundation – Continuous Construction D. Approved Central Heating E. Modern Electrical & Plumbing System F. Wood Burner as Supplement Heat Type 1 – ACDE Type 2 – BCDEF Type 3 – All Others	A. \$4,000 Minimum B. Good Physical Condition C. Not Over One Story D. Foundation – Continuous Construction E. Approved Pole Barn F. Fully Enclosed, No Open Sheds Attached G. No Hay H. Fully Utilized in Farm/Stable Operation Type 1 – ABC/DEFG Type 2 – ABD/EH Type 3 – All Others	Type 1: Minimum Amount \$5,000. All silos except frame or frame iron clad. Type 2: Minimum Amount \$1,000. All silos not qualifying for Type 1 except frame or frame iron. Type 3: Frame, including frame iron clad. Mobile Homes Type 1: Must be set on continuous foundation under all exterior walls. Type 2: All others not eligible for Type1.

COVERAGE F – SCHEDULED FARM PERSONAL PROPERTY – BASIC PERILS – ACV

- \$ _____ On _____
 - \$ _____ On Hay in Barns
 - \$ _____ On Hay in Stacks (stack limit of \$ _____ on hay, max. \$10,000, and \$ _____ on straw and fodder)
 - \$ _____ On Machinery Not Described (limit \$2,500 for any one item)
 - \$ _____ On Borrowed, Rented or Leased Farm Machinery and Equipment
- | | <u>Described Machinery</u> | <u>Year</u> | <u>Make</u> | <u>Model and Serial Number</u> | <u>Open Perils</u>
Yes / No |
|-----|----------------------------|--|-------------|--------------------------------|--------------------------------|
| 6. | \$ _____ | On _____ | | | |
| 7. | \$ _____ | On _____ | | | |
| 8. | \$ _____ | On _____ | | | |
| 9. | \$ _____ | On Horses (limit \$2,500 for any one animal), Type _____ | | | |
| 10. | \$ _____ | On Other Livestock (limit \$2,500 for any one animal), Type _____ | | | |
| 11. | \$ _____ | On Specifically Described Horses (Attach schedule including name, age, sex, and use. Race and show horses not eligible.) | | | |
| 12. | \$ _____ | On contents of dwelling on Coverage E _____ | | | |
| 13. | \$ _____ | On _____ | | | |
| 14. | \$ _____ | On misc. tools and equipment (limit \$1,500 for any one item) _____ | | | |
| 15. | \$ _____ | On misc. tack and related equipment (limit \$1,500 for any one item) _____ | | | |
| 16. | \$ _____ | On specifically described tack (attach schedule) | | | |

LIABILITY SECTION

LIMITS OF LIABILITY CHECK ONE

\$1,000,000 Other \$ _____

\$5,000 Medical Payments to Others Included.
\$50,000 Fire Legal Liability. Inquire about the availability of higher limits and options.

LIABILITY FORMS

Farm Liability **or** Commercial Farm/Stable With Personal Liability: Included Excluded

Umbrella Coverage is available in most states. Please contact your agent for information and an application.

ADDITIONAL INSURED (SUBJECT TO COMPANY APPROVAL)

Name	Address	Interest	Reason

ADDITIONAL RESIDENCE PREMISES OCCUPIED BY INSURED (LIABILITY ONLY)

WATERCRAFT LIABILITY (GL-82) MVR Required

Complete Description	Make	Serial #	Length	H.P.	M.P.H.

SNOWMOBILE LIABILITY (GL-83) MVR Required

Complete Description	Make Or Model	Serial #

OFFICE, PROFESSIONAL, PRIVATE SCHOOL, STUDIO OCCUPANCY (GL-80)

Description Of Business	Location

INCIDENTAL BUSINESS PURSUITS – EXCLUDING PRODUCTS AND COMPLETED OPERATIONS (GL-90)

Name Of Insured(s)	Business Description	Estimated Gross Annual Receipts

ARE YOU ENGAGED IN CUSTOM FARM WORK (GL-75) Yes No IF YES, PROVIDE ESTIMATE OF ANNUAL RECEIPTS: \$ _____

DO YOU CARRY WORKERS COMPENSATION COVERAGE Yes No CARRIER _____ POLICY NUMBER _____

FAIR CREDIT REPORTING ACT NOTICE

A consumer report may be requested by the insurer to which this application is submitted. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

STANDARD FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any 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 such person to criminal and substantial civil penalties. (This wording does not apply in Oregon.)

- 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.
- NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is guilty of insurance fraud and is subject to criminal and civil penalties.
- VIRGINIA: 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.
- WASHINGTON D.C.: 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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to the best of his/her knowledge true.

DATE / /	APPLICANT'S SIGNATURE (REQUIRED) X		
DATE / /	AGENT'S SIGNATURE (REQUIRED) X	DATE OF LAST INSPECTION / /	<input type="checkbox"/> I have NOT seen the property. <input type="checkbox"/> I have seen the property.

The following Supplements are attached (please check):

- Equine Liability Supplement
- Coverage G – Blanket Farm Personal Property Supplement
- Fireplace, Wood Burning Stove Supplement
- Collapse Coverage Supplement

CHECK EACH COVERAGE DESIRED (ALL COVERAGE MAY NOT BE AVAILABLE IN ALL STATES – THIS IS NOT A COMPLETE LIST)

ENDORSEMENT #	COVERAGE OPTIONS	ENDORSEMENT #	COVERAGE OPTIONS
<input type="checkbox"/> FO-15	Actual Cash Value		
<input type="checkbox"/> FO-30	Incidental Property Coverages – Higher Limits	<input type="checkbox"/> FO-364	Replacement Cost Provision for Well Pumps
<input type="checkbox"/> FO-48	Related Private Structures	<input type="checkbox"/> FO-6 Policy Form	Farm Extra Expense \$_____ Limit
<input type="checkbox"/> FO-54	Earthquake	<input type="checkbox"/> GL-9	Personal Liability Coverage
<input type="checkbox"/> FO-55	Replacement Value	<input type="checkbox"/> GL-40	Structures Rented to Others
<input type="checkbox"/> FO-60	Debris Removal	<input type="checkbox"/> GL-71	Additional Insured – Separate Residence
<input type="checkbox"/> FO-61	Scheduled Personal Property	<input type="checkbox"/> GL-72	Additional Insureds – Other Residences
<input type="checkbox"/> FO-65	Coverage C – Higher Limit of Liability on Certain Property	<input type="checkbox"/> GL-73	Additional Residences or Farms – Rented to Others
<input type="checkbox"/> FO-68	Scheduled Glass	<input type="checkbox"/> GL-74	Business Activities
<input type="checkbox"/> FO-69	Business Property – Business Occupancy on the Insured Premises	<input type="checkbox"/> GL-75	Custom Farm Work
<input type="checkbox"/> FO-70	Ordinance or Law	<input type="checkbox"/> GL-78	Fruit or Vegetable Picking – By Public
<input type="checkbox"/> FO-75	Amendment of Vacancy or Unoccupancy	<input type="checkbox"/> GL-80	Office, Professional, Private School, or Studio Occupancy
<input type="checkbox"/> FO-123	Pollutant Clean Up and Removal	<input type="checkbox"/> GL-81	Personal Injury (with GL-2, GL-9 only)
<input type="checkbox"/> FO-125	Dwelling Under Construction – Theft	<input type="checkbox"/> GL-82	Watercraft
<input type="checkbox"/> FO-170	Computers	<input type="checkbox"/> GL-83	Snowmobile
<input type="checkbox"/> FO-200	Replacement Cost Terms – Mobile Homes	<input type="checkbox"/> GL-90	Incidental Business Pursuits
<input type="checkbox"/> FO-208	Water Damage – Sewers, Drains and Sumps	<input type="checkbox"/> GL-95	Products Aggregate Limits
<input type="checkbox"/> FO-216	Premises Alarm or Fire Protection System	<input type="checkbox"/> GL-108	Additional Insured - CL
<input type="checkbox"/> FO-256	Modified Replacement Cost Terms	<input type="checkbox"/> GL-615	Exclusion of Products/Completed Work Coverage
<input type="checkbox"/> FO-257	Ordinance or Law – Farm Barns, Buildings and Structures	<input type="checkbox"/> GL-841	Additional Insureds
<input type="checkbox"/> FO-307	Sprinkler Leakage		
<input type="checkbox"/> FO-323	Weight of Ice, Snow or Sleet	<input type="checkbox"/> GL-904	Personal and Advertising Injury Liability Coverage (with GL-610 only)
<input type="checkbox"/> FO-330	Incidental Property Coverages – Higher Limits	<input type="checkbox"/> AD9182EM	Horse Boarding Operations
<input type="checkbox"/> FO-340	Limited Perils – Coverages E, F and G		
<input type="checkbox"/> FO-341	Replacement Cost Terms – Farm Barns, Buildings and Structures		
<input type="checkbox"/> FO-345	Theft of Building Materials – Farm Barns, Buildings and Structures		
<input type="checkbox"/> FO-350	Debris Removal – Coverages E and F		
<input type="checkbox"/> FO-352	Peak Season Inventory – Farm Personal Property		
<input type="checkbox"/> FO-354	Earthquake – Coverages E, F and G		
<input type="checkbox"/> FO-356	Added Animal Perils		
<input type="checkbox"/> FO-360	Farm Machinery		
<input type="checkbox"/> FO-361	Property in Transit – Coverages F and G		
<input type="checkbox"/> FO-362	Special Form Coverage – Farm Barns, Buildings, and Structures		
<input type="checkbox"/> FO-363	Repair or Rebuilding Requirement		

COVERAGE G – BLANKET FARM PERSONAL PROPERTY SUPPLEMENT TO THE FARMOWNER APPLICATION

NAME OF APPLICANT	POLICY/QUOTE NUMBER
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NOTE: Coverage cannot be bound without a completed inventory (Minimum limit \$15,000.)

MACHINERY	UNIT PRICE	TOTAL VALUE	TOOLS & SUPPLIES	UNIT PRICE	TOTAL VALUE	LIVESTOCK	UNIT PRICE	TOTAL VALUE	
Tractor No. 1	\$	\$	Milk House Utensils & Sup.	\$	\$	Horses	\$	\$	
Tractor No. 2	\$	\$	Hog Feeders	\$	\$	Ponies	\$	\$	
Tractor No. 3	\$	\$	Hog Fountains	\$	\$	Sheep	\$	\$	
Tractor No. 4	\$	\$	Tank Heaters	\$	\$	Dairy Cows	\$	\$	
			Farrowing Crates	\$	\$	Heifers	\$	\$	
			Poultry Feeders	\$	\$	Beef Cows	\$	\$	
			Poultry Waterers	\$	\$	Beef Calves	\$	\$	
			Hen Nests	\$	\$	Bulls	\$	\$	
Crop Drier	\$	\$	Electric Motors	\$	\$				
Corn or Grain Head	\$	\$	Gas Engines	\$	\$	TOTAL LIVESTOCK		\$	
Corn Picker	\$	\$	Fuel Tank and Stand	\$	\$	EQUESTRIAN EQUIPMENT	UNIT PRICE	TOTAL VALUE	
Corn Planter	\$	\$	Tractor Fuel	\$	\$				
Plows	\$	\$	Oil and Grease	\$	\$	Saddles	\$	\$	
Chisel Plow	\$	\$	Electric Welders	\$	\$	Show Saddles	\$	\$	
Vibratiller	\$	\$	Acetylene Welders	\$	\$	Bridles, Bits, Reins	\$	\$	
Disc	\$	\$	Spare Parts	\$	\$	Jog Carts, Bikes	\$	\$	
Quack Digger	\$	\$	Chain Saws	\$	\$	Buggies	\$	\$	
Harrows and Curl	\$	\$	Power Saws	\$	\$	Blankets, Hoods	\$	\$	
Cultipacker	\$	\$	Posthole digger	\$	\$	Sheets, Coolers	\$	\$	
Rotaryhoe and Truck	\$	\$	Electric Fencer	\$	\$	Grooming Equipment	\$	\$	
Rotatiller	\$	\$	Air Compressor	\$	\$	Halters, Lead Lines	\$	\$	
Cultivators	\$	\$	Wheel Barrows	\$	\$	Harnesses	\$	\$	
Drills and Seeders	\$	\$	Fertilizer	\$	\$	Tail Sets	\$	\$	
Fertilizer Spreaders	\$	\$	Spray Material	\$	\$	Jumping Equipment	\$	\$	
Manure Spreaders	\$	\$	Fans	\$	\$	Automatic Waterers	\$	\$	
Manure Loader	\$	\$	Building Material	\$	\$	Wood Shavings	\$	\$	
Stalk Cutters	\$	\$	Paint	\$	\$	Insect Control Equipment	\$	\$	
Weed Sprayer	\$	\$	Power Tools	\$	\$	Lounge Furniture	\$	\$	
Anhydrous Applier	\$	\$				Tack Trunks	\$	\$	
Corn Sheller	\$	\$				Tack Room (Portable)	\$	\$	
Grain Cleaner	\$	\$	Hand Tools (forks, shovels, brooms, hammers, saws, wrenches, rakes, etc., other misc. small tools)	\$	\$	Tack Room Accessories	\$	\$	
Silo Filler	\$	\$				Stable Banners	\$	\$	
Silo Unloader	\$	\$	Misc. Equipment (tarps, chains, parts, clippers, etc.)	\$	\$	Water Tanks	\$	\$	
Mowers	\$	\$				Whips, Whip Box	\$	\$	
Forage Harvester	\$	\$	TOTAL TOOLS AND SUPPLIES			\$	Misc. Tack	\$	\$
Hay Conditioner	\$	\$	GRAIN AND FEED	UNIT PRICE	TOTAL VALUE	Misc. Stable Equipment	\$	\$	
Hay Crimper	\$	\$							
Hay Fluffer	\$	\$	Wheat	\$	\$	TOTAL EQUESTRIAN		\$	
Hay Rake	\$	\$	Oats Acres	\$	\$				
Hay Swather	\$	\$	Barley	\$	\$	SUMMARY			
Hay Baler	\$	\$	Corn Acres	\$	\$	Total Value of Listed Items		\$	
Auger Wagons	\$	\$	Sealed Wheat Bushels	\$	\$	Other Unlisted Farm Personal Property		\$	
Chopper Wagons	\$	\$	Sealed Corn Bushels	\$	\$	Sub-Total		\$	
Wagons	\$	\$	Soybeans	\$	\$	Less Value of Excluded Property		\$	
Feed Trailers	\$	\$	Ground Feed	\$	\$	TOTAL VALUE		\$	
Feed Grinder	\$	\$	Hay (Bales or Tons)	\$	\$	Limit of Liability		\$	
Hammer Mill	\$	\$	Straw (Bales or Tons)	\$	\$				
Feed Mixer	\$	\$				AT TIME OF LOSS UNLESS SPECIFICALLY EXCLUDED IN THE POLICY, THE VALUE OF ALL FARM PERSONAL PROPERTY OWNED BY THE INSURED WILL BE INCLUDED TO ESTABLISH COMPLIANCE WITH THE CO-INSURANCE CLAUSE. EXCLUDED PROPERTY:			
Feed Carts	\$	\$							
Auger Elevators	\$	\$							
Portable Elevators	\$	\$							
Irrigation Equipment	\$	\$							
Power Lawn Mower	\$	\$							
TOTAL MACHINERY		\$	TOTAL GRAIN AND FEED		\$				

