

**AGRIBUSINESS INSURANCE APPLICATION**

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| Renewal of #       | **APPLICANT INFORMATION SECTION** | Date:       |
| Producer: Equine Insurance Specialists, LLC | Carrier:       | Underwriter:       |
| Agency Contact:       | Website:       |
| Agency Phone #: (800) 723-9414 |  |
| Code: CDL46 | Sub Code:       | Please indicate applications attached:       |
| Status of Submission: | [ ]  Property | [ ]  Farm or General Liability | [ ]  Umbrella(may not be bound) |
| [ ]  Quote | [ ]  Issue Policy | [ ]  Automobile | [ ]  Farm personal property | [ ]  Cargo/Transit |
| [ ]  Bound (give date and/or attach binder) | [ ]  Personal articles & recreation vehicles | [ ] Other       |
| Effective Date:       | Expiration Date:       | Quote Desired By:       |
| Name of Applicant:       |
| Mailing Address:       |
| City, State, Zip:       |
| [ ]  Individual | [ ]  Corporation | [ ]  Partnership | [ ]  Other       |
| Inspection Contact:       | Accounting Contact:       |
| Telephone #:       | Telephone #:       |
| Method of Payment: | [ ]  Agency Bill | [ ]  Direct Bill | Number of Payments       |
| Type of Farm or Ranch |
| [ ]  (921) Berries, Fruits, & Nuts | [ ]  (928) Horses | [ ]  (90C) Fish Farms | [ ]  (92E) Vineyards |
| [ ]  (923) Vegetables | [ ]  (929) Livestock-Containment | [ ]  (90D) Estate Farms | [ ]  (92F) Bee Keeper |
| [ ]  (924) Grain & Field Crops | [ ]  (935) Ranches-Open Range | [ ]  (92A) Cotton | [ ]  (927) Other       |
| [ ]  (925) Dairy | [ ]  (90A) Citrus | [ ]  (92C) Hobby Farms |  |
| [ ]  (926) Poultry | [ ]  (90B) Nurseries | [ ]  (92D) Wineries |  |
|  |  |  |  |
| Total number of acres:       | Number of acres cultivated:       | Number of acres grazed:       |
| Farmed by: | [ ]  Owner | [ ]  Tenant | [ ] Manager | [ ]  Other | [ ]  Full Time | [ ]  Part Time |
| How long has applicant actively farmed?       | Gross farming receipts?       |
| Date you last inspected premises and buildings?       | Photo(s) attached?       |
| Is this new business to your agency?       | How long have you known applicant?       |
| Does applicant have another source of income other than farming?       | If yes, explain:       |
| Remarks:       |
| Applicant's signature:  |       |  | Agent's signature:  |       |  |
| Date:       | Date:       |

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| Applicant:       | Producer:       |

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| **PRIOR CARRIER INFORMATION** |
| Line | Category | Year      | Year      | Year      |
| **PROPERTY** | Carrier | • |       |       |       |
| Policy No. |  |       |       |       |
| Policy Type |  |       |       |       |
| S PD |  |       |       |       |
| Mod Factor |  |       |       |       |
| Total Premium | • |       |       |       |
| **LIABILITY** | Carrier | • |       |       |       |
| Policy No. |  |       |       |       |
| Policy Type |  |       |       |       |
| BI/CSL |  |       |       |       |
| PD |  |       |       |       |
| Mod Factor |  |       |       |       |
| Total Premium | • |       |       |       |
| **OTHER** | Carrier | • |       |       |       |
| Policy No. |  |       |       |       |
| Policy Type |  |       |       |       |
| Amount |  |       |       |       |
| Mod Factor |  |       |       |       |
| Total Premium | • |       |       |       |

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| **LOSS HISTORY** |

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| Enter all claims or occurrences that may give rise to claims for the prior five years |  | [ ]  Check here if none |
| Date of Occurrence | Line | Type/Description of Occurrence or Claim | Date of Claim | AmountPaid | AmountReserved | Claim Status |
|       |       |       |       |       |       | [ ]  | Open |
|  |  |  |  |  |  | [ ]  | Closed |
|       |       |       |       |       |       | [ ]  | Open |
|  |  |  |  |  |  | [ ]  | Closed |
|       |       |       |       |       |       | [ ]  | Open |
|  |  |  |  |  |  | [ ]  | Closed |
|       |       |       |       |       |       | [ ]  | Open |
|  |  |  |  |  |  | [ ]  | Closed |
|       |       |       |       |       |       | [ ]  | Open |
|  |  |  |  |  |  | [ ]  | Closed |
|       |       |       |       |       |       | [ ]  | Open |
|  |  |  |  |  |  | [ ]  | Closed |
|       |       |       |       |       |       | [ ]  | Open |
|  |  |  |  |  |  | [ ]  | Closed |
|       |       |       |       |       |       | [ ]  | Open |
|  |  |  |  |  |  | [ ]  | Closed |
|       |       |       |       |       |       | [ ]  | Open |
|  |  |  |  |  |  | [ ]  | Closed |
|  | NOTE: Fidelity requires a six year loss history | [ ]  See attached loss summary |
| Has any policy been cancelled? [ ]  Yes [ ]  No |  | Nonrenewed? [ ]  Yes [ ]  No |  | Declined? [ ]  Yes [ ]  No |

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| Explain yes answers:      |

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| Name of prior carrier and policy number:       |  |
| • Not required in California |

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| **OPERATIONS OVERVIEW** |

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| Applicant:       | Producer:       |

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| **ADDITIONAL** | Affiliated or subsidiary companies to be insured      | Relationship      |
| **INTERESTS** | Additional insureds      | Interest      | Sec.I      | Sec.II      |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Loc. # | Sec.I | Sec.II | Location to be insured (incl. zip code) | \*PC | # ofAcres | Check if**no**Bldgs. | Insured's Interest |
|  |  |  |  |  |  |  | OwnerOccupant | Lessee | Lessor |
|       | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |

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| --- |
| \* Protection Class |

|  |  |
| --- | --- |
| [ ]  | **SEE ADDITIONAL SCHEDULE OF OPERATIONS CP-4857A** |

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| **UNDERWRITING INFORMATION** |

|  |  |
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| Applicant:       | Producer:       |

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| **PROPERTY** |  9. | Is there any unusual hazard such as (but not limited to) open dump pits, silage pits, sump holes, lakes or reservoirs? | [ ]  Yes | [ ]  No |
| ***Please explain all "yes" answers marked with an asterisk.*** |  |  |  |  |
| 1. | Is there a telephone on the premises? | [ ]  Yes | [ ]  No | 10. | Is there an airstrip on the premises? | [ ]  Yes | [ ]  No |
| 2. | Is there a year-round usable water supply? | [ ]  Yes | [ ]  No | 11. | Are any "hold harmless" or "indemnifying" agreements in effect? | [ ]  Yes | [ ]  No |
|  | If yes,  | (a) Source = | [ ]  Well |
|  |  | [ ]  Pond/Lake | 12. | **Is the applicant engaged in any other business, profession or trade?** | [ ]  Yes | [ ]  No |
|  |  |  |  |  |  |  |
|  |  | [ ]  Hydrant within 1,000 ft. | 13. | If livestock is kept, are all areas well-fenced? | [ ]  Yes | [ ]  No |
|  |  | [ ]  Other |  | If no, please explain |  |  |
|  | (b) Quantity = | [ ]  Less than 1,000 gallons |  | Premises is in: | [ ]  open range area |
|  |  | [ ]  1,000-3,000 gallons |  |  | [ ]  closed range area |
|  |  | [ ]  Over 3,000 gallons | 14. | Are the described insured premises the only premises which the applicant or spouse owns, | [ ]  Yes | [ ]  No |
| 3. | Are any wood or coal fired stoves used inoutbuildings? | [ ]  Yes | [ ]  No |  | rents or operates as a farm or ranch, or maintains as a residence, other than business |  |  |
| 4. | Does applicant own rental property? | [ ]  Yes\* | [ ]  No | property? If no, explain. |
|  |  |  |  | 15. | Any non-owned horses on any insured premises? | [ ]  Yes | [ ]  No |
|  |  |  |  |  | Any owned horses? | [ ]  Yes | [ ]  No |
|  |  |  |  | 16. | Does insured board, race, breed or renthorses? | [ ]  Yes | [ ]  No |
| **LIABILITY** |  | 17. | Is any land held for real estate development or speculation? | [ ]  Yes | [ ]  No |
| ***If yes is answered to any question, please explain (use reverseof form) and provide annual gross receipts or cost.*** | 18. | Does applicant maintain any vacation or seasonal premises? | [ ]  Yes | [ ]  No |
| 1. | Are independent contractors hired toperform any farming operations? | [ ]  Yes | [ ]  No | 19. | If dairy farm, is there any processing of milk? | [ ]  Yes | [ ]  No |
| 2. | Is any part of the farm used or leased fororganized recreational use? | [ ]  Yes | [ ]  No | 20. | If dairy farm, is there any retail sales of milk products to the public? | [ ]  Yes | [ ]  No |
| 3. | Does applicant build, repair or designmachinery, equipment or systems foranyone at a charge or fee? | [ ]  Yes | [ ]  No | 21. | Receipts      Number of cows milked       |
| 4. | Does applicant mix, process, slaughterbutcher or otherwise prepare for any "endconsumer" his or any other grower'sproduct? | [ ]  Yes | [ ]  No | 22. | Are any premises used for hunting purposes?[ ]  By owners: [ ]  no charge | [ ]  Yes[ ]  fee | [ ]  No. |
| 5. | Does applicant handle any product, such as seed, fertilizer, sprays, etc. for resale? | [ ]  Yes | [ ]  No | 23. | Does applicant maintain a non-farm office or private school in an insured building? | [ ]  Yes | [ ]  No |
| 6. | Are any contract or service operation performed for others such as tilling, excavating or ditching? | [ ]  Yes | [ ]  No | 24. | Is there a swimming pool on premises?  | [ ]  Yes | [ ]  No |
| 7. | Are the farm premises open to the public for roadside stands, "U-Pick", recreational, | [ ]  Yes | [ ]  No |  | If yes, is it fenced?Diving Board? | [ ]  Yes[ ]  Yes | [ ]  No[ ]  No |
|  | "rent-a garden", auction sales show, food or beverage service, animal boarding, or |  |  | 25. | Does applicant serve on any boards for remuneration? | [ ]  Yes | [ ]  No |
|  | Christmas tree sales uses? |  |  | 26. | Is the applicant a subsidiary of | [ ]  Yes | [ ]  No |
| 8. | Are any portions of the farm rented or leased or used by any other individual, corporation or interest for other than farming? | [ ]  Yes | [ ]  No |  | another or does the applicant have subsidiaries? |  |  |
|  |  |  |  | 27. | Is a formal safety program in existence? | [ ]  Yes | [ ]  No |

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| Explain Yes Answers: |
|       |

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| **AGRIBUSINESS PROPERTY**(ISO Coverage A, B, C, D & G) |

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| --- | --- |
| Applicant:       | Producer:       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Property Deductible:       | [ ]  $250 | [ ]  $500 | [ ]  $1,000 | [ ]  Other (specify)       |
| Location #       | Fire Protection Class       | District Name       |
| Coverage (A, B, C, D) | R/C | Covered Causes of Loss | Limit | Rate | Premium |
| Main Dwelling | [ ]  Y | [ ]  N | [ ]  Basic | [ ]  Broad | [ ]  Special |       |       |       |
| Other Structures | [ ]  Y | [ ]  N | [ ]  Basic | [ ]  Broad | [ ]  Special |       |       |       |
| Household Personal Prop. | [ ]  Y | [ ]  N | [ ]  Broad | [ ]  Broad | [ ]  Special |       |       |       |
| Loss of Use | N/A | N/A |       |       |       |
| **MAIN DWELLING (underwriting information)** |
| Year Built      | Sq. Ft.      | Type of Construction      | Type1 2 3[ ]  [ ] [ ]  | Age of Roof     Type of Roof      | Occupancy | Type of Heat      | Woodstove or Wood Insert Yes No [ ]  [ ] If Yes, please completewoodstove applicationCP-4866 |
|  |  |  |  |  | Permanent[ ]  | Seasonal[ ]  | Age of Unit      |  |
| Mortgagee:      Loss Payable:      Address:       | Are any burglary and/or fire alarms on the premises? [ ]  Yes [ ]  NoIf yes, where?      Type of Alarm?       |
| **Other Dwellings and Farm Structures (Coverage G)** |
| No. | Description                | Diag. # | Valuation\* | Const. | Type Heat | Sq. Ft. | Causes of Loss\*\* | Type1 2 3 | Limit |
|      |       |       |       |       |       |      |    | [ ]  [ ]  [ ]  [ ]  |       |
|      |       |       |       |       |       |      |    | [ ]  [ ]  [ ]  |       |
|      |       |       |       |       |       |      |    | [ ]  [ ]  [ ]  |       |
|      |       |       |       |       |       |      |    | [ ]  [ ]  [ ]  |       |
|      |       |       |       |       |       |      |    | [ ]  [ ]  [ ]  |       |
|      |       |       |       |       |       |      |    | [ ]  [ ]  [ ]  |       |
|      |       |       |       |       |       |      |    | [ ]  [ ]  [ ]  |       |
| **Dwelling and Farm Structures Detail Information** |  |  |  |  |  |  |  |
| No. | Type1,2 or 3 | Smoke/HeatDetectorsY/N | Wood StovesY/N | Year Built | Year Last Updated | Sq. Feet ofGround Floor | Occupied Seasonal orVacationY/N |
|      |       |    |    |      |      |       |    |
|      |       |    |    |      |      |       |    |
|      |       |    |    |      |      |       |    |
|      |       |    |    |      |      |       |    |
|      |       |    |    |      |      |       |    |
|      |       |    |    |      |      |       |    |
|      |       |    |    |      |      |       |    |
| \* Valuation | \*\* Causes of loss |
| R = RC | A = ACV | U = Utility Value (functional RC) | 1 = Basic | 2 = Broad | 3 = Special |
|  |  |  |  |  |  |
| [ ]  | **SEE UNIT OWNERS COVERAGE SUPPLEMENTAL APPLICATION CP-6660** |
|  |  |
| [ ]  | **SEE ADDITIONAL PROPERTY SCHEDULE CP-4857B** |

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| **AGRIBUSINESS SCHEDULED FARM PERSONAL PROPERTY**(ISO Coverage E) |

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| Applicant:       | Producer:       |

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| Deductible: | [ ]  $250 | [ ]  $500 | [ ]  $1,000 | [ ]  Other (specify)       |

|  |  |  |
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|  |  | Cause of Loss (Perils) |
|  |  | 1) Basic 2) Broad  3) Special |
| Company Use Only |  | Description (include year, make, model & serial #; livestock info., etc.) | 1 2 3 | Custom Use | Limit of Insurance |
|       | **1.** |       |     |       |       |
|       | **2.** |       |     |       |       |
|       | **3.** |       |     |       |       |
|       | **4.** |       |     |       |       |
|       | **5.** |       |     |       |       |
|       | **6.** |       |     |       |       |
|       | **7.** |       |     |       |       |
|       | **8.** |       |     |       |       |
|       | **9.** |       |     |       |       |
|       | **10.** |       |     |       |       |
|       | **11.** |       |     |       |       |
|       | **12.** |       |     |       |       |
|       | **13.** |       |     |       |       |
|       | **14.** |       |     |       |       |
|       | **15.** |       |     |       |       |
|       | **16.** |       |     |       |       |
|       | **17.** |       |     |       |       |
|       | **18.** |       |     |       |       |
|       | **19** |       |     |       |       |
|       | **20.** |       |     |       |       |
|       | **21.** |       |     |       |       |
|       | **22.** |       |     |       |       |
|       | **23.** |       |     |       |       |
|       | **24.** |       |     |       |       |
|  | **25.** |       |     |       |       |
|       | **26.** |       |     |       |       |
|       | **27.** | Transit |     |       |       |
|       | **28.** |       |     |       |       |
|       | **29.** | Hay on premises in open (stack $      maximum clear space       ft.) |     |       |       |
|       | **30.** | Hay on premises in barn (stack $      maximum clear space       ft.) |     |       |       |
|  | **TOTAL LIMIT** | **$****0** |
|  | Cause of Loss (perils) | Limit of Insurance |
| **1.** | Miscellaneous tools, equipment and supplies(Not exceeding $2,000 per item) |  |  |       |       |
|  | **TOTAL LIMIT** | **$****0** |

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| **AGRIBUSINESS UNSCHEDULED FARM PERSONAL PROPERTY**(ISO Coverage F) |

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| --- | --- |
| Applicant:       | Producer:       |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agricultural** **Produce** | # ofUnits | UnitPrice | TotalValue | **Agricultural Machineryand Implements** | # ofUnits | UnitPrice | TotalValue | **Agricultural Tools,****Equipment and** **Supplies** | # ofUnits | UnitPrice | TotalValue |
| Barley |      |       | 0 | Tillage: |  |  |  | Agricultural Chem |  |  |  |
| Corn |      |       | 0 |  Tractors |      |       | 0 |  Fertilizers |      |       | 0 |
| Fodder |      |       | 0 |  Discs |      |       | 0 |  Herbicides |      |       | 0 |
| Fruit |      |       | 0 |  Harrows |      |       | 0 |  Insecticides |      |       | 0 |
| Ground Feed |      |       | 0 |  Plows |      |       | 0 |  Pesticides |      |       | 0 |
| Hay |      |       | 0 | Other |  |  |  | Air Compressors |      |       | 0 |
| Mfg. Stock Feed |      |       | 0 |        |      |       | 0 | Bins |      |       | 0 |
| Nuts |      |       | 0 |        |      |       | 0 | Boxes and Box |      |       | 0 |
| Oats |      |       | 0 |        |      |       | 0 |  Shook |      |       | 0 |
| Silage |      |       | 0 | Cultivating: |  |  |  | Electric Motors |      |       | 0 |
| Soybeans |      |       | 0 |  Cultipackers |      |       | 0 | Farm Lubricants |      |       | 0 |
| Straw |      |       | 0 |  Cultivators |      |       | 0 | Fencing and Posts |      |       | 0 |
| Wheat |      |       | 0 |  Drills |      |       | 0 | Gasoline/Diesel |      |       | 0 |
|       |      |       | 0 |  Planters |      |       | 0 |  Fuel |      |       | 0 |
|       |      |       | 0 |  Rotary Hoes |      |       | 0 | Hand Tools |      |       | 0 |
|       |      |       | 0 |  Seeders |      |       | 0 | Materials and Supp |      |       | 0 |
|       |      |       | 0 |  Spreaders |      |       | 0 | Milking Equipment |      |       | 0 |
|  |  |  | **Total Value $****0** |  Sprayers |      |       | 0 | Office Equipment |      |       | 0 |
| **Poultry** | # of | Unit | Total |  |  |  |  | Paints |      |       | 0 |
|  | Birds | Price | Value | Harvesting: |  |  |  | Picking Equipment |      |       | 0 |
|  Chickens |      |       | 0 |  Augers |      |       | 0 | Poultry Equipment |      |       | 0 |
|  Turkeys |      |       | 0 |  Blowers |      |       | 0 | Power Tools |      |       | 0 |
|  |  |  |  |  Choppers |      |       | 0 | Saddles and Tack |      |       | 0 |
|       |      |       | 0 |  Combines |      |       | 0 | Spare Parts |      |       | 0 |
|       |      |       | 0 |  Corn Pickers |      |       | 0 | Tires |      |       | 0 |
|       |      |       | 0 |  Cotton Pickers |      |       | 0 | Vet Supplies |      |       | 0 |
|  |  |  |  |  Driers |      |       | 0 | Welders and Torches |      |       | 0 |
|  |  |  |  |  Elevators (Port.) |      |       | 0 |  |  |  |  |
|  |  |  | **Total Value $****0** |  Forage |      |       | 0 |       |      |       | 0 |
| **Livestock** | # of | Unit | Total |  Harvesters |      |       | 0 |       |      |       | 0 |
|  | Head | Price | Value |  Grain Cleaners |      |       | 0 |       |      |       | 0 |
|  |  |  |  |  Grain Heads |      |       | 0 |       |      |       | 0 |
|  Dairy Cows |      |       | 0 |  Grape |  |  |  |       |      |       | 0 |
|  Dairy Heifers |      |       | 0 |  Harvesters |      |       | 0 |       |      |       | 0 |
|  Dairy Calves |      |       | 0 |  Hay Balers |      |       | 0 |       |      |       | 0 |
|  Beef Cows |      |       | 0 |  Mowers |      |       | 0 |       |      |       | 0 |
|  Beef Calves |      |       | 0 |  Nut Shakers |      |       | 0 |  |  |  |  |
|  Feeder Cattle |      |       | 0 |  Rakes |      |       | 0 |  | **Total Value $****0** |
|  Bulls |      |       | 0 |  Rice Harvesters |      |       | 0 | **Irrigation Equipment** | # of | Unit | Total |
|  Sows and Gilts |      |       | 0 |  Roods |      |       | 0 |  | Units | Price | Value |
|  Boars |      |       | 0 |  Silo Filters |      |       | 0 |  Center Pivot Irrigation |      |       | 0 |
|  Feeder Pigs |      |       | 0 |  Silo Unloaders |      |       | 0 |  Drip |      |       | 0 |
|  Ewes |      |       | 0 |  Tomato |  |  |  |  Handset |      |       | 0 |
|  Rams |      |       | 0 |  Harvesters |      |       | 0 |  Lateral Move Irrigation |      |       | 0 |
|  Lambs |      |       | 0 |  Wagons |      |       | 0 |  Pumps |      |       | 0 |
|  Horses |      |       | 0 |  |  |  |  |  Solid Set |      |       | 0 |
|  Mules |      |       | 0 |       |      |       | 0 |  Wheel-Line |      |       | 0 |
|       |      |       | 0 |       |      |       | 0 |       |      |       | 0 |
|       |      |       | 0 |       |      |       | 0 |       |      |       | 0 |
|       |      |       | 0 |       |      |       | 0 |       |      |       | 0 |
|  | **Total Value $****0** |  | **Total Value $****0** |  | **Total Value $****0** |
| **IF EXCLUSION OF PROPERTY FROM BLANKET COVERAGE IS DESIRED, PLEASE LIST THE SPECIFIC ITEMS ON PAGE 8** |
|  |  | Limit of Insurance |  |  |
|  | Agricultural Produce | $0 |  |  |
|  | Poultry | $0 |  |  |
| **LIMITS OF INSURANCE** | Livestock | $0 |  |  |
|  | Agri. Machinery & Implements | $0 |  |  |
|  | Agri. Tools, Equip. & Supplies | $0 |  |  |
|  | Irrigation Equipment | $0 | Rate | Premium |
|  |  | **Total** | **$****0** | x       | = | **$****0** |

|  |
| --- |
| **AGRIBUSINESS FARM PERSONAL PROPERTY**(ISO Coverage E) |

|  |  |
| --- | --- |
| Applicant:       | Producer:       |
| **UNDERWRITING INFORMATION** |
| [ ]  | Scheduled |
| [ ]  | Unscheduled |
| If property is kept on a location(s) other than an insured location, where is it kept… |
|  | (a) during farming season?       |
|  | (b) during off season?       |
| What is maximum value of equipment at any one location… |
|  | (a) during farming season? | Inside $       | in open $       |
|  | (b) during off season? | Inside $       | in open $       |
| Is there any equipment loaned or rented to/from others? | [ ]  Yes | [ ]  No |
| Value for borrowed or rented equipment $       |
| Does applicant perform his own maintenance on equipment? | [ ]  Yes | [ ]  No |
| If no, please indicate type of repairs done, where performed and by whom: |
|       |
|       |
|       |
| What is radius of operations of equipment?       | miles |

|  |
| --- |
| Property excluded from blanket coverage:      |
| Remarks:       |
| [ ]  Cotton Picker | [ ]  Oil | [ ]  Water |

|  |
| --- |
| **SCHEDULED PERSONAL ITEMS** |
| TYPE: 1. Jewelry 2. Furs 3. Cameras 4. Musical Instruments 5. Silverware 6. Fine Arts7. Golf Equipment 8. Stamps 9. Coins 10. Guns 11. Other |

|  |  |
| --- | --- |
| Applicant:       | Producer:       |

|  |  |  |  |
| --- | --- | --- | --- |
| Item No. | TypeNo. | Description of Item (Serial #, if any) | InsuranceAmount |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

|  |  |
| --- | --- |
| **Total amount of Insurance by Class** | Amount ofInsurance |
| 1. | Jewelry |       |
| 2. | Furs |       |
| 3. | Cameras |       |
| 4. | Musical instruments |       |
| 5. | Silverware, silverplated ware, goldware, goldplated ware and pewterware |       |
| 6. | Fine arts, as scheduled, show location, construction, no. of families and protection class at |       |
| 7. | Golf equipment |       |
| 8. | Postage stamps |       |
| 9. | Rare and current coins |       |
| 10. | Guns |       |
| 11. | Other (specify)       |       |
|  | Safe Credit | Appraisals Attached | Deductible | **Total $0** |
|  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | $       |  |

|  |
| --- |
| **OPTIONAL COVERAGES** |

|  |  |
| --- | --- |
| Agri-Plus II Property Endorsement [ ]  |  |
| Computer Coverage [ ]  |  |
| Watercraft Hull Coverage: | Year      | Length      | Horsepower     |  |
|  | Model/Mfg       | Limit       |
| Extra Expense [ ]  |  |  |
| Restoring Records [ ]  |  |  |
| Dwelling Glass [ ]  |  |  |
| Dairy Farms Endorsement [ ]  |  |  |
| Equine Property Endorsement [ ]  |  |  |
| Sewer Back-up [ ]  |  |  |
| Orchard and Vineyard Growers Property Endorsement [ ]  |  |  |
| Disruption of Farming Operations | [ ]  |  |  |
| High Value Dwelling Endorsement | [ ]  |  |  |
| Identity Fraud Expense Coverage | [ ]  |  |  |
| Equipment Breakdown Coverage | [ ]  |  |  |
| Extended Replacement Cost Coverage  |  |  |  |
| Location Number | Building Number | RC % |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

|  |
| --- |
| **AGRIBUSINESS FARM LIABILITY SECTION** |

|  |  |
| --- | --- |
| Applicant:       | Producer:       |

|  |  |
| --- | --- |
| Coverages | Limits of Liability |
| Coverage H – Bodily Injury and Property Damage Liability | $       | Each "Occurrence" Limit |
|  | $       | General Aggregate Limit |
| Coverage I – Personal and Advertising Injury Liability | $       | Each "Occurrence" Limit |
|  | $       | General Aggregate Limit |
| Coverage J – Medical Payments | $       | Any One Person Limit |
|  | $       | Each "Occurrence" Limit |
| Coverage H – Bodily Injury and Property Damage Liability Fire Damage Limit | $       | Any One Fire |
| Additional Coverage b. – Damage to Property of Others | $       |
| Commercial General Liability[ ]  Yes [ ]  No | If yes, complete commercialgeneral liability application |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Code | Coverage | \*ILF | Basis/Rate | Premium |
| [ ]  | Initial farm premises, 0 to 160 acres [ ]  Owner Operated [ ]  Non-owner Operated |       |       |       |
| [ ]  | Initial farm premises,161 to 500 acres [ ]  Owner Operated [ ]  Non-owner Operated |       |       |       |
| [ ]  | Initial farm premises, 501 to 2000 acres [ ]  Owner Operated [ ]  Non-owner Operated |       |       |       |
| [ ]  | Initial farm premises, Over 2000 acres [ ]  Owner Operated [ ]  Non-owner Operated |       |       |       |
| 01418 [ ]  | Additional farm premises maintained by named insured Loc. #       |       |       |       |
| 09250 [ ]  | Additional non-farm premises occupied by insured Loc. #       |       |       |       |
|  | [ ]  Seasonal [ ]  Permanent |  |  |  |
| 05117 [ ]  | Additional residence rented to others, numbers of families       | Loc. #       |       |       |       |
| 04122 [ ]  | Additional insured – non-relative resident       |       |       |       |
|  | Additional insured       |       |       |       |
|  | Additional CPL Name:       |       |       |       |
| 07106 [ ]  | Custom farming receipts $       | (rate per $1,000 Receipts) |       |       |       |
| 01235 [ ]  | Roadside stands – farm products principally on the insured farm – (rate per $1,000 gross sales) Sales $       |       |       |       |
|  **\*** [ ]  | Enhanced Pollutant Clean-up (refer to company) | Limit:       |       |       |       |
| [ ]  | Chemical Drift |  |       |       |       |
| 01360 [ ]  | Contingent Liability for Crop Dusting by Independent Aircraft – (rate per $1,000 cost) |  |  |  |
|  | Cost $       | Limit $       |  |  |  |
| [ ]  | Domestic Workers' Comp | [ ]  Inservant | [ ]  Outservant |       |       |       |
| [ ]  | Animal Collision | # of Livestock       | Limit per Head:       |       |       |       |
| [ ]  | Products:       |       |       |       |
| [ ]  | Other:       |       |       |       |

|  |
| --- |
| \*ILF – Increased Limits Factors |

|  |
| --- |
| **Supplemental Application (Snowmobiles, All Terrain Vehicles, Watercraft)** |

|  |
| --- |
| Named Insured       |

|  |  |
| --- | --- |
| **A:** | **Snowmobiles/All Terrain Vehicles** |
| UnitNo. | Model Year | Type(Snow/ATV) | Make | Identification Number | C.C./C.I.Displacement | Horse-power | Limit of Liability | StatedAmt. orCost New | Where Used? | Licensed ForHighway? |
| **A1** |      |      |       |       |       |      |       |       |       |       |
| **A2** |      |      |       |       |       |      |       |       |       |       |

|  |  |
| --- | --- |
| **B:** | **Watercraft — Under 26 feet in length.** |
| UnitNo. | Description | ModelYear | Manufacturer | Model Nameand/or No. | Identification or SerialNumber | Horse-power | RatedSpeed | Length | Original Cost New |
|  | Boat & attached equipment |       |       |       |       |       |       |       | $      |
| **B1** | Outboard Motor #1 |       |       |       |       |       |       |       | $      |
|  | Outboard Motor #2 |       |       |       |       |       |       |       | $      |

|  |  |  |  |
| --- | --- | --- | --- |
| Power | Type of Hull | Construction | Waters To Be Navigated |
| [ ]  Outboard | [ ]  Runabout | [ ] Fiberglass |       |
| [ ]  Sail | [ ]  Cabin Cruiser | [ ]  Wood | Use (i.e., fishing, skiing, pleasure) |
| [ ]  Inboard/Outboard | [ ]  Other (describe) | [ ]  Metal |       |
| [ ]  Inbound (Prop Shaft) |  | [ ]  Other | Operator Discount |
| [ ]  Inboard (Jet Drive) |       |       | [ ]  U.S. Cost Guard Aux. I.D. No.       |
|  |  |  | [ ]  U.S. Power Squadron I.D. No.       |

|  |  |
| --- | --- |
| **C.** | **Trailers** |
| UnitNo. | ModelYear | Manufacturer | Stated Amt. of Coverage | Used With (Boat, Snowmobile, Etc. |
|  |      |       | $      |       |

|  |
| --- |
| **Coverages and limits of liability — enter limits of liability and/or deductibles for each unit.** |
| Unit | Part I | Part II | Part III | Part IV |
| No. |  |  |  |  |
|  | Bodily Injury | Property | Single Limit | Medical | Compre- | Collision | All Risk | Limit of Liab. | Uninsured Motorists |
|  | (Thousands) | Damage | B.I. and P.D. | Payments | hensive |  | Physical | Actual Cash | (Thousands) |
|  | Each | Each | (Thousands) | (Thousands) | (Dollars) | Enter | Enter | Loss-Enter | Value Or As | B.I. | B.T | P.D. |
|  | Person | Occurrence | Each | Each | Each | Deductible | Deductible | Deductible | Shown | Each | Each | Each |
|  |  |  | Occurrence | Occurrence | Person | Applicable | Applicable | Applicable | Below | Person | Accident | Accident |
| **A1** | $      | $      | $      | $      | $      | $      | $      | $      | $      | $      | $      | $      |
| **A2** | $      | $      | $      | $      | $      | $      | $      | $      | $      | $      | $      | $      |
| **B1** | $      | $      | $      | $      | $      | $      | $      | $      | $      |  |
| **C1** | $      | $      | $      | $      | $      | $      | $      | $      | $      | In States Where Available |
| **C2** | $      | $      | $      | $      | $      | $      | $      | $      | $      |  |
| **Premiums** | PremiumTotals |
| **A1** | $      | $      | $      | $      | $      | $      | $      | $      | $      | $      | $      | $      |
| **A2** | $      | $      | $      | $      | $      | $      | $      | $      | $      | $      | $      | $      |
| **B1** | $      | $      | $      | $      | $      | $      | $      | $      | $      | $      | $      | $      |

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|  | Personal Effects Or Unattached Board | Limit of Liability $      | Unit No.       | Premium | $      |
| Other Coverages | Equipment | Limit of Liability $      | Unit No.       | Premium | $      |
|  | Other       | Unit No.       | Premium | $      |
| Coverage Parts, Forms and Endorsements Attached To and Becoming A Part of This Policy: | Total Annual Premium |  |
|       | At Inception | $      |
| Any Loss Is Payable | Unit No.       |
| As Interest May Appear |  |
| To The Named Insured And | Unit No.       |
| **Has Any Operator** | Yes | No |
| 1. | Membership in an organized club concerned with any recreational vehicle? | [ ]  | [ ]  |
| 2. | Less than one year's experience in the operation of type of vehicle or watercraft insured? | [ ]  | [ ]  |
| **Is Any Recreational Vehicle:** |
| 8. | Stored or moored at a location other than the applicant's residence? | [ ]  | [ ]  |
| 9. | Uses as a primary residence premises? | [ ]  | [ ]  |
| 10. | Used in organized races or competitive events? | [ ]  | [ ]  |
| 11. | Equipped for amphibious use? | [ ]  | [ ]  |
| 12. | Homemade, kit built or modified from factory specifications? | [ ]  | [ ]  |
| 13. | Rented or leased to others or used for other commercial purposes? | [ ]  | [ ]  |
| **Recreational Vehicle Condition And Equipment** |
| 14. | Does any vehicle or boat have body damage or cracked or broken glass? | [ ]  | [ ]  |
| 15. | Is any boat equiped with a stove? (Describe installation and fuel in remaks) | [ ]  | [ ]  |
| 16. | Is any boat equiped with Coast Guard approved type fire extinguishers and personal flotation devices? | [ ]  | [ ]  |
| 17. | Is any boat equiped with auto engine converted to marine use by anyone other than the manufacturer of the boat? | [ ]  | [ ]  |

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| Applicant       | Producer       |

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| Diagram: |

SHOW ALL BUILDINGS ON THE PREMISES (WHETHER INSURED OR NOT) AND
DISTANCE IN FEET BETWEEN THEM. LABEL ALL BUILDINGS AND ATTACH DATED
PHOTOGRAPH OF EVERY BUILDING. (INDICATE **"NC"** IF NOT COVERED.)

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Notes: (How to get there, nearest cross street, etc.)

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|  | **You may use this page to supplement your application with any additional information.** |

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 **FRAUD STATEMENT**

**Please read the statement applicable to your state. If your state and/or Line of Business are not listed, please read the statement applicable to All Other States. Then sign, date and return with your application.**

**ARKANSAS, NEW MEXICO, VERMONT AND WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA:** Auto: Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties. Other Than Auto: The "All Other States" statement applies to lines of business other than auto.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA, MINNESOTA AND 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.

**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.

**HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE AND VIRGINIA:** Same as Arkansas. In addition, penalties may include a denial of insurance benefits.

**MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MASSACHUSETTS:** Auto: If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance. Other Than Auto: 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 the person to criminal and civil penalties.

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 **FRAUD STATEMENT — CONTINUED**

**NEW YORK:** Auto: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation. For Other Lines of Business: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

**PENNSYLVANIA:** Other Than Auto: 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 subjects the person to criminal and civil penalties. Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to $15,000.

**UTAH:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 civil penalties. Not applicable in Nebraska.

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| Signature of Applicant: |  | Date: |  |

**IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www/travelers.com/w3c/legal/Producer Compensation Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183

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