

# FARM/RANCH APPLICATION

Rewrite  New  Renewal

Payable:  Annual  
 Semi-Annual (over \$1,000)  
 Quarterly (over \$1,200)

Policy # \_\_\_\_\_ (If Renewal or Rewrite)  
Applicant's Name \_\_\_\_\_  
Address (RR# or Street) \_\_\_\_\_ Eff. Date \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  Quote  Bound  
Individual \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Joint Venture \_\_\_\_\_ Estate \_\_\_\_\_  
Owner Occupied  Tenant  Absentee Owner  Physical Address \_\_\_\_\_  
Farm is located \_\_\_\_\_ miles \_\_\_\_\_ of \_\_\_\_\_

**(NOTE: List primary building location 1<sup>st</sup>, other building locations 2<sup>nd</sup>, other land 3<sup>rd</sup>. More than 4 attach Separate Sheet.)**

No. of Acres	Bldgs. Yes/No	Section	Township	Range	County	State	Zip Code	Class 1 to 10

**Deductibles** – (Split Deductibles are available by Coverage on Farmers & Ranchers except Coverage on A & B.)

	\$500 Ded.	\$1000 Ded.	\$2500 Ded.	\$5000 Ded.	Basic	Broad	Special	RC Roof (Cov. A only)
Cov. A & B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coverage D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Coverage E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Coverage F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Section I Coverages	New House Credit Requested <input type="checkbox"/>	Limit of Liability	Annual Premium
A. Dwelling (Primary)	Year Built or Remodeled _____		
Additional Dwellings (Total)	(Schedule on Page 2)		
B. Unscheduled Personal Property (Household)	RC <input type="checkbox"/>		
Replacement Cost on Carpet, Furnace & Air Conditioners	<input type="checkbox"/>		
C. Loss of Use (10% of A is included in F&R Policy)			
D. Scheduled Farm Personal Property			
E. Unscheduled Farm Personal Property (Blanket) 100% Inventory			
F. Barns, Buildings & Structures (Total)			
Earthquake			
Optional Section I Coverages			
Section II Coverages		Limit of Liability	Annual Premium
G. Farm/Personal Liability – Each Occurrence			
H. Medical Payments to Others – Each Person			
– Each Accident		\$25,000	
Optional Section II Coverages			
<small>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 subject such person to criminal and civil penalties.</small>	TOTALS – Section II		
	TOTALS – Section I		
	TOTAL POLICY PREMIUM		
	% Risk Modification Credit/Debit		
	TOTAL ADJUSTED POLICY PREMIUM		

Contract of Sale Clause or Mortgage Clause: (specify location or item) \_\_\_\_\_

Loss Payable Clause: (specify item) \_\_\_\_\_

Agency: \_\_\_\_\_ Date \_\_\_\_\_

Agency Code # \_\_\_\_\_ License # \_\_\_\_\_ SS# \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature

Applicant's Signature





## FARM PERSONAL PROPERTY INVENTORY (cont.)

Animals valued over \$2,000 per head must be scheduled.

<u>LIVESTOCK</u>		<u>LIVESTOCK (cont.)</u>		<u>GRAIN, FEED, HAY &amp; SEED</u>	
<small>(Maximum coverage per animal \$2,000)</small>					
<u># Head</u>	<u>ACV per head</u>	<u># Head</u>	<u>ACV per head</u>	<u># UNITS</u>	<u>ACV</u>
Beef Cows	_____	Ewes	_____	Corn	_____
Beef Calves	_____	Lambs	_____	Soybeans	_____
Beef Heifers	_____	Rams	_____	Others	_____
Feeder Cattle	_____	Horses	_____	Hay *	_____
Dairy Cows	_____	Ponies	_____	Straw	_____
Bulls	_____		_____	Silage	_____
Sows	_____		_____	Ground Feed	_____
Shoats	_____		_____	Food Supplies	_____
Feeder Pigs	_____		_____	Seed	_____
Boars	_____	<b>TOTAL LIVESTOCK \$</b>	_____	<b>TOTAL GRAIN \$</b>	_____

\*Complete Questionnaire

**TOTAL BLANKET \$** \_\_\_\_\_

If Blanket, the following property is to be excluded: \_\_\_\_\_

Peak Season Endorsement: Amount of Increase \$ \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rate \_\_\_\_\_ Premium \$ \_\_\_\_\_ Explain Reason for Increase \_\_\_\_\_

Milk Contamination Maximum \$2,500 per occurrence Yes \_\_\_\_\_ No \_\_\_\_\_

Irrigation Equipment (Schedule Only -- \$1,000 Deductible) – **If Additional Equip.– Attach Schedule.**      Loc.      Sec.      Twp.      Rge.


### ALL RISK SCHEDULED INLAND MARINE PERSONAL PROPERTY (Jewelry, Computers, etc.)

All articles to be insured on a scheduled basis must be individually itemized with the amount of insurance applying to each article. Attach APPRAISAL or Bill of Sale Appraisal or state how values were substantiated. – **Or attach separate list of items.**

	DESCRIPTION OF ARTICLE				AMOUNT OF INSURANCE

**COVERAGE FOR LIVE ANIMALS IN TRANSIT** – Complete Supplemental Application – Max. Cov. \$2,000 per animal, \$20,000 per load - \$1.50 per hundred.

**MOTOR TRUCK CARGO COVERAGE** – Complete Supplemental Application – Max. Cov. \$25,000 - \$2.50 per hundred.

## COVERAGE G – SECTION II – LIABILITY

BASIC LIABILITY CHARGE: Total Acres \_\_\_\_\_ Single Limits \_\_\_\_\_ Med. Pmts. \_\_\_\_\_ \$ \_\_\_\_\_

Additional set farm buildings with dwelling, location \_\_\_\_\_ \$ \_\_\_\_\_

Additional set farm buildings without dwellings, location \_\_\_\_\_ \$ \_\_\_\_\_

Additional residence maintained by insured, # \_\_\_\_\_, location(s) \_\_\_\_\_ \$ \_\_\_\_\_

Additional residences rented to others, # \_\_\_\_\_, location(s) \_\_\_\_\_ \$ \_\_\_\_\_

Custom Farming. Total Annual Receipts \_\_\_\_\_ What type? \_\_\_\_\_ \$ \_\_\_\_\_

Custom application of herbicides or chemicals. Yes \_\_\_\_\_ No \_\_\_\_\_ (No Binding)

Employers Liability & Medical Payments. (Not available if applicant eligible for Workers Comp.) (Not avail. in CA or CO)

No. of part-time employees \_\_\_\_\_ Total days per yr: Under 40  Over 40

No. of full-time employees \_\_\_\_\_ STOP GAP (Nevada) (Washington) \$ \_\_\_\_\_

**COMPLETE EMPLOYERS LIABILITY QUESTIONNAIRE**

Additional Insured Endorsement: Non-Comprehensive \_\_\_\_\_

Name of Individual: \_\_\_\_\_

Address: \_\_\_\_\_

What interest(s) to be covered \_\_\_\_\_ \$ \_\_\_\_\_

Name of Individual: \_\_\_\_\_

Address: \_\_\_\_\_

What interest(s) to be covered \_\_\_\_\_ \$ \_\_\_\_\_

Partnership: Name and Address of Partners: \_\_\_\_\_

Name and Address of Partners: \_\_\_\_\_

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Name and Address of Partners: \_\_\_\_\_

Family Corp. Yes \_\_\_\_\_ No \_\_\_\_\_ Names and address of each member, percent owned and titles.

(Is each member engaged in the farming operation?) \_\_\_\_\_ \$ \_\_\_\_\_

Snowmobiles \_\_\_\_\_ Describe each unit by Make, Model and Serial No. \_\_\_\_\_ \$ \_\_\_\_\_

ATV \_\_\_\_\_ Describe each unit by Make, Model and Serial No. \_\_\_\_\_ \$ \_\_\_\_\_

Outboard Motors \_\_\_\_\_ (25 H.P. or less no charge) List ea. unit by Make, Model and H.P. \_\_\_\_\_ \$ \_\_\_\_\_

Inboard Motors \_\_\_\_\_ MPH \_\_\_\_\_ \$ \_\_\_\_\_

Medical Payments – Person Named: (Only available in AZ, DE, IA, MN, MO, NE, OH, PA, WA, WY)

Ages 10-70	Name _____	Age _____	Relationship _____	\$ _____
Maximum	Name _____	Age _____	Relationship _____	\$ _____
Limit	Name _____	Age _____	Relationship _____	\$ _____
\$1,000	Name _____	Age _____	Relationship _____	\$ _____

Type of Business Pursuits \_\_\_\_\_ Incidental Business Receipts \_\_\_\_\_ \$ \_\_\_\_\_

Animal Collision - # of head \_\_\_\_\_ \$ \_\_\_\_\_

Increased limits for borrowed or rented equipment, (amount over \$25,000) minimum of 6 months Cov. \_\_\_\_\_ \$ \_\_\_\_\_

Hunting and Fishing total annual receipts \$ \_\_\_\_\_ \$ \_\_\_\_\_

Lodging and meals provided? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Fire Legal Liability in excess of \$50,000? \$ \_\_\_\_\_ \$ \_\_\_\_\_

**COVERAGE FOR EQUINE LIABILITY AVAILABLE.**  
**MUST COMPLETE SUPPLEMENTAL EQUINE LIABILITY APPLICATION.**  
**EQUINE LIABILITY INCLUDES ANY BOARDING, BREEDING, TRAINING, SALES AND SHOWS**  
**OF OWNED AND NON-OWNED HORSES.**

**DESIRE CARE, CUSTODY AND CONTROL POLICY FOR NON-OWNED HORSES?**  
**COMPLETE SUPPLEMENTAL APPLICATION.**

**IS COMMERCIAL EXCESS LIABILITY DESIRED?**  
**MUST COMPLETE EXCESS APPLICATION. CANNOT BE BOUND**  
**LIMITS AVAILABLE ARE \$1,000,000, \$2,000,000 OR \$3,000,000.**

# PLEASE ANSWER THE FOLLOWING

What are the principal products of the farm? \_\_\_\_\_ Has this changed in the past 3 years? Yes  No

Is any business other than farming conducted on the premises? (Explain) \_\_\_\_\_

Does insured have another occupation besides farming? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Does anyone other than the owner or insured have an interest in the property? If yes, list names and interest: \_\_\_\_\_

If tenant, does American Reliable Insurance have coverage for owner? \_\_\_\_\_ If yes, give policy number: \_\_\_\_\_

(If leased land, leasee must provide proof of insurance.)

If absentee owner, does American Reliable Insurance have coverage for tenant? \_\_\_\_\_ If yes, give policy number: \_\_\_\_\_

Is there other property or liability insurance on this farm? \_\_\_\_\_ If yes, give name of company and explain what is covered: \_\_\_\_\_

Has the insured been cancelled or refused renewal in last 5 years? **(Not applicable in Missouri.)** If yes, explain: \_\_\_\_\_

Describe and list amounts of all losses during past 3 years: \_\_\_\_\_

\_\_\_\_\_ Repaired?  Yes  No Have these losses been verified?  Yes  No

Name of previous carrier \_\_\_\_\_ Policy # of previous carrier: \_\_\_\_\_

If no prior carrier explain: \_\_\_\_\_

Has this account been written by your agency previously? \_\_\_\_\_ How long? \_\_\_\_\_ Time you have known insured? \_\_\_\_\_

Is there an airplane landing strip on your premises? \_\_\_\_\_ Is it filed with the FAA? \_\_\_\_\_

Are all insured buildings being utilized for the purpose intended? \_\_\_\_\_

Are any buildings in need of repair? \_\_\_\_\_ Explain \_\_\_\_\_

Does Roof Exclusion apply? \_\_\_\_\_ To what building(s)? \_\_\_\_\_

Are all dwellings occupied full-time? \_\_\_\_\_ If not, explain exceptions: \_\_\_\_\_

Are mobile homes to be covered? \_\_\_\_\_ If yes, complete a mobile home application. Give year of mobile home: \_\_\_\_\_

Are there any lakes, ponds, swimming pools, or other recreational facilities situated on any insured location? \_\_\_\_\_

If yes, is it open to public? \_\_\_\_\_

Are swimming pools completely fenced in (attach photo)? \_\_\_\_\_ Are there any diving boards? \_\_\_\_\_ Are there any trampolines? \_\_\_\_\_

Are any confinement buildings being insured? \_\_\_\_\_ If yes, attach completed confinement questionnaire.

Does applicant have horses? \_\_\_\_\_ Used for? \_\_\_\_\_ **If yes, attach EQUINE application.**

Is there boarding or off-premises exposures?  Yes  No If pleasure, give use \_\_\_\_\_

Does applicant have dogs? \_\_\_\_\_ # and Breed \_\_\_\_\_

Does applicant have exotic animals on premises? \_\_\_\_\_ Explain: \_\_\_\_\_

What fire protection equipment is employed in buildings or major machinery? \_\_\_\_\_

**Are there Beauty Shop/Tanning business or Babysitting on property?** Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Are all livestock areas fenced? Condition of fences? \_\_\_\_\_ Type of fences? \_\_\_\_\_

Are there any fuel tanks or wood stoves located inside outbuildings? \_\_\_\_\_ If yes, attach completed wood stove application and picture.

Are any wood burning stoves or devices used in dwelling(s)? \_\_\_\_\_ If yes, attach completed wood stove application and picture.

Primary source of heat?  Yes  No **(If yes, do not bind)** Including Fireplaces

## MINE SUBSIDENCE:

If Illinois, Indiana, Kentucky, West Virginia or Ohio risk, is Mine Subsidence Coverage desired? \_\_\_\_\_ If yes, what items? \_\_\_\_\_

**If Mine Subsidence Coverage is not desired, Insured must waive in writing:**

I do not desire Mine Subsidence Coverage. \_\_\_\_\_  
Insured Signature \_\_\_\_\_ Date \_\_\_\_\_

**TERRORISM COVERAGE DESIRED: Yes  No**  \_\_\_\_\_  
**(See Attached Disclosure)** Insured Signature \_\_\_\_\_ Date \_\_\_\_\_