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FARM DOMESTIC

General Information

Proposed Effective Date: _____

1. Applicant's Name: _____
2. Applicant's Mailing Address: _____
City: _____ State: _____ Zip: _____
E-Mail: _____ County: _____
Business Telephone Number: _____ Fax: _____
3. Physical Location of Business (if different): _____
4. Population within 50 miles: _____
5. Other Locations Used:
Physical Address: _____
City: _____ State: _____ Zip: _____
Physical Address: _____
City: _____ State: _____ Zip: _____
6. Please list any other names the business is or has been known by: _____
7. Contact Person: _____
8. Producer's Name: _____
9. Producer's E-mail: _____
10. Detailed description of business activities (specifically, and by location): _____

11. Is this a new business? Yes No If no, how many years have you been in business? _____
12. Applicant is: Individual Corporation Partnership Joint Venture
 Other (please describe): _____
13. Annual Payroll: \$ _____
14. Total Number of Employees: _____ Full-Time: _____ Part-Time: _____
15. Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No
16. If yes, please tell us:
Employee Name: _____
E-Mail: _____ Business Telephone No.: _____
Fax: _____ Years with Company: _____
Employee's Responsibilities: _____

Insurance History

17. Who is your current insurance carrier (or your last if no current provider)? _____

18. Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

19. Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No
 Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

20. If yes, please explain: _____

21. Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

22. If the standard markets are declining placement, please explain why: _____

Desired Insurance

Limit of Liability:

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

Business Operations

Farm Operations:

Poultry Farm	Animal Farm	Fish Farm	Tree Farm
<input type="checkbox"/> Chicken Farms	<input type="checkbox"/> Fox Farms	<input type="checkbox"/> Trout Farm	<input type="checkbox"/> Christmas Tree Farms
<input type="checkbox"/> Turkey Farms	<input type="checkbox"/> Mink Farms	<input type="checkbox"/> Catfish Farm	<input type="checkbox"/> Nursery Plant Farms
<input type="checkbox"/> Pigeon Farm	<input type="checkbox"/> Mole Farms	<input type="checkbox"/> Tropical Fish Farm	<input type="checkbox"/> Other
<input type="checkbox"/> Ostrich Farm	<input type="checkbox"/> Pig Farm	<input type="checkbox"/> Other	
<input type="checkbox"/> Other	<input type="checkbox"/> Cattle Farms		
	<input type="checkbox"/> Dairy Farms		
	<input type="checkbox"/> Lamb Farms		
	<input type="checkbox"/> Horse Farms		
	<input type="checkbox"/> Other		

Type of Farm (all other):

<input type="checkbox"/> Berries, Fruits and Nuts	<input type="checkbox"/> Citrus	<input type="checkbox"/> Cotton
<input type="checkbox"/> Vegetables	<input type="checkbox"/> Nurseries	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Grain & Field Crops	<input type="checkbox"/> Hobby Farm	<input type="checkbox"/> Other:
Explain:		

1. Total number of acres: _____ Number of acres cultivated _____ Number of acres grazed _____

2. Farmed by: Owner Tenant Manager Other Full time Part time
3. How long has applicant actively farmed? _____ Gross Farming Receipts? \$ _____
4. Type of Product(s)? _____
5. Does the operation have any other income other than from farming? Yes No
If yes, explain: _____
6. Any camping areas: Yes No
If yes, gross receipts: \$ _____
7. Hunting or fishing facilities: Yes No
If yes, gross receipts: \$ _____
8. Petroleum production? Yes No
If yes, gross receipts: \$ _____
9. Custom Farming: Yes No
If yes, gross receipts: \$ _____ Description: _____
10. Total Receipts from entire operations: \$ _____
11. Any land leased out for farm and ranch? Yes No
(Lessee must provide Proof of Liability with matching limits).
If yes, number of acres and use: _____
12. Any "exotics" on premises? Yes No
Number: _____ Type(s): _____
13. Any horses? Yes No
Number: _____ Use: _____
14. Any Boarding, Breeding or Off-Premises exposure? Yes No
If yes, please explain: _____
- Dwelling Used as Residences:**
15. Any wood burning stoves? Yes No
16. Professionally installed? Yes No
17. Applicant Occupation _____ Social Security # _____ Date of Birth _____
18. Spouse Occupation _____ Social Security # _____ Date of Birth _____
19. Is this a single family dwelling? Yes No
20. Serviced by a rural fire department? Yes No
21. Distance to protection _____ Dept. Name _____
22. Any on-site fire protection? Yes No
If yes, explain: _____
23. Does applicant reside full time in this dwelling? Yes No
24. How often are premises visited by owner? _____
25. Is there a caretaker or ranch foreman on premises at all times? Yes No
26. Protection devices on premises: Smoke Burglar Other _____
27. Are devices: Local Central station Name of Central Station Co. _____
28. Any business conducted on insured's premises other than Farm operations noted above? Yes No
If yes, please explain: _____
29. Condition of farm fencing – Please explain: _____
30. Does Insured carry Workers' Compensation insurance? Yes No

31. Any LPG or gas storage tanks? Yes No
If Yes, give locations and installation method: _____
32. Are there any buildings on the premises which are unused? Yes No
If yes, please describe: _____
33. Any unusual hazards? Yes No
34. Such as (but not limited to): Airstrips Dams/Lakes/Ponds Open dump pits/Landfills
 Silage pits Timber operations
If others, describe: _____
35. Any chemical applications? Yes No
If yes, what kind? Ground Air
List type and nature of chemicals? _____
36. Any self-construction; remodeling? Yes No
If yes, please describe: _____

Property

37. Is there a telephone on the premises? Yes No
38. Is there a year-round usable water supply? Yes No
If yes: Source: Well Pond/Lake Hydrant within 1,000 ft. Other: _____
Quantity: Less than 1,000 gallons 1,000 – 3,000 gallons Over 3,000 gallons
39. Distance to Fire Department: _____
40. Are any wood or coal fired stoves used in outbuildings? Yes No
41. Does applicant own rental property? Yes No
If yes, describe: _____
42. Are any burglary and/or fire alarms on the premises? Yes No
If yes, where: _____ Type of Alarm _____

Liability

If yes is answered to any question, please explain (use reverse side of form) and provide annual gross receipts or cost.

43. Are independent contractors hired to perform any farming operations? Yes No
44. Is any part of the farm used or leased for organized recreational use? Yes No
45. Does applicant build, repair or design machinery, equipment or systems for anyone at a charge or fee?
 Yes No
46. Does applicant mix, process, slaughter, butcher or otherwise prepare for any "end consumer" his or any other grower's product? Yes No
47. Does applicant handle any product, such as seed, fertilizer, sprays, etc., for resale? Yes No
48. Are any contract or service operations performed for others such as tilling, excavating or ditching?
 Yes No
49. Are the farm premises open to the public for roadside stands, "U-Pick", recreational, "rent-a-garden", suction sales show, food or beverage service, animal boarding or Christmas tree sales uses? Yes No
50. Are any portions of the farm rented or leased or used by any other individual, corporation or interest for other than farming? Yes No
51. Is there any unusual hazard such as (but not limited to) open dump pits, silage pits, sump holes, lakes or reservoirs? Yes No
52. Is there an airstrip on the premises? Yes No
53. Are any "hold harmless" or "indemnifying" agreements in effect? Yes No
54. Is the applicant engaged in any other business, profession or trade? Yes No

55. If livestock is kept, are all areas well fenced? Yes No
If no, please explain: _____
56. Premises are in: Open range area Closed range area
57. Are the described insured premises the only premises which the applicant or spouse owns, rents or operates as a farm or ranch, or maintains as a residence, other than business property? Yes No
If no, explain: _____
58. Any non-owned horses on any insured premises? Yes No
59. Does insured board, race, breed or rent horses? Yes No
60. Is any land held for real estate development or speculation? Yes No
61. Does applicant maintain any vacation or seasonal premises? Yes No
62. If dairy farm, is there any processing of milk? Yes No
63. Are any premises used for hunting purposes? Yes No
 By Owners No Charge Fee
 Rented to others: _____ Receipts: _____
64. Does applicant maintain a non-farm office or private school in an insured building? Yes No
65. Is there a swimming pool on premises? Yes No
If yes, is it fenced? Yes No Diving board? Yes No
66. Does applicant serve on any boards for remuneration? Yes No
67. Is a formal safety program in existence? Yes No

Locations

Loc. #	Sec. I	Sec. II	Location to be insured (incl. Zip Code)	*PC	# of Acres	No Bldgs.	Owner / Occupant	Lessee	Lessor
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Property Values:

68. Complete the following table:

Poultry:	# of Birds:	Unit Price:	Total Value:
Chickens			
Turkeys			
			Total Value: \$
Livestock:	# of Head:	Unit Price:	Total Value:
Dairy Cows			
Dairy Heifers			
Dairy Calves			
Beef Cows			
Beef Calves			
Feeder Cattle			
Bulls			
Sows and Gilts			

Boars			
Feeder Pigs			
Ewes			
Rams			
Lambs			
Horses			
Mules			

Total Value: \$

Agricultural Tools:	# of Units:	Unit Price:	Total Value:
Fertilizers			
Herbicides			
Insecticides			
Pesticides			
Air Compressors			
Bins			
Boxes and Box Chook			
Electric Motors			
Farm Lubricants			
Fencing and Posts			
Gasoline/Diesel Fuel			
Hand Tools			
Materials and Supplies			
Milking Equipment			
Office Equipment			
Paints			
Picking Equipment			
Poultry Equipment			
Power Tools			
Saddles and Tack			
Spare Parts			
Tires			
Vet Supplies			
Welders and Torches			

Total Value: \$

Horse Operations (If Any)

69. Are horses you do not own kept: In stalls or In pasture? Number of Acres: _____
70. Are pastures fenced? Yes No
71. Do you store hay in the same barns as the horses you do not own? Yes No
72. Do you require mortality coverage for horses in your care, custody and control? Yes No
73. Do you own, lease/rent or use a vehicle in order to transport horses you do not own? Yes No
 If yes: Number of vehicles: _____ Number of trips per year: _____ Radius of Operation: _____
 Have any drivers had any traffic violations within the past 5 years? Yes No
 If yes, explain: _____
 Type and capacity of box or trailer: _____
 Do you have a safety maintenance program for vehicle? If yes, please submit a copy. Yes No
74. Do you own, lease or use any facility for rehabilitation or surgical purposes? Yes No
 If yes, please describe: _____
75. Number of miles to regular Vet? _____
76. Do you have emergency evacuation procedures in place? (Enclose a copy) Yes No
77. Do you have an: equine swimming pool hot walker tread mill?

78. Barn information (Complete additional barns on separate page.):

	Barn #1	Barn #2	Barn #3	Barn #4
Average number of horses you do not own in each barn				
Average value per horse you do not own in each barn				

Safety Program (including Horse Operations, If Any)

79. Who is the primary manager of your operations? You Other: _____ Date of Birth: _____
Describe experience: _____

80. Is there a closed circuit TV monitor of the facility or a night watchman with hourly wages? Yes No

81. Do you have safety and barn rules posted*? Yes No

82. Do you abode by the equine liability law in your state? Yes No

83. Do you require a signed release/waiver for all equine activities? Yes No

84. Is the signed release kept on file for a minimum of 5 years? Yes No

85. Do you have "No Smoking" signs clearly posted? Yes No

86. Do you have working fire extinguishers and/or smoke alarm systems in your barns? Yes No

87. Is smoking permitted in the barn or immediate area? Yes No

88. Do you have emergency evacuation procedures? Yes No

89. Who is required to wear ASTM/SEI certified helmets while mounted? Everyone Under 18
 Not required

90. Check safety gear required: Boots/Heeled Shoes Long Pants Gloves Other: _____

91. Do you use breakaway stirrups? Yes No

92. What other safety procedures are followed? _____

Property Detail Information:

93. Commercial Buildings: Use a copy of this form if necessary.

Building	Building # ___ / Loc. # ___	Building # ___ / Loc. # ___	Building # ___ / Loc. # ___
Limit of Insurance	\$ _____	\$ _____	\$ _____
Year Built			
Year of renovation updates: (Mark "none" if no heating, plumbing and/or electricity in building.)	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None
Covered Cause of Loss level desired	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special
Replacement Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building Type	<input type="checkbox"/> Barn # of stories _____ <input type="checkbox"/> Stable / Horse Barn <input type="checkbox"/> Arena: <input type="checkbox"/> Covered <input type="checkbox"/> Enclosed <input type="checkbox"/> Shed: # of Sides _____ <input type="checkbox"/> Shop/Tack Building <input type="checkbox"/> Other	<input type="checkbox"/> Barn # of stories _____ <input type="checkbox"/> Stable / Horse Barn <input type="checkbox"/> Arena: <input type="checkbox"/> Covered <input type="checkbox"/> Enclosed <input type="checkbox"/> Shed: # of Sides _____ <input type="checkbox"/> Shop/Tack Building <input type="checkbox"/> Other	<input type="checkbox"/> Barn # of stories _____ <input type="checkbox"/> Stable / Horse Barn <input type="checkbox"/> Arena: <input type="checkbox"/> Covered <input type="checkbox"/> Enclosed <input type="checkbox"/> Shed: # of Sides _____ <input type="checkbox"/> Shop/Tack Building <input type="checkbox"/> Other

Square Footage	Total: _____ Apartment: _____ Apt. Occupied by: _____ Arena: _____ Bathroom: _____ Loft: _____ Office: _____ Tack Room: _____	Total: _____ Apartment: _____ Apt. Occupied by: _____ Arena: _____ Bathroom: _____ Loft: _____ Office: _____ Tack Room: _____	Total: _____ Apartment: _____ Apt. Occupied by: _____ Arena: _____ Bathroom: _____ Loft: _____ Office: _____ Tack Room: _____	
	Building	Height: _____ Ft.	Height: _____ Ft.	Height: _____ Ft.
	Construction (Frame of Building)	<input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Pole <input type="checkbox"/> Masonry <input type="checkbox"/> Other:	<input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Pole <input type="checkbox"/> Masonry <input type="checkbox"/> Other:	<input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Pole <input type="checkbox"/> Masonry <input type="checkbox"/> Other:
	Exterior Wall Type	<input type="checkbox"/> Wood <input type="checkbox"/> Concrete Block <input type="checkbox"/> Metal <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other	<input type="checkbox"/> Wood <input type="checkbox"/> Concrete Block <input type="checkbox"/> Metal <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other	<input type="checkbox"/> Wood <input type="checkbox"/> Concrete Block <input type="checkbox"/> Metal <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other
Roof Type	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Other	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Other	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Other	
Number of Horse Stalls	<input type="checkbox"/> Free Stalls: _____ <input type="checkbox"/> Tie Stalls: _____	<input type="checkbox"/> Free Stalls: _____ <input type="checkbox"/> Tie Stalls: _____	<input type="checkbox"/> Free Stalls: _____ <input type="checkbox"/> Tie Stalls: _____	
Heat Type List all that apply. (*Wood stove supplement must be completed.)	<input type="checkbox"/> Gas / Oil <input type="checkbox"/> None <input type="checkbox"/> Wood Stove* <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Heat Pump <input type="checkbox"/> Portable Heater Type: _____ <input type="checkbox"/> Other	<input type="checkbox"/> Gas / Oil <input type="checkbox"/> None <input type="checkbox"/> Wood Stove* <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Heat Pump <input type="checkbox"/> Portable Heater Type: _____ <input type="checkbox"/> Other	<input type="checkbox"/> Gas / Oil <input type="checkbox"/> None <input type="checkbox"/> Wood Stove* <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Heat Pump <input type="checkbox"/> Portable Heater Type: _____ <input type="checkbox"/> Other	
Cooling Type	<input type="checkbox"/> Forced Cool Air <input type="checkbox"/> Unit Air Conditioner <input type="checkbox"/> Evaporated Coolers <input type="checkbox"/> Heat Pumps <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Forced Cool Air <input type="checkbox"/> Unit Air Conditioner <input type="checkbox"/> Evaporated Coolers <input type="checkbox"/> Heat Pumps <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Forced Cool Air <input type="checkbox"/> Unit Air Conditioner <input type="checkbox"/> Evaporated Coolers <input type="checkbox"/> Heat Pumps <input type="checkbox"/> Other <input type="checkbox"/> None	
Floor	<input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Other	<input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Other	<input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Other	
Protection Features	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm/Battery <input type="checkbox"/> Smoke Alarm/Hard Wired w/ Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Lightning Rods UL Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm/Battery <input type="checkbox"/> Smoke Alarm/Hard Wired w/ Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Lightning Rods UL Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm/Battery <input type="checkbox"/> Smoke Alarm/Hard Wired w/ Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Lightning Rods UL Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	

*On a separate piece of paper, please show all buildings on the premises (whether insured or not) and distance in feet between them. Label all buildings and attach a dated photo of every building.

Property Detail Information:

94. Dwelling Section:

	Dwelling-1/Loc#:	Dwelling-2/Loc#:	Mobile Home (manufac.)
Limit of Insurance	\$	\$	\$
Appurtenant Structure (Detached Garage Only)	\$	\$	Make: Model:
Household Contents	\$	\$	\$
Loss of Use	\$	\$	\$
Dwelling/Household Contents – Covered Cause of Loss desired	<input type="checkbox"/> Basic/Basic <input type="checkbox"/> Special/Broad <input type="checkbox"/> Broad/Broad <input type="checkbox"/> Special/Special	<input type="checkbox"/> Basic/Basic <input type="checkbox"/> Special/Broad <input type="checkbox"/> Broad/Broad <input type="checkbox"/> Special/Special	<input type="checkbox"/> Basic/Basic <input type="checkbox"/> Special/Broad <input type="checkbox"/> Broad/Broad <input type="checkbox"/> Special/Special
Replacement Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Number of Families			
Occupancy	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal
Occupied By	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant
Year Built			
Year of Last Renovation/Update	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None
Number of stories			
Total Sq. Ft. (Exclude Garage)			
Construction (Frame of Bldg)	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other	Permanent Foundation: <input type="checkbox"/> Yes <input type="checkbox"/> No Tie downs meet bldg code requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No # of Tie Downs:
Roof Type	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Other	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Other	Skirting: <input type="checkbox"/> None Type:
House Siding	<input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other	<input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other	<input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other
Number of:	Chimney(s) _____ Fireplace(s) _____	Chimney(s) _____ Fireplace(s) _____	Chimney(s) _____ Fireplace(s) _____
Number of Baths	½: _____ Full: _____	½: _____ Full: _____	½: _____ Full: _____
Additions	<input type="checkbox"/> Breezeway Sq.Ft.: _____ <input type="checkbox"/> Balcony/Decks Sq. Ft.: _____ <input type="checkbox"/> Room Additions Sq. Ft.: _____ <input type="checkbox"/> Other Sq. Ft.: _____	<input type="checkbox"/> Breezeway Sq.Ft.: _____ <input type="checkbox"/> Balcony/Decks Sq. Ft.: _____ <input type="checkbox"/> Room Additions Sq. Ft.: _____ <input type="checkbox"/> Other Sq. Ft.: _____	<input type="checkbox"/> Breezeway Sq.Ft.: _____ <input type="checkbox"/> Balcony/Decks Sq. Ft.: _____ <input type="checkbox"/> Room Additions Sq. Ft.: _____ <input type="checkbox"/> Other Sq. Ft.: _____
Garage: Sq. Ft.: _____ Basement: Sq. Ft.: _____ Attic: Sq. Ft.: _____	<input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None	<input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None	<input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None
Heat Type, list all that apply. (*Wood stove supplement must be completed.)	<input type="checkbox"/> Wood Stove* <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Oil/Gas Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other	<input type="checkbox"/> Wood Stove* <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Oil/Gas Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other	<input type="checkbox"/> Wood Stove* <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Oil/Gas Furnace <input type="checkbox"/> Heat Pump – BTU: _____ <input type="checkbox"/> Other
Air Conditioning	<input type="checkbox"/> Heat Ducts <input type="checkbox"/> Separate Ducts <input type="checkbox"/> Window Unit	<input type="checkbox"/> Heat Ducts <input type="checkbox"/> Separate Ducts <input type="checkbox"/> Window Unit	<input type="checkbox"/> Central BTUs _____ <input type="checkbox"/> Window Unit _____ <input type="checkbox"/> Other

Protection Features	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm/Batt. <input type="checkbox"/> Smoke Alarm/Hard Wired <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Lightning Rods UL Appvd: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm/Batt. <input type="checkbox"/> Smoke Alarm/Hard Wired <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Lightning Rods UL Appvd: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm/Batt. <input type="checkbox"/> Smoke Alarm/Hard Wired <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Lightning Rods UL Appvd: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Building Location Detail:

95. A diagram of the property is mandatory (you can use the back of this page). Identify all buildings, lakes, ponds, and storage tanks. Show value of each and distance between structures. Include a photo of each building to be insured.

Farm Personal Property:

96. Machinery: Blanket* or Schedule *and* Basic Broad Special No Coverage

Note: No coverage is provided for vehicles subject to motor vehicle registration and/or 3-wheel all-terrain vehicles.

Year	Type and Model	Make & Serial Number	Total Value

97. Materials, Feed, & Seed: Blanket* or Schedule *and* Basic Broad Special No Coverage

# of Units	Unit Value	Total Value
		\$
		\$
		\$

98. Livestock Owned by Applicant Only (\$2,000 Maximum Per Head): Blanket* or Schedule *and* Basic Broad Special No Coverage

Name or Registration #	Breed	Total Value
		\$
		\$
		\$

99. Tack – Owned by Applicant Only: Blanket* or Schedule *and* Basic Broad Special No Coverage

100. Miscellaneous Farm Personal Property: Blanket* or Schedule *and* Basic Broad Special No Coverage

# of Units	Total Value	# of Units	Total Value
	\$		\$
	\$		\$
	\$		\$
	\$		\$

***Not available on livestock and total farm personal property schedule of \$25,000 or more.**

Definitions

FARM: to grow or cultivate in quantity; to engage in raising domestic crops, animals, or fish

DOMESTICATED: so as to live and breed under tame conditions and a controlled environment

POULTRY: domesticated birds kept for eggs and meat.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name