



AGRICULTURE APPLICATION APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY		CARRIER					NAIC CODE	
CONTACT NAME:		COMPANY POLICY OR PROGRAM NAME			PROGRAM CODE:			
PHONE (A/C, No, Ext):		NEW	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	ACCOUNT NO:		
FAX (A/C, No):		RNWL			AGENCY BILL	PAYMENT PLAN		
E-MAIL ADDRESS:		QUOTE		POLICY TYPE		EST TOTAL PREMIUM	\$	
CODE:	SUBCODE:	BOUND (DATE):				DEPOSIT	\$	
AGENCY CUSTOMER ID:		ISSUE POLICY				BALANCE	\$	
INDICATE SECTIONS ATTACHED		LIVESTOCK MORTALITY		* HOMEOWNERS		* Neither Personal Auto nor Homeowners coverage can be combined with any other line of insurance in many states. Consult with your company underwriter.		
<input type="checkbox"/> AGRICULTURE PROPERTY	<input type="checkbox"/> AGRICULTURE LIABILITY	EQUINE LIABILITY		* PERSONAL AUTO				
<input type="checkbox"/> AG PROPERTY SECTION SCHED AND UNSCHED	<input type="checkbox"/> AGRICULTURE PREMISES / LOCATION DIAGRAM	COMMERCIAL AUTO		PERSONAL INLAND MARINE		<input type="checkbox"/> WATERCRAFT		
<input type="checkbox"/> PERSONAL PROPERTY	<input type="checkbox"/> AG PROPERTY SECTION UNSCHED FARM PERSONAL PROPERTY	COMML GENERAL LIABILITY		UMBRELLA				

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)					MAILING ADDRESS INCL ZIP+4 (of First Named Insured)		
FEIN OR SOC SEC # (of First Named Insured):				PHONE (A/C, No, Ext):	NUMBER OF YEARS FARMING EXPERIENCE BY THE INSURED:		
E-MAIL ADDRESS(ES):				WEBSITE ADDRESS(ES):			
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC	CR BUREAU NAME	ID NUMBER		
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	NO. OF MEMBERS AND MANAGERS		ACCOUNTING REC CONTACT:		PHONE (A/C, No, Ext):	
INSPECTION CONTACT:				E-MAIL ADDRESS:			

TYPE OF FARM / RANCH OPERATIONS (Mark and describe all that apply)

<input type="checkbox"/> AQUACULTURE	<input type="checkbox"/> FLOWERS	<input type="checkbox"/> HOBBY / GENTLEMAN FARM	<input type="checkbox"/> LIVESTOCK GRAZING	<input type="checkbox"/> POULTRY
<input type="checkbox"/> COTTON	<input type="checkbox"/> FRUIT / CITRUS	<input type="checkbox"/> HORSES	<input type="checkbox"/> LIVESTOCK PROCESSING	<input type="checkbox"/> TOBACCO
<input type="checkbox"/> DAIRY	<input type="checkbox"/> FUR BEARING ANIMALS	<input type="checkbox"/> LIVESTOCK CONFINEMENT	<input type="checkbox"/> NURSERY STOCK	<input type="checkbox"/> VEGETABLES
<input type="checkbox"/> FIELD CROPS	<input type="checkbox"/> GREENHOUSES	<input type="checkbox"/> LIVESTOCK FEEDLOT	<input type="checkbox"/> NUTS	<input type="checkbox"/> VINEYARDS

DESCRIBE FARM/RANCH OPERATIONS AND ANY INCIDENTAL BUSINESS ACTIVITIES. DESCRIBE ADDITIONAL ITEMS IN OPTIONAL CHECK BOXES.

LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES FOR THE PAST FIVE YEARS			
DATE OF OCCURRENCE	TYPE OF LOSS	DESCRIPTION OF OCCURRENCE	AMOUNT PAID

PRIOR INSURANCE INFORMATION

PRIOR CARRIER	TYPE OF INSURANCE	POLICY #

OTHER RELATED POLICIES

INSURED NAME	TYPE OF INSURANCE	POLICY #

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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LOCATION / SUBLOCATION SCHEDULE

LOC #	ADDRESS (Street / Route, City, State, Zip)	SUBLOCATION TYPE	RANGE	
BLDG / SUBLOC #		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	LATITUDE	LONGITUDE
SUBLOCATION DESCRIPTION:				

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SUBLOCATION DESCRIPTION:				

PREMISES INFORMATION

LOC #	COUNTY	SECTION	TOWNSHIP	FARM NAME	# ACRES	
IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION?				PROT CLASS	FIRE DISTRICT CODE	FIRE DISTRICT NAME
<input type="checkbox"/> YES	IF YES, (A) SOURCE =		(B) QUANTITY =	OPERATED BY	OWNED BY APPLICANT	DISTANCE TO
<input type="checkbox"/> NO	<input type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS	<input type="checkbox"/> 1,000-3,000 GALLONS	<input type="checkbox"/> APPLICANT	<input type="checkbox"/> YES	PUBLIC HYDRANT
	<input type="checkbox"/> POND / LAKE	<input type="checkbox"/> OVER 3,000 GALLONS		<input type="checkbox"/> TENANT	<input type="checkbox"/> NO	FIRE STAT
	<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.					FT
						MI

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						MI

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES APPLICANT HAVE ANY OTHER BUSINESS OR OTHER NON-FARM ACTIVITIES ON OR OFF PREMISES, SUCH AS DUDE RANCH, BED & BREAKFAST OR RESORT FACILITY? IF SO, INCLUDE RECEIPTS: \$	
2. IS FARMING THE PRIMARY SOURCE OF THE INSURED'S INCOME?	
3. IS THIS BUSINESS NEW TO THE AGENCY?	
4. HAS ANY POLICY BEEN CANCELLED OR NONRENEWED IN THE PAST FIVE (5) YEARS? (Missouri Applicants - Do not answer this question)	
5. HAVE YOU INSPECTED THIS PROPERTY IN THE LAST TWELVE (12) MONTHS?	
6. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	
7. ARE INDEPENDENT CONTRACTORS HIRED TO PERFORM ANY FARMING OPERATIONS?	
8. IS ANY PART OF THE FARM RENTED OR LEASED FOR RECREATIONAL USE?	
9. ARE THE FARM PREMISES OPEN TO THE PUBLIC FOR ACTIVITIES SUCH AS ROADSIDE STANDS, "U-PICK", RECREATIONAL, CAMPING, "RENT-A-GARDEN", AUCTION, SALES, SHOWS, RODEOS, HAY RIDES, FISHING, KENNELS, ANIMAL BOARDING, OR CHRISTMAS TREE SALES?	
10. ARE ANY PORTIONS OF THE FARM OR STRUCTURES RENTED OR LEASED OR USED BY ANY OTHER INDIVIDUAL, CORPORATION OR INTEREST FOR OTHER THAN FARMING?	
11. DOES THE APPLICANT OR SPOUSE OWN, RENT OR OPERATE AS A FARM, RANCH OR RESIDENCE ANY PREMISES OTHER THAN THOSE DESCRIBED IN THE PREMISES INFORMATION SECTION?	
12. IS ANY LAND HELD FOR REAL ESTATE DEVELOPMENT OR SPECULATION?	
13. DOES APPLICANT MAINTAIN ANY VACATION OR SEASONAL PREMISES?	
14. IS THE APPLICANT A SUBSIDIARY OF ANOTHER?	
15. DOES THE APPLICANT HAVE SUBSIDIARIES?	
16. DOES THE INSURED PLAN ANY CONSTRUCTION OR RENOVATION WORK TO BE DONE ON THE PREMISES IN THE NEXT TWELVE (12) MONTHS?	
17. IS A FORMAL SAFETY PROGRAM IN EXISTENCE?	
18. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

APPRAISALS	COST ESTIMATOR	PHOTOS	STATE SUPPLEMENT(S) (if applicable)
BILL OF SALE	INVENTORIES	PREMISES DIAGRAM	

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER