

AGENCY CUSTOMER ID: _____

LOC #: _____



AGRICULTURE PROPERTY SECTION SCHEDULED AND UNSCHEDULED FARM PERSONAL PROPERTY

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	NAMED INSURED(S)	
ACCOUNT NUMBER	<input type="checkbox"/> NEW <input type="checkbox"/> RNWL	EFFECTIVE DATE EXPIRATION DATE

GENERAL INFORMATION

1. IS ANY PROPERTY KEPT ON A LOCATION(S) OTHER THAN AN INSURED LOCATION? (Y / N)

IF YES, WHERE IS IT KEPT? (A) DURING FARMING SEASON? _____
 (B) DURING OFF SEASON? _____

2. WHAT IS MAXIMUM VALUE OF EQUIPMENT AT ANY ONE LOCATION?

(A) DURING FARMING SEASON?	INSIDE	IN OPEN
(B) DURING OFF SEASON?	\$ _____	\$ _____

3. IS THERE ANY EQUIPMENT LOANED OR RENTED TO/FROM OTHERS? (Y / N) IF YES, VALUE FOR BORROWED OR RENTED EQUIPMENT: \$ _____

4. WHAT IS RADIUS OF OPERATIONS OF EQUIPMENT? _____ MILES

5. IS EQUIPMENT WELL MAINTAINED? (Y / N)

TRANSIT

LIMIT OF INSURANCE	COINS %	CAUSES OF LOSS (PERILS)	DEDUCTIBLE	PREMIUM

PEAK SEASON

CLASS CODE	DESCRIPTION	TIME PERIOD (MM/DD/YYYY)		APPLIES TO SCHD / UNSCHD	LIMIT OF INSURANCE	PREMIUM
		FROM	TO			
TOTAL:						

ADDITIONAL INTEREST

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____						LOCATION: _____ VEHICLE: _____ ITEM CLASS: _____	BUILDING: _____ BOAT: _____ ITEM: _____
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____						LOCATION: _____ VEHICLE: _____ ITEM CLASS: _____	BUILDING: _____ BOAT: _____ ITEM: _____
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AGENCY CUSTOMER ID: _____

LOC #: _____

AGRICULTURE UNSCHEDULED FARM PERSONAL PROPERTY
 Use ACORD 406 to itemize individual category items with multiple units (i.e., Tractors, etc.).

AGRICULTURAL PRODUCE	UNIT PRICE	VALUE	CAUSE OF LOSS	DED	AGRICULTURAL MACHINERY AND IMPLEMENTS	# UNITS	VALUE	CAUSE OF LOSS	DED
BARLEY					TILLAGE:				
CORN					TRACTORS				
FODDER					DISCS				
FRUIT					HARROWS				
GROUND FEED					PLOWS				
HAY									
MFG STK FEED									
NUTS									
OATS									
SILAGE					CULTIVATING:				
SOYBEANS					CULTIPACKERS				
STRAW					CULTIVATORS				
WHEAT					DRILLS				
					PLANTERS				
					ROTARY HOES				
					SEEDERS				
					SPREADERS				
					SPRAYERS				
TOTAL VALUE:									
POULTRY	UNIT PRICE	VALUE	CAUSE OF LOSS	DED	HARVESTING:				
CHICKENS					AUGERS				
TURKEYS					BLOWERS				
					CHOPPERS				
					COMBINES				
					CORN PICKERS				
					COTTON PCKRS				
					DRIERS				
TOTAL VALUE:					ELEVAT (PORT)				
LIVESTOCK	UNIT PRICE	VALUE	CAUSE OF LOSS	DED	FORAGE:				
DAIRY COWS					HARVESTERS				
DAIRY HEIFERS					GRAIN CLNRS				
DAIRY CALVES					GRAIN HEADS				
BEEF COWS					GRAPE:				
BEEF CALVES					HARVESTERS				
FEEDER CATTLE					HAY BALERS				
BULLS					MOWERS				
SOWS & GILTS					NUTSHAKERS				
BOARS					RAKES				
FEEDER PIGS					RICE HARVSTRS				
EWES					SILO BLOWERS				
RAMS					SILO UNLOADRS				
LAMBS					TOMATO:				
HORSES					HARVESTERS				
PONIES					WAGONS				
MULES									
TOTAL VALUE:					TOTAL VALUE:				

SIGNATURE

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