



8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
877-585-2853 • Fax 877-585-2854

**FARM DOMESTIC  
APPLICATION**

**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 \_\_\_\_\_ Date of Birth \_\_\_\_\_
18. Spouse Occupation \_\_\_\_\_ 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:

<b>Poultry:</b>	<b># of Birds:</b>	<b>Unit Price:</b>	<b>Total Value:</b>
Chickens			
Turkeys			
			Total Value: \$
<b>Livestock:</b>	<b># of Head:</b>	<b>Unit Price:</b>	<b>Total Value:</b>
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: \$
<b>Agricultural Tools:</b>	<b># of Units:</b>	<b>Unit Price:</b>	<b>Total Value:</b>
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

**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