



FARM AND RANCH APPLICATION

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

General Agent: _____ Date: _____
Retail Agent: _____

APPLICANT INFORMATION

- Applicant Name: _____
- Mailing Address: _____
- Website: _____ Phone Number: _____
- Proposed Effective Date: _____ Expiration Date: _____
- Applicant is: Individual Joint Venture Corporation LLC Partnership Estate/Trust Other: _____
- Date Business Started: _____ Years of experience: _____
- Type of experience: _____
- Is applicant the: Owner Operator Tenant Tenant-Operator
- Does applicant own any subsidiaries or have ownership in any other businesses? Yes No
If yes, explain: _____

10. Required Questions

Yes/No	Question (for all "Yes" answers please provide complete details of all operations including exposures basis below)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant had 3 or more claims in the past 3 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does applicant have paid or reserved losses exceeding \$10,000 in the past 3 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any property losses?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there more than 5 seasonal workers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any type of boarding/housing of seasonal workers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there underground storage tanks?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any lakes or ponds with a public swimming or fishing exposure?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there boarding of animals for others?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any farm/ranch tours for schools and/or the public?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any dairy farms?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there exotic or wild animals?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any artificial insemination operations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any commercial dairy processing facilities?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there hog confinement operations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any growing, processing, manufacturing of marijuana/Cannabis/CBD or related products (by owner or tenants)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any growing or processing of industrial hemp (by owner or tenants)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any growing or processing of tobacco (by owner or tenants)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there commercial silos &/or grain elevators?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any use of Hired &/or Non-Owned Autos?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any rental of farm or mobile equipment to others?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any commercial use of watercraft or rental of watercraft to others?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any land used &/or leased to others for use as ATV, Mud bogs, motor cross or other similar courses or activities?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any rental of saddle animals?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any Pick Your Own Orchard or Christmas Trees - Cut Your Own operations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Property coverage needed for greenhouses?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any equine riding, training or lessons for 3rd parties?

Additional Information

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11. Loss History – list all claims or occurrences for a minimum of 3 years None

If there are more than 3 losses attach hard copy loss runs

Date of Loss/Occ	Type of Loss	Description of Loss/Occurrence	Amount Paid

12. Prior Insurance Information for the past 3 years (This section must be completed)

Prior Carrier	Type of Insurance	Limits

13. Has any policy been canceled or non-renewed in the past 3 years? Yes No

If yes, explain: _____

14. Schedule of Locations – list primary location first

Loc #	Bldg #	Address	Controlled Burns **	Seasonal and or vacant buildings			How often is Property checked
				Seasonal	Vacant	Vacant over 2 years	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

** Controlled or Prescribed Burns If performed, is responding fire district notified prior to burning Yes No
Are burns done in compliance with all state and local regulations? Yes No

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FARM/RANCH Operations and Exposures –

1. Total number of acres owned &/or leased land for insured's crop and grazing operations: _____
2. Total number of acres owned and leased to others for the purpose of farming: _____
3. Total number of acres leased to others for non-farming operations: _____
What is land used for (please be specific)? _____
4. Are all tenants required to show proof of General Liability insurance with equal or greater limits of liability? Yes No
Do all tenants name applicant as an additional insured? Yes No
5. Total number of acres of unused or un-inhabitable land? _____
6. Total Receipts for all Farm/Ranch Operations: _____
7. Total Receipts for Non-Farm/Ranch Operations: _____
8. Is the operation: Year-round or Seasonal?
If seasonal, state when operations occur: From: _____ To: _____
If seasonal, is the premises checked regularly? Yes No
 - a. How often is premises checked? Monthly Biweekly Weekly Other (explain) _____
 - b. Who checks premises? _____
9. Is Federal, State and Local Licensing current? N/A Yes No
10. Is applicant compliant with all Federal, State and Local requirements? N/A Yes No
11. Is premises fenced? Yes No
If yes, are all fences inspected and repaired on a regular basis? Yes No
Are all fences an appropriate height for animal species? Yes No
12. Farm/Ranch Operations - include all that apply (Provide details and additional information in the space provided below)

Animals	Species/Use (list all)	Number of Animals	Owned By:		Acreage
			Insured	Others	
<input type="checkbox"/> Aquaculture (GR: \$ _____) ASC Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Breeding (GR: \$ _____)					
<input type="checkbox"/> Dairy Farming					
<input type="checkbox"/> Equine (Horses, ponies, mules, donkeys, etc)					
<input type="checkbox"/> Fur Bearing Animals					
<input type="checkbox"/> Livestock Large (bovine, goats, sheep, etc)					
<input type="checkbox"/> Livestock Small (rabbit, mink, fox, etc)					
<input type="checkbox"/> Livestock Exotics (alpaca, llama, bison, etc)					
<input type="checkbox"/> Livestock – Confinement Operations					
<input type="checkbox"/> Livestock - Feedlot					
<input type="checkbox"/> Livestock - Grazing					
<input type="checkbox"/> Poultry – Free Range					
<input type="checkbox"/> Poultry Houses (Area _____ sf)					
<input type="checkbox"/> Reptiles					
<input type="checkbox"/> Swine					
<input type="checkbox"/> Wild (wolf/cats/bears/etc) (GR: \$ _____)					
<input type="checkbox"/> Worms					
<input type="checkbox"/> Bees Honey (GR: \$ _____)					# Hives: _____
<input type="checkbox"/> Bees – Other (GR: \$ _____)	purpose _____				# Hives: _____
<input type="checkbox"/> Other (GR: _____)					
<input type="checkbox"/> Other (GR: _____)					

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Crop Land	Type of Crops (List all)	Receipts	Acreage
<input type="checkbox"/> Grains			
<input type="checkbox"/> Flowers			
<input type="checkbox"/> Greenhouses			
<input type="checkbox"/> Hobby/Gentleman Farm			
<input type="checkbox"/> Hydroponics			
<input type="checkbox"/> Fruit/Orchards			
<input type="checkbox"/> Industrial Hemp (THC - ≤ 0.3%, dry wt)			
<input type="checkbox"/> Marijuana (THC - > 0.3% dry wt)			
<input type="checkbox"/> Mushrooms			
<input type="checkbox"/> Nursery Stock			
<input type="checkbox"/> Nuts			
<input type="checkbox"/> Sod			
<input type="checkbox"/> Tobacco			
<input type="checkbox"/> Vineyards			
<input type="checkbox"/> Vegetables			
<input type="checkbox"/> Other: _____			
Describe in detail: Principal type of farming/ranching; Other operations; Additional information			

COVERAGES and LIABILITY LIMITS:

COVERAGE OPTIONS (Note monoline Property is not available)

<input type="checkbox"/> Option 1 – CGL Farm (CG0001) with Basic Farm Premises Liability (FL0411)
<input type="checkbox"/> Option 2 – Farm Liability (FL0020) – Coverage H-J (Monoline)
<input type="checkbox"/> Option 3 – Farm Liability (FL0020) – Coverage H-J (Monoline) with CGL (CG0001) when “commercial exposures*” exist.
<input type="checkbox"/> Option 4 – Farm Property (FP 0010) and Farm Liability (FL0020) – Coverage A-J (Package)
<input type="checkbox"/> Option 5 – Farm Property (FP 0010) and Farm Liability (FL0020) – Coverage A-J (Package) with CGL (CG0001) when “commercial exposures” exist.

FARM & RANCH LIABILITY COVERAGE

Coverage	Limit
H - Bodily Injury and Property Damage I - Personal and Advertising Injury J - Medical Payments	General Aggregate Limit
H - Bodily Injury and Property Damage	Each Occurrence Limit
I - Personal and Advertising Injury	Any One Person or Organization Limit
H - Fire Damage	Any One Fire (Premises Rented to Insured)
H - Medical Payments	Any One Person (except Residence Employees)
Deductible (minimum \$1,000)	
Exclude Products / Completed Operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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COMMERCIAL EXPOSURES (Provide details and additional information for all activities in the space provided below)

Commercial Exposures are incidental for profit operations, and any other non-farm/ranch operations. They include but are not limited to retail sales of farm/ranch products, tenant-occupied dwellings or buildings, seasonal/special events, meat or other farm product processing, home based businesses (i.e. day cares), land leased to others, other than farm/ranch land.

Check here if not applicable

Exposure	Receipts	Exposure	Receipts
<input type="checkbox"/> Agritainment		<input type="checkbox"/> Halls/Venues rented to others	
<input type="checkbox"/> ABNB /VRBO/ Cabins / Vacation Rentals / Bed & Breakfast Number of Units: _____		<input type="checkbox"/> Hay / Carriage Rides	
<input type="checkbox"/> Amusement Devices		<input type="checkbox"/> Honey for sale direct to consumer Labeled with Warning for infants ≤ 12 mos <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Animals rented to others Type of Animals: _____ Purpose: _____		<input type="checkbox"/> Hotel / Motel with Pools	
<input type="checkbox"/> Archery/Skeet/Shooting Ranges		<input type="checkbox"/> Hotel / Motel without Pools	
<input type="checkbox"/> Athletic / Sports Contests		<input type="checkbox"/> Hunting Leases or Hunting for third parties	
<input type="checkbox"/> Artificial Insemination <input type="checkbox"/> For Third Parties <input type="checkbox"/> For Applicant only <input type="checkbox"/> Semen Sales Prize Animals? <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Livestock Sales, Dealers or Merchants	
<input type="checkbox"/> Boats or Watercraft Commercial use		<input type="checkbox"/> Mazes / <input type="checkbox"/> Pumpkin Patches	
<input type="checkbox"/> Boat or Watercraft Rental		<input type="checkbox"/> Meat, Fish, Poultry, Seafood for 3 rd parties: <input type="checkbox"/> Curing/Smoking <input type="checkbox"/> Processing (airtight containers) <input type="checkbox"/> Processing (not in airtight containers) <input type="checkbox"/> For 3 rd Parties <input type="checkbox"/> For insured use only	
<input type="checkbox"/> Breeding of Animals for Sale Species: _____ Number of breeding females: _____		<input type="checkbox"/> Mowing activities along public roads? Are roads: <input type="checkbox"/> Dirt/Gravel <input type="checkbox"/> Paved Other: _____	
<input type="checkbox"/> Buildings Leased to Others (LRO) Barns / Farm type: _____ Other: _____		<input type="checkbox"/> Nursery / Garden Sales – direct to public	
<input type="checkbox"/> Campgrounds / Camping / Glamping		<input type="checkbox"/> Orchard / Vineyard Operations for Others	
<input type="checkbox"/> Christmas Trees Christmas Tree - Lots Only <input type="checkbox"/> Yes <input type="checkbox"/> No "Cut Your Own" <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Parks / Picnic Areas / Playgrounds	
<input type="checkbox"/> Any Construction / Renovations in progress? <input type="checkbox"/> Cosmetic and/or <input type="checkbox"/> Structural GC Used <input type="checkbox"/> Yes <input type="checkbox"/> No Cert of Ins from all contractors <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Parks / Picnic Areas / Playgrounds <input type="checkbox"/> Petting Zoos	
<input type="checkbox"/> Commercial Dairy Processing Facility		<input type="checkbox"/> Pick Your Own Row Crops - Fruits/Vegetables <input type="checkbox"/> Yes <input type="checkbox"/> No Orchard <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Crop Dusting		<input type="checkbox"/> Produce Handling or Packing for Others	
<input type="checkbox"/> Dairy Product or Egg Sales		<input type="checkbox"/> Rental of Equipment to others <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Day Care <input type="checkbox"/> Children <input type="checkbox"/> Adults		<input type="checkbox"/> Retail Stores – Non-Food items <input type="checkbox"/> Sold on Premises <input type="checkbox"/> Sold off Premises	
		<input type="checkbox"/> Restaurants <input type="checkbox"/> w/ Alcohol <input type="checkbox"/> w/o Alcohol	
		<input type="checkbox"/> Rodeos	
		<input type="checkbox"/> Safety/Supervision Procedures	
		<input type="checkbox"/> Sanitation Stations	
		<input type="checkbox"/> Seed Merchants	
		<input type="checkbox"/> School and/or Public Tours	



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<input type="checkbox"/> Dude Ranch		<input type="checkbox"/> Stabling of Animals for others	
<input type="checkbox"/> Farm Management for others		<input type="checkbox"/> Snow Removal for Others	
<input type="checkbox"/> Farm Stand on premises		<input type="checkbox"/> Towers – Owned by others Number: _____ Max Height: _____ COI w/ equal or greater limits provided? <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Farm Markets – Concession Stands – Retail operations			
<input type="checkbox"/> Fishing including contests/tournaments			
<input type="checkbox"/> Fostering of Animals		Trails Used by others <input type="checkbox"/> Hiking <input type="checkbox"/> Riding <input type="checkbox"/> ATV <input type="checkbox"/> Other Length: _____ Difficulty: _____	
<input type="checkbox"/> Fruit or Vegetables Harvesting for Others			
<input type="checkbox"/> Grain Hay Straw Sales			
<input type="checkbox"/> Grain Milling <input type="checkbox"/> For 3 rd parties <input type="checkbox"/> For Insured Use Only		<input type="checkbox"/> Travel Agency Tours	
<input type="checkbox"/> Grain Elevators/Storage for Others		<input type="checkbox"/> Vineyards <input type="checkbox"/> Wine Mfg: (Receipts: _____) <input type="checkbox"/> Retails Wine Sales: (Receipts: _____) <input type="checkbox"/> Tasting Rooms: (Receipts: _____)	
<input type="checkbox"/> Guides / Outfitters / Hunting			
<input type="checkbox"/> Haunted Houses/Attractions			
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	

Provide complete details of all activities listed above:

HABITATIONAL EXPOSURES

<input type="checkbox"/> # of Owner/Occupied Dwellings: _____	<input type="checkbox"/> # of Family Occupied Dwellings: _____
<input type="checkbox"/> # of Employee Occupied Dwellings: _____	
<input type="checkbox"/> Boarding Houses/Bunkhouses/Dormitories for employees or workers	# of Buildings: ____ # of Sleeping units: ____
<input type="checkbox"/> # of Rental Dwellings: _____	<input type="checkbox"/> # of Apartment units: _____
Are all habitational units equipped with an adequate # of operational smoke detectors per local statute?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are smoke Detectors checked and batteries changed at least semi-annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a regular maintenance schedule in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all habitational units have at least two means of egress?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will Homeowners (liability and property) insurance be placed with another carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide Carrier, Policy #, Policy Period, Liability and Property Limits	
Additional Information:	

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MISCELLANEOUS EXPOSURES

<input type="checkbox"/> Swimming Pools (Above/Below Ground) #: _____		<input type="checkbox"/> Hot Tubs, Jacuzzis, Spas or similar equipment? #: _____	
All - Fenced w/Self latching/locking Gate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Diving Boards/Slides? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide height of all: _____			
All compliant with state and local regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Compliant with Virginia Graeme Baker Pool and Spa Safety Acts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> ATVs	# Owned/leased by applicant: _____	# Rented to Others: _____	
<input type="checkbox"/> Farm Dogs	How many? _____	Breeds of all: _____	
<input type="checkbox"/> Hunting stands, elevated or tree stands, blinds: # _____ Details: _____			
<input type="checkbox"/> Snowmobiles	# Owned/leased by applicant: _____	# Rented to Others: _____	
<input type="checkbox"/> Lakes, Ponds, Reservoirs and other bodies of water	# _____	Size (acres): _____	Use: _____
Are all lakes, ponds, reservoirs or other bodies of water posted with no trespassing and no swimming signs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Information:			

OPTIONAL LIABILITY COVERAGES

<input type="checkbox"/> Limited Fire Damage, Heat, Smoke, Fumes	<input type="checkbox"/> \$25,000/25,000 (included) <input type="checkbox"/> \$50,000/50,000 <input type="checkbox"/> \$100,000/100,000
<input type="checkbox"/> Chemical Drift Coverage	<input type="checkbox"/> \$25,000/\$25,000 Chemical Drift (included)
<input type="checkbox"/> Limited Fungi or Bacteria (Farm Liability only)	<input type="checkbox"/> \$25,000/25,000
<input type="checkbox"/> Limited Farm Pollution Liability (Farm Liability only)	<input type="checkbox"/> \$25,000/25,000
<input type="checkbox"/> Animal Rides for Profit or Charity (Farm Liability Only)	Gross Receipts: \$ _____
<input type="checkbox"/> Custom Farming Liability Coverage	Gross Receipts: \$ _____
<input type="checkbox"/> Personal Liability (CGL only)	
<input type="checkbox"/> All-Terrain Vehicle Coverage	Number: _____
Additional Information: (Include year, make/model, SN for all ATV)	

ADDITIONAL INSUREDS and WAIVERS

Name	Address	Insurable Interest	AI	W

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PROPERTY – COVERAGES A-G Check here if not applicable

WILDFIRE AND BRUSH ZONES

1. Are any properties located in an area designed by the state as a Wildfire or Brush Zone? Yes No
If yes, provide location numbers: _____
2. Brush, grass, hedges, shrubs, trees and dead vegetation are trimmed within 300 feet of insured structures? Yes No
3. Leaves, pine needles, and other debris are removed from all roofs, decks, and gutters on a regular basis? Yes No
4. Propane Storage Tanks are a minimum of 30 feet away from any insured structures? Yes No

WATER SOURCES

1. Describe available water sources (lakes, ponds, tanks, pumps, other): _____

2. Has the local fire authority approved/certified all water sources? Yes No
3. Miles to the nearest responding fire station: Paid _____ miles Volunteer _____

AUXILIARY HEATING

1. Are any buildings equipped with auxiliary heating devices (i.e. wood/kerosene stoves/heaters, space heaters etc): Yes No
2. If yes provide complete details: _____

Requested Property Deductible (minimum \$1,000):	
Wind Hail deductible – Percentage &/or fixed amount (if applicable): (Note – some mandatory or minimum deductibles may apply)	
Wind/Hail Excluded? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note – based on location of risk a mandatory wind/hail exclusion may apply)	

If any buildings are vacant note in schedule and provide details – length of vacancy, condition of buildings, security etc below

Coverage A - DWELLINGS			If Mobile Homes indicate in Construction Type column below					
Loc & Dwlg#	Owner/family or tenant occupied? (Vacant?)	Limit	Construction Type	S/F area	ACV/ RC	Year Built	Building Systems Updates: Roofs w/in 20 yrs; All other w/in 25 yrs:	Cause of Loss
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	

Which dwelling is the principal residence: _____

Are all dwellings equipped with smoke detectors that meet local codes? Yes No

Are all smoke detectors checked and batteries changed a minimum of semi-annually? Yes No

Additional information:

Coverage B – Other Private Structures Appurtenant to Dwellings				Any “Mobile Home” type buildings? If yes, indicate in Construction Type column below					
Loc & Dwlg#	Bldg #	Description/ Occupancy (Vacant?)	Limit	Construction Type	S/F area	ACV/ RC	Year Built	Building Systems Updates: Roofs w/in 20 yrs; All other w/in 25 yrs.	Cause of Loss
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Information:

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Coverage C – Household Personal Property (ACV at time of Loss; RC subject to policy conditions)				
Loc & Dwlg#	Owner/family or tenant occupied?	Limit	Cause of Loss	Additional Information: _____

Coverage D – Loss of Use (principal living quarters rendered uninhabitable)			
Loc & Dwlg#	Limit	Cause of Loss	Additional Information: _____

Coverage E – Scheduled Farm Personal Property (ACV at time of Loss; RC subject to policy conditions)				
	Item	Year, Description, Make Model, Serial Number	Cause of Loss	Limit
j.1	Specifically described/scheduled Farm machinery, vehicles, equipment on or away from the "insured location"			
j.2	Specifically described/scheduled Farm machinery, vehicles, equipment on or away from the "insured location"			
j.3	Specifically described/scheduled Farm machinery, vehicles, equipment on or away from the "insured location"			
j.4	Specifically described/scheduled Farm machinery, vehicles, equipment on or away from the "insured location"			
a.	Grain, threshed seeds, beans; ground feed, silage, "livestock" feed, all in buildings, structures, sacks, wagons or trucks			
b.	Grain in stacks, shocks, swaths or piles in the open			
c.1	Hay, straw, fodder in buildings or structures			
c.2	Hay, straw, fodder in the open in stacks, windrows or bales			
d.	Farm products, materials and supplies			
e.1	"Poultry" (excluding turkeys unless specified) in the open		Not Covered	
e.2	"Poultry" (excluding turkeys unless specified) in the following "poultry" buildings:		Not Covered	
f.	Trays, boxes, box shook			
g.	Computers and related software			
h.	Miscellaneous equipment (machinery, vehicles, tools, supplies usual or incidental to farm operations)			
i.	Borrowed or rented without a written contract: farm machinery, vehicles, equipment			
k.	"Livestock"		Not Covered	
l.	Bees		Not Covered	
m.	Worms		Not Covered	
n.	Fish		Not Covered	
o.	Other Animals		Not Covered	
p.	Portable Buildings and Portable Structures			
q.	OTHER Miscellaneous Items – describe:			
q.1				
q.2				

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COVERAGE E Scheduled Farm Personal Property - Additional/Overflow Information:

Coverage F – Unscheduled Farm Personal Property (submit limits over \$5,000. Maximum allowable limit \$75,000) (ACV at time of Loss; RC subject to policy conditions)		
Limit	Causes of Loss	For limits over \$5,000 please provide details: _____
	Basic (only)	_____

Coverage G – Other Farm Structures (Barns, Outbuildings, and other Farm Structures)					Any “mobile home” or “construction trailer” type buildings? If yes, indicate in “Construction Type” column below				
Loc #	Bldg #	Limit	Description/ Occupancy (vacant?)	Construction Type	S/F area	ACV/RC	Year Built	Building Systems Updates: Roofs w/in 20 yrs; All other w/in 25 yrs.	Cause of Loss
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional/Overflow Information:									

OPTIONAL PROPERTY COVERAGES

Coverage	Limits			
Livestock Collision	\$1,000 max per head			
Species: _____	# of Head: _____	Limit/Head: \$ _____	Species: _____	# of Head: _____ Limit/Head: \$ _____
Species: _____	# of Head: _____	Limit/Head: \$ _____	Species: _____	# of Head: _____ Limit/Head: \$ _____
Spoilage (Coverage E only) - Does not apply to Semen	Loc#	Limit:	<input type="checkbox"/> Breakdown/Contamination	<input type="checkbox"/> Public Power Outage
	Loc#	Limit:	<input type="checkbox"/> Breakdown/Contamination	<input type="checkbox"/> Public Power Outage
Describe Perishable Property: _____				
Do all refrigeration units have Refrigeration Maintenance Agreements? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do all refrigeration units have Refrigeration Back-Up Systems? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Peak Season (Coverage E)	Loc#	Increased Limit:	Period of Time – From: / / To: / /	Total Limit:
Peak Season (Coverage F)	Loc#	Increased Limit:	Period of Time – From: / / To: / /	Total Limit:
Describe Covered Property: _____				

FRAUD STATEMENT

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Applicant Signature: _____ Date: _____
 Agent Signature: _____ Date: _____

Please complete the farm premises diagram on the next page

FARM AND RANCH PREMISES DIAGRAM

- 1. Identify all buildings, lakes, ponds and storage tanks
- 2. Identify any structure(s) not to be insured for property (if applicable) with an "X" over the structure
- 3. Indicate estimated distance between structures

