



Farmowner Application

Applicant's Name, Address, City, State & Zip

Agent Name

Applicant Phone: _____

Agent Code: _____

Date of Birth: _____ SS#: _____ - _____ - _____

_____ Bound App Eff: _____ ' _____ to _____ ' _____

_____ Quote Only

GENERAL INFORMATION

What type of Farming: _____

Number of Acres: _____ Located at: _____

Additional Acreage: _____ Located at: _____

Amount of Dwelling \$ _____ Amount of Contents \$ _____

Age of Dwelling: _____

Square Footage: _____ Loss Settlement: _____

Fire District: _____ Protection: _____

Feet from Hydrant: _____ Miles from Fire Dept: _____

COVERAGE INFORMATION

Coverage Type: _____

Deductibles: _____

Limit of Liability: _____

Medical Payments \$ _____

RC Contents (ML - 55)? Yes No

Smoke Credit (ML - 216)? Yes No

Inflation Guard (ML - 243)? Yes No

Renters Liability (ML - 357 or ML - 70)? Yes No Located at: _____

Miscellaneous Coverages needed: _____

BARN INFORMATION

Coverage E (ML - 300) \$ _____ (amount of coverage on Produce or Hay)

Item #1 \$ _____ Desc: _____

Item #2 \$ _____ Desc: _____

Item #3 \$ _____ Desc: _____

Item #4 \$ _____ Desc: _____

Item #5 \$ _____ Desc: _____

Item #6 \$ _____ Desc: _____

Item #7 \$ _____ Desc: _____

Item #8 \$ _____ Desc: _____

Item #9 \$ _____ Desc: _____

Item #10 \$ _____ Desc: _____

Variation Schedule (ML - 391)? Yes No

ADDITIONAL INSURED

1.

Interest: _____

2.

Interest: _____

MORTGAGEE

FARM INSPECTION REPORT

1. Insured occupies dwelling as: _____

2. Insured is an: _____

3. If a partnership or corporation, list other interests:

4. Insured holds title to Real Estate? Yes No

5. Percentage of total income other than farming? _____%

6. List unusual liability hazards (farm pond, junk cars, etc.): _____

7. List all recreational vehicles: _____

8. Riding horses owned by: _____ Any riding rings or riding lessons? Yes No

9. Describe fully any business operations conducted on the premises:

10. Type of farming (include all related operations): _____

11. Does insured operate a roadside market? Yes No

12. Does the farm produce maple syrup, cider, butter, etc? Yes No

13. Custom farming? Yes No Estimated receipts \$ _____

14. Insured's farming history:

15. Water supply on premises ? Yes No Distance from buildings: _____

16. Fuel Supply: _____ Distance from buildings: _____

17. Additional Information:

FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which the application is assigned. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. The undersigned hereby applies for Insurance Coverage as set forth in the application and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his or her knowledge true.

INSURANCE FRAUD WARNING NOTICE

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Agent: _____ Date: _____ Applicant: _____

FOR OFFICE USE ONLY

RATING SYSTEM CHECK: NAME/LOCATION/REFUSED

INSPECT

IMAGERIGHT SEARCH

WAIVE INSPECTION

WEB SEARCH

Underwriting Approval: _____