



# Farmowner Application

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Agent Name

\_\_\_\_\_  
\_\_\_\_\_

Agent Code: \_\_\_\_\_

\_\_\_ 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: \_\_\_ Replacement Cost \_\_\_ Actual Cash Value

Fire District: \_\_\_\_\_ Protection: \_\_\_ Semi-Protected \_\_\_ Protected

Feet from Hydrant: \_\_\_\_\_ Miles from Fire Dept: \_\_\_\_\_

## COVERAGE INFORMATION

Coverage Type: \_\_\_ ML-1R \_\_\_ ML-2 \_\_\_ ML-3 \_\_\_ ML-4

Deductibles: \_\_\_ \$250 \_\_\_ \$500 \_\_\_ \$1,000 \_\_\_ \$2,000 \_\_\_ \$2,500

Limit of Liability: \_\_\_ \$100,000 \_\_\_ \$300,000 \_\_\_ \$500,000 \_\_\_ \$1,000,000

Medical Payments: \$ \_\_\_\_\_

RC Contents (ML - 55) Y/N? \_\_\_\_\_

Smoke Credit (ML - 216) Y/N? \_\_\_\_\_

Inflation Guard (ML - 243) Y/N? \_\_\_\_\_

Renters Liability (ML - 357 or ML - 70) Y/N? \_\_\_\_\_ 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) Y/N? \_\_\_\_\_



**ADDITIONAL INSURED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interest: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interest: \_\_\_\_\_

**MORTGAGEE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FARM INSPECTION REPORT**

- 1. Insured occupies dwelling as:  Owner  Tenant  Manager
- 2. Insured is an:  Individual  Partnership  Corporation
- 3. If a partnership or corporation, list other interests: \_\_\_\_\_

- 4. Insured holds title to Real Estate (Y/N)? \_\_\_\_\_
- 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:  Insured  Others Any riding rings or riding lessons (Y/N)? \_\_\_\_\_
- 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 (Y/N)? \_\_\_\_\_
- 12. Does the farm produce maple syrup, cider, butter, etc (Y/N)? \_\_\_\_\_
- 13. Risk evaluation:  Superior  Good  Poor
- 14. Custom farming (Y/N)? \_\_\_\_\_ Estimated receipts \$ \_\_\_\_\_
- 15. Insured's farming history:

\_\_\_\_\_  
\_\_\_\_\_

16. Water supply on premises (Y/N)? \_\_\_\_\_ Distance from buildings: \_\_\_\_\_

17. Fuel Supply:  Gas  Diesel Distance from buildings: \_\_\_\_\_

- 18. Additional Information:
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UNDERWRITING INFORMATION**

**GENERAL INFORMATION:**

Has any Company cancelled or refused insurance on this risk to applicant (Y/N)? \_\_\_\_\_

If yes, why? \_\_\_\_\_

Name of prior carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

If none, why? \_\_\_\_\_

Any previous losses by insured last 3 years (Y/N)? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has applicant owned this risk? \_\_\_\_\_ years

If less than 3 years, provide: Purchase Price \$ \_\_\_\_\_ & Cost of Improvement \$ \_\_\_\_\_

Is this property currently occupied (Y/N)? \_\_\_\_\_

Is this the primary residence of the insured (Y/N)? \_\_\_\_\_

Year Built: \_\_\_\_\_ Square Feet: \_\_\_\_\_

**UTILITIES:**

Does dwelling have central heating (Y/N)? \_\_\_\_\_

If yes, type of central heat system: \_\_\_ Hot Air Furnace \_\_\_ Hot Water Boiler \_\_\_ Electric Baseboard

Does dwelling contain: \_\_\_ Woodstoves \_\_\_ Fireplace \_\_\_ Space Heaters?

Type of wiring:  Circuit Breakers  Fuses # of Amps? \_\_\_\_\_

Has roof been replaced in last 20 years (Y/N)? \_\_\_\_\_

Has the plumbing been updated in the last 30 years (Y/N)? \_\_\_\_\_

**LIABILITY QUESTIONS:**

Any of the following: \_\_\_ Swimming Pool \_\_\_ Pond \_\_\_ Other Water Frontage Exposure

If yes, make selections for better description: \_\_\_ Above Ground Pool \_\_\_ Inground Pool

\_\_\_ Fenced with Locking Gate

Any dogs owned by insured on property (Y/N)? \_\_\_\_\_ If yes, please complete a dog questionnaire.

If yes, breed of dog? \_\_\_\_\_

Are there two means of egress from the dwelling (Y/N)? \_\_\_\_\_

**AGENTS:**

Has agent seen inside of risk (Y/N)? \_\_\_\_\_ Has agent seen outside of risk (Y/N)? \_\_\_\_\_

Overall opinion of the risk and insured? \_\_\_\_\_

**REMARKS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For questions regarding this application, please contact Agency Service Representative:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Email Address: \_\_\_\_\_

**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: \_\_\_\_\_