

Farm & Ranch Application

Agency Information

Code:	Address:		
Name:	City:	State:	Zip:
Agency Contact:	P:	E:	

General Information

Quote #:	Premium:	Requested Effective Date:	Policy Term: 12 months
<input type="checkbox"/> New Business	<input type="checkbox"/> Renewal	<input type="checkbox"/> Rewrite of	Carrier:
Desired Coverage: <input type="checkbox"/> Liability only <input type="checkbox"/> Property & Liability			
Form:	Deductible:	Wind Deductible:	

Applicant Information

Name of Insured:			
Mailing Address:			
City:	State:		Zip:
Phone #:	(Required for quote) DOB:		
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other:			
If named insured is an Individual:	Insured's occupation:	Spouse's occupation:	
If named insured is a Partnership, Corporation, Trust or Other, list the individuals that make up this entity and the percentage of ownership for each:			
Is the risk titled in this name? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain:		
Is there a website associated with this risk?			
Are there any other business operations owned in this name (other than this farm & ranch)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please list:			
Social Security No.:	FEIN/Tax ID (required if not "Individual")		
Type of farm or ranch operations:	<input type="checkbox"/> Cattle - #	<input type="checkbox"/> Sheep - #	<input type="checkbox"/> Horses - #
	<input type="checkbox"/> Deer breeding	<input type="checkbox"/> Crop -type	<input type="checkbox"/> Other:
Years of farm/ranch experience:			

Locations

Primary premise - Location 1:						
Acres	911 Address or Road	City	State	County	Zip	PC
Name of Responding Fire Dept.		Distance from Fire Dept. (miles)		Distance from hydrant (feet)		

Additional Locations: (additional locations can be listed on Page 6)

	911 address (if buildings on premise), road, town, county & zip code	No. of Acres	Name of Responding Fire Dept. (if buildings on premise)	PC	Type of Operations	Buildings on premise?
2						Yes <input type="checkbox"/> No <input type="checkbox"/>
3						Yes <input type="checkbox"/> No <input type="checkbox"/>
4						Yes <input type="checkbox"/> No <input type="checkbox"/>
5						Yes <input type="checkbox"/> No <input type="checkbox"/>

Dwellings (additional dwellings can be listed on Page 6)

Loc# Item#	Dwelling Description	Value	Yr Built SQ FT	Dwelling Construction	RC AC	Occupancy	Roof	Cause of Loss	Deductible
		Dwelling	Year	<input type="checkbox"/> Frame <input type="checkbox"/> Log <input type="checkbox"/> Brick <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Mobile Home <input type="checkbox"/> Metal	<input type="checkbox"/> RC <input type="checkbox"/> AC	Occupant <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Construction Age	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec/Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$
		Contents (HHG)	SQ FT						
		Dwelling	Year	<input type="checkbox"/> Frame <input type="checkbox"/> Log <input type="checkbox"/> Brick <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Mobile Home <input type="checkbox"/> Metal	<input type="checkbox"/> RC <input type="checkbox"/> AC	Occupant <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Construction Age	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec/Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$
		Contents (HHG)	SQ FT						
		Dwelling	Year	<input type="checkbox"/> Frame <input type="checkbox"/> Log <input type="checkbox"/> Brick <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Mobile Home <input type="checkbox"/> Metal	<input type="checkbox"/> RC <input type="checkbox"/> AC	Occupant <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Construction Age	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec/Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$
		Contents (HHG)	SQ FT						

Update Information

Item Number	Wiring	Plumbing	Heating	Primary source of heating

OTHER STRUCTURES - "Other Structures" coverage provides coverage for up to 10% of the dwelling value for structures used in conjunction with the main dwelling. This can include a garage, pool house, pump house, etc. Any barns or structures used for farm and ranch operations must be scheduled and will not be covered under this extension.

Type of Building	Value	Year Built	Construction	Sq. Feet	Heat type	Updates

Scheduled Farm Property & Livestock (additional Farm Property & Livestock can be listed on Page 6)

Complete description is required to bind. Regarding items listed as Misc. Tools or Equipment, any item over \$1000 in value must be scheduled for coverage.

Item #	Property Description	Value	Model Year	Serial number	Basic/Broad or Special	Deductible
					<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
					<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
					<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
					<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
					<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000

Farm Outbuildings, Barns And Grain Tanks (additional Farm Outbuildings, Barns And Grain Tanks can be listed on Page 6)

Any structure used for farm and ranch operations must be scheduled for coverage and is not included under 10% dwelling extension.

Loc # Item #	Description/ Use of bldg	Value	Building Features	Yr Built SQ FT	Construction	RC AC	Roof	Cause of Loss	Deductible
			<input type="checkbox"/> Heat/AA in blg	Year	<input type="checkbox"/> Frame <input type="checkbox"/> Brick/Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Manufactured	<input type="checkbox"/> RC <input type="checkbox"/> AC	Construction	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$
			<input type="checkbox"/> Fully Enclosed	SQ FT			Age		
			<input type="checkbox"/> Heat/AA in blg	Year	<input type="checkbox"/> Frame <input type="checkbox"/> Brick/Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Manufactured	<input type="checkbox"/> RC <input type="checkbox"/> AC	Construction	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$
			<input type="checkbox"/> Fully Enclosed	SQ FT			Age		
			<input type="checkbox"/> Heat/AA in blg	Year	<input type="checkbox"/> Frame <input type="checkbox"/> Brick/Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Manufactured	<input type="checkbox"/> RC <input type="checkbox"/> AC	Construction	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$
			<input type="checkbox"/> Fully Enclosed	SQ FT			Age		
			<input type="checkbox"/> Heat/AA in blg	Year	<input type="checkbox"/> Frame <input type="checkbox"/> Brick/Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Manufactured	<input type="checkbox"/> RC <input type="checkbox"/> AC	Construction	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$
			<input type="checkbox"/> Fully Enclosed	SQ FT			Age		

Prior Carrier/ Loss History

Select Option Below That Represents Insured's Coverage History:

Current carrier Current Premium: _____ Expiration Date: _____

Prior carrier Annual Premium: _____ Expired: _____

No Prior or Lapse in Coverage - Select Reason: New Purchase Self - Insuring Other

(If this is a new purchase - other loss history of applicant is required.)

Has any company declined, cancelled or non-renewed a policy for this insured? Yes No

If yes, explain _____

Five-year Loss History

Date of loss	Details of Loss	Amount Paid	What was repaired or replaced?	Status of Claim	Preventive Measures Taken

Premise Information

Total receipts from entire ranch operations (all locations): _____

On site fire protection? Yes No If yes, explain _____ Locations: _____

Protective devices: Smoke Burglar Local

Central Station Alarm - Locations/Dwellings: _____ Name of Monitoring Co. _____

If secondary dwelling, how often are the premises visited by owner? _____ N/A

Is a caretaker living on premise at all times? Yes No Distance from main dwelling: _____

If there's no full time caretaker, is there a neighbor that can view the dwelling? Yes No

Any mobile homes on premises? Yes No If yes, location and description _____

Any vacant or unoccupied buildings? Yes No If yes, location and description _____

Any buildings on premise not being insured? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, location and description		
Any buildings on premise insured elsewhere? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, location and description		
Construction of perimeter/pasture fencing:	Height:		
Farm Liability Coverage			
Limits: Occurrence <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> Other	Med Pay <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other		
Please Indicate If The Following Exposures Are Occurring On Any Location Listed On The Application, Provide Details And Specify Location.			
Land leased out to others Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Cert of Insurance required Locations:		
Land used by others for crops or livestock Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Cert of Insurance required Locations:		
Equine Operations (boarding/breeding/training/etc) Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, equine liability supplemental application required		
Camping areas Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipts \$	Locations:	
Custom Farming (farming for others) Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipts \$	Locations:	
Dude Ranch, Polo Events, Rodeos Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipts \$	Locations:	
Hay or Trail Rides Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipts \$	Locations:	
Petroleum Production Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipts \$	Locations:	
Rent Farm Equipment Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipts \$	Locations:	
Food Processing Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipts \$	Locations:	
Bed & Breakfast Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipts \$	Locations:	
Aviation or Airstrip Yes <input type="checkbox"/> No <input type="checkbox"/>		Locations:	
Trampolines Yes <input type="checkbox"/> No <input type="checkbox"/>		Locations:	
Customers allowed on premises Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain		
Is any portion of the property open to the public? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain		
Wood stoves Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Wood Stove Questionnaire is required		
Non-agricultural business activities Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain		
Independent contractors hired for farm/ranch? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details:		
Hunting or Fishing Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipts \$	Who is hunting?	
Does insured have separate GL coverage in place?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> (Certificate of Insurance required)		
Exotics Yes <input type="checkbox"/> No <input type="checkbox"/>	Number & type	Locations:	
Are they used for business purposes?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Dogs Yes <input type="checkbox"/> No <input type="checkbox"/>	Number & breed	Locations:	
Any non-owned dogs? Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Recreational vehicles? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details:		
Who is allowed use of these?	N/A <input type="checkbox"/>		
Swimming pool? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, is pool fenced in? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, is there a slide?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, is there a diving board?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Height (distance from water)	
Endorsements / Optional Coverage			
<input type="checkbox"/> Animal Collision	Type of Livestock	Number of Head	
<input type="checkbox"/> Increased Limits of Jewelry, Watches, & Furs			
<input type="checkbox"/> Water/Sewer Backup for Dwellings	Dwellings / Item no.		
<input type="checkbox"/> Equipment Breakdown Coverage			
<input type="checkbox"/> Residence Glass Coverage			
<input type="checkbox"/> Watercraft Liability	HP	Length	Hull type
	Yr	Make/Model	Motor Type
<input type="checkbox"/> Employer's Liability	No. of Full time	Part Time	Annual Payroll
<input type="checkbox"/> Off Premise ATV Liability - Complete Description Required			
Make, Model Year and VIN	Use		
Make, Model Year and VIN	Use		

Scheduled Personal Property (Jewelry, Fine Arts, Firearms, etc.)

	Property Description	Value
1		
2		
3		
4		
5		

Additional Interests

	Name & Address	Loc	Item Number/ Description or Insurable Interest	Additional Interest
1				
2				
3				
4				
5				

NOTE TO AGENTS:

Agents do not have binding authority. Coverage is not bound until binder confirmation is issued by Myron Steves. To request binding, fax or email completed application. Coverage cannot be backdated. Signed application required within 7 days. If application is mailed prior to binding, coverage will be secured day after postmark. Incomplete applications will jeopardize binding coverage. At any time, a company mandated moratorium applying to all or any part of the state(s) can affect our binding authority for new business, renewals with a lapse in coverage or increases in coverage.

NOTE TO APPLICANT(S):

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies.

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

Endorsements, limitations, exclusion and deductibles in effect by this application will be listed on the quote and declarations page and are agreed to by applicant(s).

APPLICANT'S STATEMENT: I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

Producer Signature _____ **Date** _____

Applicant Signature _____ **Date** _____

Overflow Schedules

Additional Locations: (additions from Page 1)

	911 address (if buildings on premise), road, town, county & zip code	No. of Acres	Name of Responding Fire Dept. (if buildings on premise)	PC	Type of Operations	Buildings on premise?
6						Yes <input type="checkbox"/> No <input type="checkbox"/>
7						Yes <input type="checkbox"/> No <input type="checkbox"/>
8						Yes <input type="checkbox"/> No <input type="checkbox"/>

Dwellings (additions from Page 2)

		Dwelling	Year	<input type="checkbox"/> Frame <input type="checkbox"/> Log <input type="checkbox"/> Brick <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Mobile Home <input type="checkbox"/> Metal	<input type="checkbox"/> RC <input type="checkbox"/> AC	Occupant	Construction	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec/Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$
		Contents (HHG)	SQ FT			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Age		
		Dwelling	Year	<input type="checkbox"/> Frame <input type="checkbox"/> Log <input type="checkbox"/> Brick <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Mobile Home <input type="checkbox"/> Metal	<input type="checkbox"/> RC <input type="checkbox"/> AC	Occupant	Construction	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec/Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$
		Contents (HHG)	SQ FT			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Age		
		Dwelling	Year	<input type="checkbox"/> Frame <input type="checkbox"/> Log <input type="checkbox"/> Brick <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Mobile Home <input type="checkbox"/> Metal	<input type="checkbox"/> RC <input type="checkbox"/> AC	Occupant	Construction	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec/Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$
		Contents (HHG)	SQ FT			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Age		

Scheduled Farm Property & Livestock (additions from Page 2)

						<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
						<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
						<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
						<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000

Farm Outbuildings, Barns And Grain Tanks (additions from Page 3)

Any structure used for farm and ranch operations must be scheduled for coverage and is not included under 10% dwelling extension.

Loc # Item #	Description/ Use of bldg	Value	Building Features	Yr Built SQ FT	Construction	RC AC	Roof	Cause of Loss	Deductible
			<input type="checkbox"/> Heat/AA in blg	Year	<input type="checkbox"/> Frame <input type="checkbox"/> Brick/Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Manufactured	<input type="checkbox"/> RC <input type="checkbox"/> AC	Construction	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$
			<input type="checkbox"/> Fully Enclosed	SQ FT			Age		
			<input type="checkbox"/> Heat/AA in blg	Year	<input type="checkbox"/> Frame <input type="checkbox"/> Brick/Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Manufactured	<input type="checkbox"/> RC <input type="checkbox"/> AC	Construction	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$
			<input type="checkbox"/> Fully Enclosed	SQ FT			Age		
			<input type="checkbox"/> Heat/AA in blg	Year	<input type="checkbox"/> Frame <input type="checkbox"/> Brick/Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Manufactured	<input type="checkbox"/> RC <input type="checkbox"/> AC	Construction	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$
			<input type="checkbox"/> Fully Enclosed	SQ FT			Age		