

<b>RAIN AND HAIL</b>	<b>COMBINE PLUS/EXECUTIVE COMBINE PLUS APPLICATION</b>	DATE (MM/DD/YYYY)
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<b>AGENCY:</b> Name _____ Address _____ _____ city _____ state _____ zip code <b>AGENCY CODE:</b> _____	<b>PHONE</b> (A/C, No., Ext): _____ <b>FAX</b> (A/C, No.): _____ <b>EMAIL:</b> _____ <b>INDICATE SECTIONS ATTACHED</b> <input type="checkbox"/> FARM <input type="checkbox"/> AUTO-ACORD <input type="checkbox"/> UMBRELLA/EXCESS
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<b>STATUS OF TRANSACTION</b>			
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<b>EFFECTIVE DATE</b>	<b>EXPIRATION DATE</b>
<input type="checkbox"/> BOUND	<input type="checkbox"/> REWRITE		

<b>APPLICANT INFORMATION</b>		
<b>NAME (First Named Insured &amp; Other Named Insureds)</b> _____ _____ _____ <b>E-MAIL ADDRESS(ES):</b> _____	<b>FEIN OR SOC SEC # (First Named Insured):</b> _____ <b>PHONE (A/C, No, Ext):</b> _____	<b>MAILING ADDRESS INCL ZIP+4 (of First Named Insured)</b> _____ _____ _____ <b>WEBSITE ADDRESS(ES):</b> _____

<b>NAMED INSURED IS:</b>			<b>NUMBER OF YEARS FARMING/RANCHING EXPERIENCE</b>
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture		

<b>PROGRAM</b>	
<input type="checkbox"/> Combine Plus	<input type="checkbox"/> Executive Combine Plus

<b>LIABILITY TYPE</b>		<b>Occurrence Limit \$</b> _____	<b>Aggregate Limit \$</b> _____
<input type="checkbox"/> Farm Liability	<input type="checkbox"/> Commercial General Liability		

<b>DEDUCTIBLES</b> – Options: \$250; \$500; \$1,000; \$5,000; \$7,500; \$10,000			
Coverage A / Coverage CT	\$ _____	Coverage G	\$ _____
Coverage E	\$ _____	Recreational Vehicles	\$ _____
Coverage F	\$ _____	Business Property	\$ _____

<b>TYPE OF FARM</b>	
<input type="checkbox"/> Grain	<input type="checkbox"/> Hog Confinement
<input type="checkbox"/> Livestock	<input type="checkbox"/> Fruit/Nuts
<input type="checkbox"/> Dairy	<input type="checkbox"/> Vegetable/Berry
<input type="checkbox"/> Equine	<input type="checkbox"/> Other _____
<input type="checkbox"/> Feedlot	

<b>BILLING:</b> <input type="checkbox"/> Annual <input type="checkbox"/> Two Pay (60% down) <input type="checkbox"/> Four Pay (30% down)	<input type="checkbox"/> Ten Pay* (20% down) <input type="checkbox"/> Twelve Pay* (15% down) * Requires Prior Approval	<b>BILLING RECIPIENT:</b> <input type="checkbox"/> Insured <input type="checkbox"/> Producer <input type="checkbox"/> Third Party* <input type="checkbox"/> Mortgagee*	* Name and Address of Third Party or Mortgagee Recipient: _____ _____ _____
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The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/she certifies that the answers are true, correct, and complete to the best of his/her knowledge.

<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>	<b>AGENT'S SIGNATURE</b>	<b>DATE</b>

**PRIOR CARRIER INFORMATION (FARM OWNERS)**

CARRIER	EFFECTIVE/EXPIRATION DATES	EXPIRING ANNUAL PREMIUM

**PRIOR CARRIER INFORMATION (AUTOMOBILE)**

CARRIER	EFFECTIVE/EXPIRATION DATES	EXPIRING ANNUAL PREMIUM

**PRIOR CARRIER INFORMATION (UMBRELLA)**

CARRIER	EFFECTIVE/EXPIRATION DATES	EXPIRING ANNUAL PREMIUM

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)						CHECK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
						OPEN	
						CLOSED	
						OPEN	
						CLOSED	
						OPEN	
						CLOSED	
						OPEN	
						CLOSED	
						OPEN	
						CLOSED	
						OPEN	
						CLOSED	
						OPEN	
						CLOSED	
						OPEN	
						CLOSED	
						OPEN	
						CLOSED	
						OPEN	
						CLOSED	

Have you been (Not Applicable in MO):  Canceled  Non-Renewed  Declined

Please explain:

INSPECTION CONTACT	PHONE (A/C, No, Ext):	ACCOUNTING RECORDS CONTACT	PHONE (A/C, No, Ext):

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states. Consult your agent or broker for your state's requirements.)

**NOTICE OF INSURANCE INFORMATION PRACTICES** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHT AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

**APPLICATION UNDERWRITING INFORMATION/NATURE OF BUSINESS DESCRIPTION**

**COMMENTS:**

# UNDERWRITING INFORMATION

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

Producer: \_\_\_\_\_

## LIABILITY

If "yes" is answered to any question, please explain (use Comments Section) and provide annual gross receipts or cost.

1. Are independent contractors hired to perform any farming operation?  YES  NO
2. Is any part of the farm used or leased for organized recreational use?  YES  NO
3. Does applicant build, repair or design machinery, equipment or systems for anyone for a charge or fee?  YES  NO
4. Does applicant mix, process, slaughter, butcher or otherwise prepare for any "end" consumer? His or any other grower's product?  YES  NO
5. Does applicant handle any product, such as seed, fertilizer, sprays, etc. for resale?  YES  NO
6. Are any contract or service operations performed for others such as tilling, excavating or ditching?  YES  NO
7. Are the farm premises open to the public for roadside stands, "U-Pick," recreational, "rent-a-garden," auction, sales, show, food or beverage service, animal boarding, or Christmas tree sales uses?  YES  NO
8. Are any portions of the farm rented or leased or used by any other individual, corporation or interest for other than farming?  YES  NO
9. Does applicant prepare and sell animal feed?  YES  NO
10. Is there any unusual hazard such as (but not limited to) open dump pits, silage pits, sump holes, lakes or reservoirs?  YES  NO
11. Is there an airstrip on the premises? If yes, type of use?  YES  NO
12. Is any land held for real estate development or speculation?  YES  NO
13. Is the applicant engaged in any other business, profession or trade? If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  YES  NO
14. If livestock is kept, are all areas well-fenced? If no, please explain.  YES  NO  
Premises is in:  open range area  
 closed range area
15. 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? If no, explain.  YES  NO
16. Any private saddle animals owned? If so, use?  YES  NO
17. Any non-owned horses on any insured premises? If yes, complete Horse Liability Questionnaire and provide copy of Boarding Agreement.  YES  NO

18. Does insured board, race, breed or rent horses? If yes, complete Horse Liability Questionnaire.  YES  NO
19. Are any "hold harmless" or "indemnifying" agreements in effect? If yes, please provide copy.  YES  NO
20. Does applicant maintain any vacation, seasonal, or additional primary residence?  YES  NO
21. If dairy farm, is there any processing of milk?  YES  NO
22. If dairy farm, is there any retail sales of milk products to the public?  YES  NO  
Receipts \$ \_\_\_\_\_
23. Number of cows milked? \_\_\_\_\_
24. Are any premises used for hunting purposes?  YES  NO  
 By owners:  no charge  fee  
 Rented to others: Receipts \$ \_\_\_\_\_
25. Does applicant maintain a non-farm office, private school, and/or daycare in an insured building?  YES  NO
26. Is there a swimming pool on the premises?  YES  NO  
If yes, Depth? \_\_\_\_\_  
Fenced?  YES  NO  
Diving Board or Slide?  YES  NO  
Life Safety Equipment?  YES  NO
27. Does applicant serve on any boards for remuneration?  YES  NO
28. Is the applicant a subsidiary of another or does the applicant have subsidiaries?  YES  NO
29. Is a formal safety program in existence?  YES  NO
30. Are there any packing or cold storage operations for others?  YES  NO
31. Do you own dogs? If yes, how many and what breed?  YES  NO  
Number Breed  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
32. Do you own a trampoline?  YES  NO
33. Date you last inspected premises and buildings? \_\_\_\_\_
34. Gross farming receipts? \$ \_\_\_\_\_
35. Premises farmed by:  Owner  Tenant  Manager  Other  
 Full-time  Part-time
36. Applicable in Oklahoma only:  YES  NO  
If the property is located in a rural fire protection district or in an area protected by a rural fire department, have you paid the appropriate dues or subscription payments?

# LOCATIONS INFORMATION

LOCATION #	WITHIN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	911 ADDRESS AND SEC, TWP, RANGE AND COUNTY	NUMBER OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
FARM NAME			LIABILITY ONLY <input type="checkbox"/>	DISTANCE TO FIRE STATION   HYDRANT MI   FT
LOCATION #	WITHIN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	911 ADDRESS AND SEC, TWP, RANGE AND COUNTY	NUMBER OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
FARM NAME			LIABILITY ONLY <input type="checkbox"/>	DISTANCE TO FIRE STATION   HYDRANT MI   FT
LOCATION #	WITHIN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	911 ADDRESS AND SEC, TWP, RANGE AND COUNTY	NUMBER OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
FARM NAME			LIABILITY ONLY <input type="checkbox"/>	DISTANCE TO FIRE STATION   HYDRANT MI   FT
LOCATION #	WITHIN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	911 ADDRESS AND SEC, TWP, RANGE AND COUNTY	NUMBER OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
FARM NAME			LIABILITY ONLY <input type="checkbox"/>	DISTANCE TO FIRE STATION   HYDRANT MI   FT
LOCATION #	WITHIN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	911 ADDRESS AND SEC, TWP, RANGE AND COUNTY	NUMBER OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
FARM NAME			LIABILITY ONLY <input type="checkbox"/>	DISTANCE TO FIRE STATION   HYDRANT MI   FT
LOCATION #	WITHIN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	911 ADDRESS AND SEC, TWP, RANGE AND COUNTY	NUMBER OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
FARM NAME			LIABILITY ONLY <input type="checkbox"/>	DISTANCE TO FIRE STATION   HYDRANT MI   FT
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FARM NAME			LIABILITY ONLY <input type="checkbox"/>	DISTANCE TO FIRE STATION   HYDRANT MI   FT
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FARM NAME			LIABILITY ONLY <input type="checkbox"/>	DISTANCE TO FIRE STATION   HYDRANT MI   FT

# ISO COVERAGE A, B, C, & D

(Complete this page for each dwelling insured)

Location #											
Coverage (A, B, C, D)		Valuation*	Covered Causes of Loss			EQ†	If 30 years old or more, when was it updated for:				Limit
Main Dwelling			<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	<input type="checkbox"/> Special	<input type="checkbox"/> Y <input type="checkbox"/> N	Heat	Wiring	Plumbing	Roofing	
Other Structures			Same as Main Dwelling								
Household Personal Property			<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	<input type="checkbox"/> Special	<input type="checkbox"/> Y <input type="checkbox"/> N					
Loss of Use											
Year Built	Sq. Ft.	Type of Construction**		Type		Occupancy		Type of Heat		Woodstove <input type="checkbox"/> Yes <input type="checkbox"/> No	
				1	2	3	<input type="checkbox"/> Owner/Primary	<input type="checkbox"/> Tenant/Permanent	Age of Unit	If yes, please complete wood stove questionnaire.	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Owner/Seasonal	<input type="checkbox"/> Tenant/Seasonal		Wood Insert <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Program</b> <input type="checkbox"/> Combine Plus <input type="checkbox"/> Executive Combine Plus	<b>Ordinance or Law</b> <input type="checkbox"/> Coverage A <input type="checkbox"/> Coverage B — Demolition Cost \$ _____ <input type="checkbox"/> Coverage C — Increased Limit \$ _____
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<b>Protective Devices</b> <input type="checkbox"/> Local Fire Alarm <input type="checkbox"/> Local Burglar Alarm <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Fire Station Fire Alarm <input type="checkbox"/> Police Station Burglar Alarm <input type="checkbox"/> Central Station Fire Alarm – Certificate Required <input type="checkbox"/> Central Station Burglar Alarm – Certificate Required <input type="checkbox"/> Complete Automatic Sprinkler System <input type="checkbox"/> Partial Automatic Sprinkler System <input type="checkbox"/> Partial Automatic Sprinkler System with Fire or Police Connected Alarms <input type="checkbox"/> Dead Bolts and Fire Extinguishers	<input type="checkbox"/> Additional Insured <input type="checkbox"/> Contract of Sale <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lienholder  <input type="checkbox"/> Additional Insured <input type="checkbox"/> Contract of Sale <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lienholder  <input type="checkbox"/> Additional Insured <input type="checkbox"/> Contract of Sale <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lienholder	Name and Address       Name and Address       Name and Address          Inflation Guard <input type="checkbox"/> 4% <input type="checkbox"/> 6% <input type="checkbox"/> 8% <input type="checkbox"/> 10%      Number of Families _____
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\* Valuation: RC = Replacement Cost; ERC = Extended Replacement Cost; ACV = Actual Cash Value

\*\* Construction = Frame, Masonry, Pre-Fabricated, Modular, Mobile Home

† EQ = Earthquake

## VALUABLE PERSONAL ARTICLES

TYPE: 1. Jewelry; 2. Furs and Garments trimmed with Fur; 3. Fine Arts not subject to breakage; 4. Fine Arts subject to breakage; 5. Cameras, Projection Machines, etc.; 6. Musical Instruments – Amateurs; 7. Musical Instruments – Professional & Organs; 8. Silverware, Silver Plated Ware, etc.; 9. Stamp Collections; 10. Coin Collections; 11. Physician's and Surgeon's Portable Equipment; 12. Golfer's Equipment; 13. Miscellaneous

Item No.	Type No.	Description of Item (Serial #, if any) -- Attach appraisal for Items over \$5000	Deductible	Insurance Amount

## OPTIONAL COVERAGES

<b>INCREASED SPECIAL PROPERTY LIMITS</b>		
<b>Item</b>	<b>Requested Limit*</b>	<b>Refer to Farm Quote for limits included.</b>
Jewelry, watches, furs	\$ _____	
Money	\$ _____	
Securities	\$ _____	
Silverware	\$ _____	
Firearms	\$ _____	
<i>* Higher limits, broader coverage, use Schedule/Valuable Personal Property/Articles</i>		
<b>INCREASED POLICY PROVIDED LIMITS</b>		
<b>Coverage</b>	<b>New Limit</b>	<b>Provided Limit</b>
Household Personal Property Away From Premises	\$ _____	10% of Cov C with min. limit
Tenant's Improvements/Alterations	\$ _____	10% of Cov C Tenant limit
Cost of Restoring Farm Records	\$ _____	\$ 2,000
Power & Light Poles	\$ _____	Varies by Product
Borrowed Farm Equipment (\$50,000 add'l available)	\$ _____	\$25,000 (if Cov E or F provided)

## SCHEDULED FARM PERSONAL PROPERTY (ISO COVERAGE E) ACV VALUATION

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

Producer: \_\_\_\_\_

Item	Loc #	Description (If applicable, include year, make, model, and serial number)	Cause of Loss*	Foreign Obj.	Cab Glass	Limit of Insurance
1.		Hay in the open		Y N	Y N	
2.		Hay in buildings		Y N	Y N	
3.				Y N	Y N	
4.				Y N	Y N	
5.				Y N	Y N	
6.				Y N	Y N	
7.				Y N	Y N	
8.				Y N	Y N	
9.				Y N	Y N	
10.				Y N	Y N	
11.				Y N	Y N	
12.				Y N	Y N	
13.				Y N	Y N	
14.				Y N	Y N	
15.				Y N	Y N	
16.				Y N	Y N	
17.				Y N	Y N	
18.				Y N	Y N	
19.				Y N	Y N	
20.		Misc. Small Tools & Equipment (not exceeding \$2,500/item)		Y N	Y N	
<b>Total Limit \$</b>						
21.	Animal Collision		\$	Limit Per Head		# of Head

\* Cause of Loss ① BASIC ② BROAD ③ SPECIAL

### ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

<input type="checkbox"/> Interest	Rank:	Name and Address	Interest in Item Number
<input type="checkbox"/> Loss Payee			
<input type="checkbox"/> Lender's Loss Payee			
<input type="checkbox"/> Contract of Sale			
<input type="checkbox"/> Leased			Scheduled Item Number:
<input type="checkbox"/> Interest	Rank:	Name and Address	Interest in Item Number
<input type="checkbox"/> Loss Payee			
<input type="checkbox"/> Lender's Loss Payee			
<input type="checkbox"/> Contract of Sale			
<input type="checkbox"/> Leased			Scheduled Item Number:
<input type="checkbox"/> Interest	Rank:	Name and Address	Interest in Item Number
<input type="checkbox"/> Loss Payee			
<input type="checkbox"/> Lender's Loss Payee			
<input type="checkbox"/> Contract of Sale			
<input type="checkbox"/> Leased			Scheduled Item Number:



# UNSCHEDULED FARM PERSONAL PROPERTY (ISO COVERAGE F) ACV VALUATION

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

Producer: \_\_\_\_\_

Agricultural Produce	# of Units	Unit Price	Total Value
Barley			
Corn			
Fruit			
Ground Feed			
Hay			
Mfg Stock Feed			
Nuts			
Oats			
Silage			
Soybeans			
Straw			
Wheat			
<b>Total Value</b>		\$	

Livestock	# of Units	Unit Price	Total Value
Dairy Cows			
Dairy Heifers			
Dairy Calves			
Beef Cows			
Beef Calves			
Feeder Cattle			
Bulls			
Sows & Gilts			
Boars			
Feeder Pigs			
Ewes			
Rams			
Lambs			
Horses			
Ponies			
Mules			
<b>Total Value</b>		\$	

**Perils**  
 Farm Machinery, Vehicle, & Equipment Perils  
 Special    Broad    Basic  
 Livestock Perils  
 Broad    Basic  
 Other Farm Personal Property  
 Special    Broad    Basic

**Cab Glass**

Model	Serial Number	Type	Year

Agricultural Machinery & Implements	# of Units	Unit Price	Total Value
Tillage:			
Tractors			
Discs			
Harrows			
Plows			
Other			
Cultivating:			
Cultipackers			
Cultivators			
Drills			
Planters			
Rotary Hoes			
Seeders			
Spreaders			
Sprayers			
Harvesting:			
Augers			
Blowers			
Choppers			
Corn Pickers			
Driers			
Elevators (Port.)			
Forage Harvesters			
Grain Cleaners			
Grape Harvesters			
Hay Balers			
Mowers			
Nut Shakers			
Rakes			
Rice Harvesters			
Silo Unloaders			
Tomato Harvesters			
Wagons			
<b>Total Value</b>		\$	

Agricultural Tools, Equipment & Supplies	# of Units	Unit Price	Total Value
Agri-Chemicals			
Fertilizers			
Herbicides			
Insecticides			
Pesticides			
Air Compressors			
Bins			
Boxes and Box Shook			
Electric Motors			
Farm Lubricants			
Fencing & Posts			
Gasoline/Diesel Fuel			
Hand Tools			
Materials & Supplies			
Milking Equipment			
Office Equipment			
Paints			
Picking Equipment			
Poultry Equipment			
Power Tools			
Saddles & Tack			
Spare Parts			
Tires			
Vet Supplies			
Welders & Torches			
<b>Total Value</b>		\$	

**Coverage F**  
**Total Limit** \$ \_\_\_\_\_

**\*Irrigation Equipment, Combines, Cotton Pickers, Four-Wheeler ATVs, and Computers must be Scheduled under Coverage E.**

**Excluded Property/Items:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Interest	Name and Address	Description
<input type="checkbox"/> Loss Payee		
<input type="checkbox"/> Lender's Loss Payee		
<input type="checkbox"/> Contract for Sale		
<input type="checkbox"/> Leased		

Interest	Name and Address	Description
<input type="checkbox"/> Loss Payee		
<input type="checkbox"/> Lender's Loss Payee		
<input type="checkbox"/> Contract for Sale		
<input type="checkbox"/> Leased		

Interest	Name and Address	Description
<input type="checkbox"/> Loss Payee		
<input type="checkbox"/> Lender's Loss Payee		
<input type="checkbox"/> Contract for Sale		
<input type="checkbox"/> Leased		

Peak Season — Farm Personal Property

ISO COVERAGE E (Must correspond with proper Cov. E item)

MONTH	TYPE PROPERTY	LIMIT OF INSURANCE	MONTH	TYPE PROPERTY	LIMIT OF INSURANCE
January		\$	July		\$
February		\$	August		\$
March		\$	September		\$
April		\$	October		\$
May		\$	November		\$
June		\$	December		\$

Peak Season — Farm Personal Property

ISO COVERAGE F

MONTH	TYPE PROPERTY	LIMIT OF INSURANCE	MONTH	TYPE PROPERTY	LIMIT OF INSURANCE
January		\$	July		\$
February		\$	August		\$
March		\$	September		\$
April		\$	October		\$
May		\$	November		\$
June		\$	December		\$

**FARM PERSONAL PROPERTY  
(ISO COVERAGE E & F)**

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

Producer: \_\_\_\_\_

UNDERWRITING INFORMATION

Scheduled

Unscheduled

If property is kept on a location(s) other than an insured location, where is it kept...

a. During farming season? \_\_\_\_\_

b. During off season? \_\_\_\_\_

What is the maximum value of equipment at any one location...

a. During farming season? Inside \$ \_\_\_\_\_ Outside \$ \_\_\_\_\_

In which structures? \_\_\_\_\_

Value in each? \_\_\_\_\_

a. During off season? Inside \$ \_\_\_\_\_ Outside \$ \_\_\_\_\_

In which structures? \_\_\_\_\_

Value in each? \_\_\_\_\_

Is there any equipment loaned or rented to/from others?  Yes  No

Value for borrowed or rented equipment \$ \_\_\_\_\_ Does person loaning/renting equipment insure it?  Yes  No

Value of equipment loaned or rented to others \$ \_\_\_\_\_ Does borrower insure equipment?  Yes  No

Does applicant perform his own maintenance on equipment?  Yes  No

If no, please indicate type of repairs done, where performed, and by whom:

What is radius of operation of equipment? \_\_\_\_\_ miles

Remarks:

## FARM BARNs, BUILDINGS AND STRUCTURES — ISO COVERAGE G

Loc No.	Bldg No.	Limit of Insurance	Description	Const. <sup>1</sup>	Type 1, 2* or 3*	C/L <sup>2</sup>	Val. <sup>3</sup>	Type of Heat	Year Built	Roof		Sq. Ft.	EQ <sup>†</sup>		Open Sides (Y/N)	Inflation Guard
										Type	Age		Yes	No		
													<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"/>		
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													<input type="checkbox"/>	<input type="checkbox"/>		
													<input type="checkbox"/>	<input type="checkbox"/>		
													<input type="checkbox"/>	<input type="checkbox"/>		

\* Buildings with hay storage do not qualify for Type 1 rates

**1 Construction (Const.)**

FR = Frame                      NC = Non Combustible  
M = Masonry                      FRS = Fire Resistive

Inflation Guard       4%       6%       8%       10%

Ordinance or Law

A \_\_\_\_\_

Demolition Cost Coverage      B \_\_\_\_\_

Cost to Reconstruct              C \_\_\_\_\_

**† EQ = Earthquake**

**2 Causes of Loss (C/L)**

1 = Basic      2 = Broad      3 = Special

**3 Valuation (Attach Valuation Estimator For Each Structure) (Val.)**

R = RC      A = ACV      AUV = Agreed Utility Value

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

Interest <input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee/Contract of Sale <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lienholder	Name and Address   	Interest in Item Number Location:      Building: Scheduled Item Number: Other
Interest <input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee/Contract of Sale <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lienholder	Name and Address   	Interest in Item Number Location:      Building: Scheduled Item Number: Other
Interest <input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee/Contract of Sale <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lienholder	Name and Address   	Interest in Item Number Location:      Building: Scheduled Item Number: Other

# COMBINE PLUS FARM LIABILITY SECTION

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

Producer: \_\_\_\_\_

Coverages	Limit of Liability
Coverage H – Bodily Injury and Property Damage Liability	\$ \$ Each “Occurrence” Limit General Aggregate Limit
Coverage I – Personal and Advertising Liability	\$ \$ Each “Occurrence” Limit General Aggregate Limit
Coverage J – Medical Payments	\$ \$ Any One Person Limit Each “Occurrence” Limit
Coverage H – Bodily Injury and Property Damage Liability Fire Damage Limit	\$ Any One Fire
Additional Coverage B – Damage to Property of Others	\$
Commercial General Liability <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Combine Plus Commercial General Liability Section	

Code	Coverage	Basis
01905	Initial Farm premises, not more than 160 acres	
01906	Initial Farm premises, not more than 500 acres	
01907	Initial Farm premises, over 500 acres	
<b>Business and Incidental Farming Activities</b>		
05123	Business <input type="checkbox"/> without liquor liability exclusion <input type="checkbox"/> with liquor liability exclusion	
	Incidental Farming Activities:	
05113	Multi-family dwelling maintained by insured, more than one family, without permitted incidental occupancy Loc #: _____	
05124	Multi-family dwelling maintained by insured, more than one family, with permitted incidental occupancy Loc #: _____	
<b>Additional Insureds</b>		
05223	Additional CPL Name:	
04122	Additional Insured – non-relative resident of household:	
01412	Additional farm premises held for rental or sale to others with or without buildings (if has dwellings rented on the premises must also charge 05117) Loc #: _____	
01418	Additional farm premises maintained by insured Loc #: _____	
05114	Additional non-farm premises maintained by insured <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent Loc #: _____	
05117	Additional residence premises rented to other 1-4 family without permitted incidental occupancy Loc #: _____	
05118	Additional residence premises rented to other 1-4 family with permitted incidental occupancy Loc #: _____	
07990	Snowmobiles not subject to motor vehicle registration, rented to others or used in any prearranged organized contest or competition	
	Watercraft – complete recreation vehicle application page for information needed for liability and coding	
<b>Insured's Liability While Employed by Others in Nonfarm Jobs</b>		
03210	Salesman, collectors and messengers, including installation, demonstration or servicing operations	
03320	Clerical office employees, salesman, collectors and messengers, but no installation, demonstration or servicing operations	
02995	Teachers, athletic, laboratory, manual training, physical training and swimming instructors	
02996	Teachers, NOC	
03906	Jobs not otherwise classified	
07106	Custom farming receipts \$ _____	
01235	Roadside stands – farm products principally on the insured farm Sales: \$ _____	
01380	Home Day Care Coverage 1-3 persons	
01381	Home Day Care Coverage 4-6 persons	
01360	Contingent Liability for Crop Dusting by Independent Aircraft Cost: \$ _____ Limit: \$ _____	
	Domestic Workers' Comp <input type="checkbox"/> Inservant <input type="checkbox"/> Outservant	
01350	Employer's Liability	
02997	Optional coverage for teachers – liability for corporal punishment for pupils	
	Other:	
	Other:	
	Other:	
	Other:	
	Other:	
	Other:	
	Other:	

# COMBINE PLUS COMMERCIAL GENERAL LIABILITY/PERSONAL LIABILITY

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

Producer: \_\_\_\_\_

Coverages	Limit of Liability
<b>COMMERCIAL GENERAL LIABILITY</b>	
General Aggregate Limit (other than Products/Completed Operations)	\$ _____
Products/Completed Operations Aggregate Limit	\$ _____
Personal & Advertising Injury Limit	\$ _____
Each Occurrence	\$ _____
Fire Damage Limit (any one fire)	\$ _____
Medical Expense Limit (any one person)	\$ _____
<b>PERSONAL LIABILITY</b>	
Coverage A Bodily Injury and Property Damage Liability	\$ _____
Coverage B Personal Injury Liability	\$ _____
Coverage C Medical Payments	\$ _____
Coverage D Additional Coverage – Damage to Property of Others	\$ _____
Farm Liability <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, complete Combine Plus Farm Liability Section	

Code	Coverage	Basis
01205	Initial Farm premises, not more than 160 acres	
01206	Initial Farm premises, not more than 500 acres	
01207	Initial Farm premises, over 500 acres	
<b>Business and Incidental Farming Activities</b>		
05223	Personal Liability includes initial residence premises with or without permitted incidental occupancy	
05213	Multi-family dwelling maintained by insured, more than one family, without permitted incidental occupancy	Loc #: _____
05224	Multi-family dwelling maintained by insured, more than one family, with permitted incidental occupancy	Loc #: _____
<b>Additional Insureds</b>		
	Additional Insureds:	
	Interest:	
	Additional CPL Name:	
<b>Products/Completed Operations</b>		
01391	Animals and livestock breeders or dealers, except poultry hatcheries	
01901	Farm Products, NOC excluding farm stands, creameries, process & aged foods when sales exceed 10% of the farm's gross sales and retail dairy products	
07106	Custom Farming	
01412	Additional farm premises held for rental or sale to others with or without buildings (if has dwellings rented on the premises must also charge 05117)	Loc #: _____
01418	Additional farm premises maintained by insured	Loc #: _____
05114	Additional non-farm premises maintained by insured <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent	Loc #: _____
63010	Dwellings – one-family (lessor's risk only)	Loc #: _____
63011	Dwellings – two-family (lessor's risk only)	Loc #: _____
63012	Dwellings – three-family (lessor's risk only)	Loc #: _____
63013	Dwellings – four-family (lessor's risk only)	Loc #: _____
<b>Grazing Away From Premises</b>		
01355	for the first 100 animals	
01356	for the next 400 animals	
01357	for animals in excess of 500	
99111	Stables – boarding, livery or racing (payroll)	
40045	Animals – draft (each team)	
40046	Animals – saddle – for rent, i.e. school, flat racing (each animal)	
40047	Animals – saddle – private, i.e. show, pleasure (each animal)	
47221	Riding Academies, i.e. instructions, clinics (gross sales)	
63218	Exhibitions – in buildings – Not-For-Profit only (admissions)	
63217	Exhibitions – in buildings – Other than Not-For-Profit only (admissions)	
63220	Exhibitions – in buildings – no admission charged – Not-For-Profit (each exhibition)	
63219	Exhibitions – in buildings – no admission charged – Other than Not-For-Profit (each exhibition)	
43421	Exhibitions – outside – in stadiums or premises with grandstands or bleachers not erected by or for the insured – ushers/attendants in stands not provided by the insured (admissions)	
43422	Exhibitions – outside – in stadiums or premises with grandstands or bleachers not erected by or for the insured – ushers/attendants in stands provided by the insured (admissions)	
43424	Exhibitions – outside – no stadiums or grandstands (gross sales)	
44194	Grandstands or Bleachers – Not-For-Profit only (each grandstand or bleacher)	
44193	Grandstands or Bleachers – Other than Not-For-Profit only (each grandstand or bleacher)	
	<b>Domestic Workers' Comp</b> <input type="checkbox"/> Inservant <input type="checkbox"/> Outservant	
	<b>Other:</b>	
01350	Employers' Liability	
01360	Contingent Liability for Crop Dusting by Independent Aircraft	
04112	Additional Insured – non-relative of household	
4004A	Race Horses	

A. Land, Recreation Vehicles OR Snowmobiles										
License for Hwy Use	Description	Model Year	Manufacturer	Model	Serial #	CC or CU	HP	Limit	Liability	Physical Damage
<input type="checkbox"/> Y <input type="checkbox"/> N								\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N								\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N								\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N								\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N								\$	<input type="checkbox"/>	<input type="checkbox"/>

B. Watercraft – Under 26 feet in length											
Description	Model Year	Manufacturer	Model	Serial #	HP	Rated Speed in MPH	Length in Feet	Limit			
								\$			
Power	Type of Hull	Construction	Navigation Period		Outboard Motor Information						
<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Inboard (Prop shaft) <input type="checkbox"/> Inboard (Jet Drive) <input type="checkbox"/> Sail	<input type="checkbox"/> Runabout <input type="checkbox"/> Cabin Cruiser <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other (Describe)	From / /		Manufacturer	Model	Serial #				
			To / /		Limit	HP	Model Year				
Description	Model Year	Manufacturer	Model	Serial #	HP	Rated Speed in MPH	Length in Feet	Limit			
								\$			
Power	Type of Hull	Construction	Navigation Period		Outboard Motor Information						
<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Inboard (Prop shaft) <input type="checkbox"/> Inboard (Jet Drive) <input type="checkbox"/> Sail	<input type="checkbox"/> Runabout <input type="checkbox"/> Cabin Cruiser <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other (Describe)	From / /		Manufacturer	Model	Serial #				
			To / /		Limit	HP	Model Year				

Driver Information (Include all drivers who may operate any recreational vehicles)						
Operates Which Vehicle	% of Usage	Name of Driver	Date of Birth	Year License/Year's of Experience	Driver's License Number	License State

Loss Payee Information						
Interest	Vehicle	Name	Address	Phone	Loan #	
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale						
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale						
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale						

Underwriting Information							
(1) Membership in an organized club concerned with any recreation vehicle?	<input type="checkbox"/>	<input type="checkbox"/>					
(2) Used in organized race or competitive event?	<input type="checkbox"/>	<input type="checkbox"/>					
(3) Stored at a location other than the applicant's residence?	<input type="checkbox"/>	<input type="checkbox"/>					
(4) Used as a primary residence premises?	<input type="checkbox"/>	<input type="checkbox"/>					
(5) Equipped for amphibious use?	<input type="checkbox"/>	<input type="checkbox"/>					
(6) Homemade, kit built, or modified from factory specifications?	<input type="checkbox"/>	<input type="checkbox"/>					
(7) Rented or leased to others or used for other commercial purposes?	<input type="checkbox"/>	<input type="checkbox"/>					
(8) Does any vehicle or boat have body damage or cracked or broken glass?	<input type="checkbox"/>	<input type="checkbox"/>					
(9) Is any boat equipped with a stove? (Describe installation and fuel in remarks)	<input type="checkbox"/>	<input type="checkbox"/>					
(10) Is any boat equipped with Coast Guard approved type fire extinguisher and personal flotation devices?	<input type="checkbox"/>	<input type="checkbox"/>					
(11) Is any boat equipped with auto engine converted to marine use by anyone other than the manufacturer of the boat?	<input type="checkbox"/>	<input type="checkbox"/>					





- Dairyman's Continuation Expense** **FZ-4P81**  
 Provides emergency expense and operating income during a partial or complete shutdown or the farming operations.
- Dairyman's Endorsement** **FZ-2Y59**  
**Premium \$50**  
 Provides additional coverage's for dairy farm operations such as: transport vehicle coverage, dairy operations continuation expense, increased hay stack limits, reduced separation between stacks of hay, and first party milk contamination. Not available in Alaska, Hawaii, Louisiana, Mississippi, Rhode Island, and Texas.
- Debris Removal** **FP 04 21**  
 Provides coverage in excess of the 5% of the applicable limit of insurance already included.
- Loss of Farming Income** **FZ-4P91**  
 Provides coverage for loss of income resulting from the interruption of the farming operations. Coverage is applicable as a result of damage or destruction to designated farm buildings, farm structures, farm machinery and equipment (other than mobile machinery, vehicles, equipment and livestock).
- Modified Seeds, Plants, Grains and Crops**  
 Modified seeds, plants, grains, crops, organisms, animals or other material coverage may be purchased. Please contact Underwriter for available limits.
- Pollution Clean Up and Removal** **FP 04 22**  
 Policy provides coverage for \$10,000 annual aggregate and can be increased to \$500,000. Coverage applicable to property damage only at insured location and caused by a covered property cause of loss.
 

<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$75,000
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000
- Rental Reimbursement** **FZ-2S06**  
**Combine/Cotton Pickers \$30 per unit**  
**all other items \$25 per unit**  
 Provides coverage up to \$200 per day for 20 days of rental expenses in the event of loss or damage caused by a covered cause of loss. This endorsement is applicable only to scheduled mobile farm machinery, vehicles, and equipment.



# FRAUD STATEMENTS

THIS NOTICE IS PART OF YOUR APPLICATION FOR: \_\_\_\_\_  
TYPE OF INSURANCE

## GENERAL STATEMENT

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 [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

## APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

## APPLICABLE IN THE DISTRICT OF COLUMBIA

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

## APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

## APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

## APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

## APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

## APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

## APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

**APPLICABLE IN OKLAHOMA**

**WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.**

**APPLICABLE IN WASHINGTON**

**It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)