

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

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

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

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

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

DEDUCTIBLES – 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	\$ _____

TYPE OF FARM	
<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	

BILLING: <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	BILLING RECIPIENT: <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.

APPLICANT'S SIGNATURE	DATE	AGENT'S SIGNATURE	DATE

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
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FARM NAME			LIABILITY ONLY <input type="checkbox"/>	DISTANCE TO FIRE STATION HYDRANT MI FT

OPTIONAL COVERAGES

INCREASED SPECIAL PROPERTY LIMITS		
Item	Requested Limit*	Refer to Farm Quote for limits included.
Jewelry, watches, furs	\$ _____	
Money	\$ _____	
Securities	\$ _____	
Silverware	\$ _____	
Firearms	\$ _____	
<i>* Higher limits, broader coverage, use Schedule/Valuable Personal Property/Articles</i>		
INCREASED POLICY PROVIDED LIMITS		
Coverage	New Limit	Provided Limit
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	
Total Limit \$						
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:

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. ¹	Type 1, 2* or 3*	C/L ²	Val. ³	Type of Heat	Year Built	Roof		Sq. Ft.	EQ [†]		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"/>		
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													<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

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

COMBINE PLUS COMMERCIAL GENERAL LIABILITY/PERSONAL LIABILITY

Applicant: _____

Producer: _____

Coverages	Limit of Liability
COMMERCIAL GENERAL LIABILITY	
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)	\$ _____
PERSONAL LIABILITY	
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	
Business and Incidental Farming Activities		
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 #: _____
Additional Insureds		
	Additional Insureds:	
	Interest:	
	Additional CPL Name:	
Products/Completed Operations		
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 #: _____
Grazing Away From Premises		
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)	
	Domestic Workers' Comp <input type="checkbox"/> Inservant <input type="checkbox"/> Outservant	
	Other:	
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						

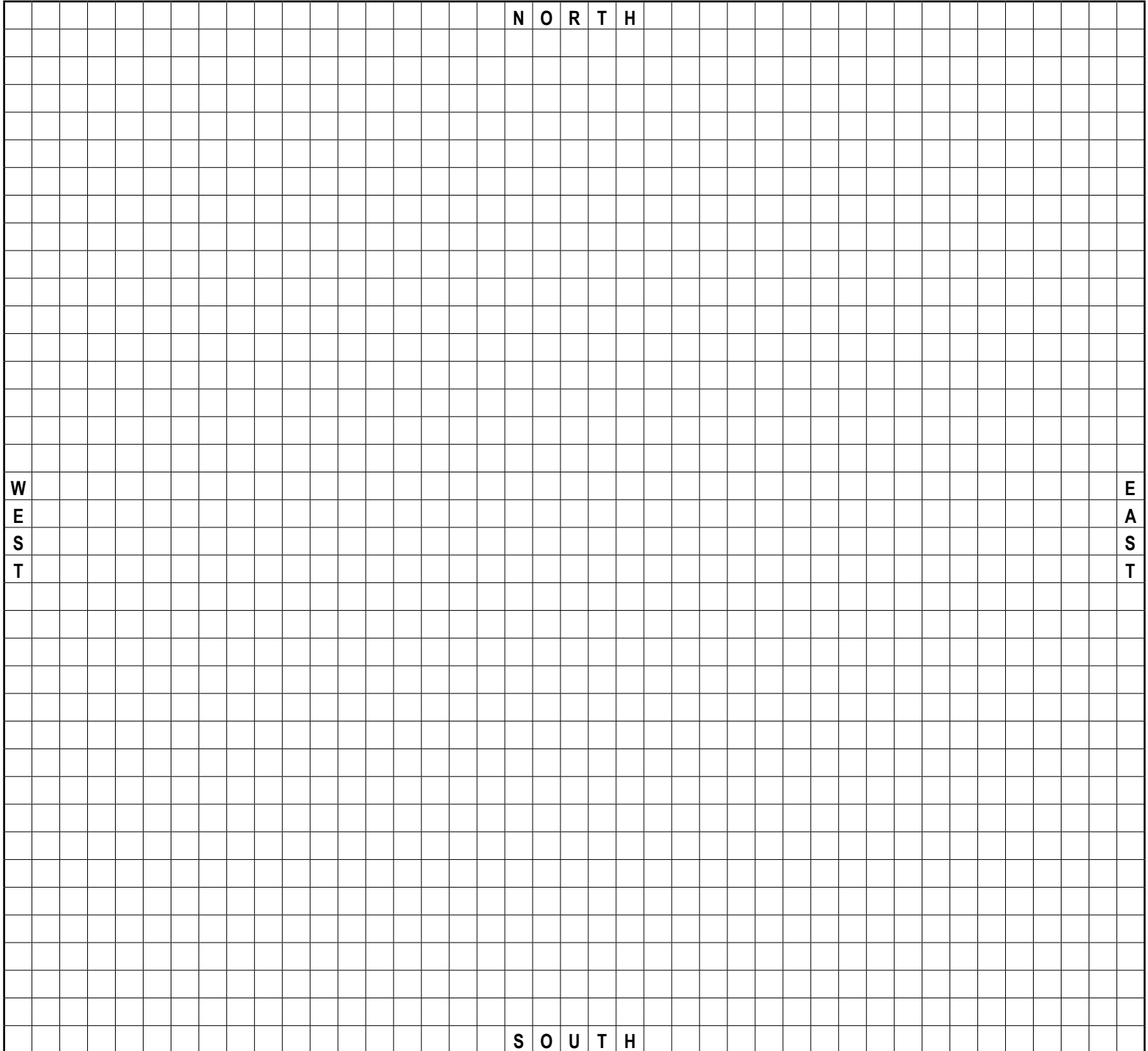
Underwriting Information		Yes	No
(1) Membership in an organized club concerned with any recreation vehicle?		<input type="checkbox"/>	<input type="checkbox"/>
(2) Used in organized race or competitive event?		<input type="checkbox"/>	<input type="checkbox"/>
(3) Stored at a location other than the applicant's 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"/>

Applicant: _____
Location: _____

Producer: _____

SHOW ALL BUILDINGS ON THE PREMISES (WHETHER INSURED OR NOT) AND DISTANCE IN FEET BETWEEN THEM. LABEL ALL BUILDINGS AND ATTACH DATED PHOTOGRAPH OF EVERY BUILDING. (INDICATE "NC" IF NOT COVERED.)

Complete one diagram for each location with insured structures.



- Notes: 1. Please provide directions to farm location from nearest cross street or main highway.
- 2. Original photos of all structures must accompany application.
- 3. Please complete a diagram for each location.

- 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)