

STROUD NATIONAL AGENCY INC.
 FARM AND RANCH OWNERS QUOTE
 Fax: 1-575-258-4413 Phone: 1-800-654-4056
ALL SPACES MUST BE COMPLETED

AGENCY INFO

Name:		Agency Code:	
Phone:		Fax:	
Contact:		Email:	

APPLICANT INFO

Name:		Entity Type:	
Mailing Address:			
City:	State:	Zip:	
County:	Phone:	Acres:	
Farm Type:			

LOCATION INFO

Address:		City:	
County:	St:	St p:	Zip:
Section:	Township:	Range:	
Inside City Limits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	# of Additional Locations with Buildings:

LIABILITY COVERAGE(S)

Liability Limit:	Occurance:	Aggregate:
Medical Payments Limit:		
Any business activities OTHER than farming or ranching conducted at any insured location?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Optional Coverages:	(ATV's, Watercraft, etc. Please describe)	

DWELLING – Costimator is required for all dwellings; Must be insured to at least 80% of value.

Form:	Basic <input type="checkbox"/>	c <input type="checkbox"/>	Broad <input type="checkbox"/>	Special <input type="checkbox"/>	Contents Only <input type="checkbox"/>
Deductible:	\$500 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	
Contents Form:	Basic <input type="checkbox"/>	Broad <input type="checkbox"/>	Special <input type="checkbox"/>	Limit:	50% <input type="checkbox"/>
Contents Valuation:	Replacement Cost <input type="checkbox"/>		or Actual Cash Value <input type="checkbox"/>		

DWELLING INFO

Year Built:		Mobile Home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total sq ft:	
Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>	Tenant Occupied <input type="checkbox"/>	Roof Type: Select One			
Construction:	Select	If Mobile, foundation?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Amount of Insurance:	\$	Value at 100% Replacement Cost:		\$		
What Updated:						
Wiring Year:	Plumbing Year:	Heating Year:	Roof Year:			
Garage sq ft:		Attached <input type="checkbox"/>	Detached <input type="checkbox"/>	Wood Stove: Yes <input type="checkbox"/>		No <input type="checkbox"/>
Protective Devices: Yes <input type="checkbox"/>						No <input type="checkbox"/>
Fire Protection: Within 5 miles of fire dept?			Within 1000 ft of hydrant?			
Yes <input type="checkbox"/>			No <input type="checkbox"/>	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Additional Water Source?						

BLANKET MACHINERY-Hay, Irrigation or Harvest equipment must be scheduled separately. Also, there is a separate rate for livestock

Amount of Insurance:	\$
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SCHEDULED FARM PERSONAL PROPERTY

Year	Make	Model	Peril	Limit	Ded

BARNs, OUTBUILDINGS AND ADDITIONAL DWELLINGS

(All values under \$4,000: Type 3 – Any open building, all hay barns: Type 2 or 3, Barns over 1 story, Type 2- Must insure at least \$7.50 per sq ft – Dwellings at 80% of costimator)

Type/Description	Year	Sq Ft	Construction	Roof Type	Perils	Limit	Ded

OPTIONAL PROPERTY COVERAGES:

Description	Limit of Insurance (if applicable)

APPLICANTS LOSS HISTORY (Last 5 years, regardless of location)

Date of Loss	Description	Amount

Premium of Existing/Expiring Policy:

Notes or comments about the risk:
