

RATING INFORMATION AND WORKSHEET

DWELLINGS: Describe Principal & Secondary Residence

ITEM NO.	YEAR BUILT	SIZE X	NO. OF STORIES	OCCUPANCY	BASEMENT	HEATING	THERM.	CHIMNEY (MASONRY TO GROUND LINED OR UNLINED OR METAL APPROV'D)	FUEL	RATE CLASS
				<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT NO. MTHS OCCUPIED	<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE	<input type="checkbox"/> FURNACE <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER <input type="checkbox"/> IN BASEMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO		PRIMARY..... AUXILIARY.....	<input type="checkbox"/> PREFERRED <input type="checkbox"/> STANDARD
				<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT NO. MTHS OCCUPIED	<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE	<input type="checkbox"/> FURNACE <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER <input type="checkbox"/> IN BASEMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO		PRIMARY..... AUXILIARY.....	<input type="checkbox"/> PREFERRED <input type="checkbox"/> STANDARD

COMPLETE IF DWELLING BUILT PRIOR TO 1955	ORIGINAL FURNACE <input type="checkbox"/> YES <input type="checkbox"/> NO Replacement Date (Approx.).....	ORIGINAL WIRING <input type="checkbox"/> YES <input type="checkbox"/> NO Replacement Date (Approx.).....	ORIGINAL ROOF <input type="checkbox"/> YES <input type="checkbox"/> NO Replacement Date (Approx.).....	WATER SUPPLY PIPES ARE <input type="checkbox"/> COPPER <input type="checkbox"/> IRON <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER	ELECTRICAL SERVICE PANEL <input type="checkbox"/> ORDINARY FUSES <input type="checkbox"/> TAMPER PROOF FUSES <input type="checkbox"/> AUTOMATIC CIRCUIT BREAKERS
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MOBILE HOME	YEAR	MAKE	SERIAL No.	SIZE	FUEL	SKIRTED	TIEDOWNS	GYPROC INTERIORS
					Primary..... Auxiliary.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	FOUNDATION <input type="checkbox"/> BLOCKS ONLY <input type="checkbox"/> CONCRETE PILINGS <input type="checkbox"/> CONCRETE PAD <input type="checkbox"/> FULL CONCRETE BASEMENT					HEATING UNIT IN BASEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	OCCUPANCY <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	

If solid fuel is used for primary or secondary heating, complete a woodburning questionnaire and submit with photo.

Fire Protection: Within 1000 ft. of a hydrant _____; within 5 miles of a responding fire hall _____; unprotected _____

SEASONAL DWELLING: Construction Walls: _____ Roof: _____ Chimney: _____
MASONRY TO GROUND LINED, UNLINED OR METAL APPROVED

LOCATION: LOT..... BLOCK..... PLAN..... BEING NO:..... ON THE..... SIDE OF..... (St.) (Ave.) IN THE RESORT OF..... Distance from responding fire hall..... miles.	Coverages	Insurance	Rate	Premium
	Building - fire and e.c.	\$		\$
	Contents fire and e.c.			
	Glass			
	Malicious damage			
	Burglary & Robbery Extension			
TOTALS		\$		\$

Scheduled Articles Floater: All Risk

Jewellery, Fine Arts, Cameras valued over \$1000 require appraisal or bill of sale.
Furs valued over \$2000 require appraisal or bill of sale.

Deductible Option: \$ _____

Item No.	Description of Item	Amount of Insurance	Rate	Premium

Boat & Motor Floater: All Risk

Deductible \$ _____

Description:	Make & Model	Year	Serial Number	Horsepower or Length	Amount of Ins.
BOAT:					
MOTOR(S) 1.					
2.					
BOAT TRAILER:					
MISCELLANEOUS ACCESSORIES AND EQUIPMENT					

BOAT, MOTOR, TRAILER & MISCELLANEOUS ACCESSORIES

Amount of Insurance \$ _____ Rate _____ TOTAL PREM. _____

FARM OUTBUILDINGS & CONTENTS

SCHEDULED

Deductible Option: \$ _____

Extended Coverages and Malicious Damage or All Risk applies only to those items that qualify and must be designated below (✓ designates coverage)

OCCUPANCY (USE)	YEAR BUILT	SIZE X	WALL CONST.	ROOF CONST.	CONC. FOUND.	ELEC. ?	TYPE OF HEATING UNIT	TYPE OF FUEL	HEAT LAMPS	R.C./ ACV	COVERAGE AMOUNT	FIRE & LIGHT-	FIRE & E.C. RATE	ALL RISK RATE	TOTAL RATE	PREMIUM
1.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC						
2.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC						
3.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC						
4.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC						
5.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC						
6.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC						
7.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC						
8.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC						
9.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC						
10.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC						
11.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC						
12.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC						
13. Contents of Item # _____ only while contained therein, and excluding motor driven implements and vehicles																
14. Contents of Item # _____ only while contained therein, and excluding motor driven implements and vehicles																
15. Contents of Item # _____ only while contained therein, and excluding motor driven implements and vehicles																
16. Contents of Item # _____ only while contained therein, and excluding motor driven implements and vehicles																
TOTAL																

IMPORTANT:

The following questionnaire **must be answered in full.**

- State in which building(s) gasoline is store. If stored outside, how many feet from building(s) is tank located? _____
- To be eligible for Extended Coverage on Pole Barns, the following information is required:
 - Photographs showing open side and closed side.
 - Are the poles treated to prevent rot? _____
 - Depth of poles in ground? _____
- State which buildings are Specialty Risks: _____
(Specialty Risks are: Dairy Barns - over 35 milk cows; Hog Barns - over 100 hogs)

CORRALS & FENCES: FIRE & LIGHTNING

Deductible Option: \$ _____

Location	Amount of Coverage	Rate	Premium
TOTAL			

FARM TOOLS: COVERAGE: FIRE ALL RISK SCHEDULED BLANKET

Deductible Option: \$ _____

Item No.	Description	Building Usually Stored In, If Any	Amount of Insurance	Rate	Premium
TOTAL					

FARM MACHINERY We recommend that you insure to 100% of the current value.

Coverage Required: Scheduled Fire Floater
 Blanket Fire Floater Deductible Option: \$ _____

Item No.	Year Built	Manufacturer & Type of Machinery	Model No.	Serial Number	Building in Which Machinery is Stored	Amount of Insurance	Rate	Premium
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

LIVESTOCK Coverage Required: Fire Floater Deductible Option: \$ _____ **TOTAL:** _____

Blanket Cover		Co-Insurance requires insurance to at least 80% of total value of each Class of Animal	Amount of Insurance	Rate	Premium
Class of Animal:	Maximum Limit per Head				
Cattle					
Hogs					
Horses					
Sheep					
Scheduled Cover	Blanket Cover Totals				
Item	Description and Identification of Animals Ear Tag or Tattoo Required				
Indicate Use of Horses _____	Scheduled Cover Totals				

FODDER & FEEDS No Deductible Deductible Option: \$ _____ **TOTAL:** _____
 Coverage Required: Blanket Fire, Lightning & Explosion Specified Location Broad Named Perils

Coverage	Co-Insurance	Amount of Insurance	Rate	Premium

THRESHED GRAIN Deductible Option: \$ _____ **TOTAL:** _____
 Coverage Required: Blanket Fire, Lightning & Explosion Specified Location Broad Named Perils

Item No.	Building Description	Kind of Grain	No. of Bushels	Amount of Insurance	Rate	Premium

MISCELLANEOUS FARM PROPERTY Deductible Option: \$ _____ **TOTAL:** _____
 Coverage Required: Fire, Lightning & Explosion All Risk

Item No.	Description of Goods	Building Usually Stored In	Amount of Insurance	Rate	Premium

TOTAL: _____

FERTILIZER & FARM CHEMICALS

Deductible Option: \$ _____

Coverage Required: Fire, Lightning & Explosion

All Risk

Item No.	Description	Building Usually Stored In, If Any	Amount of Insurance	Rate	Premium
TOTAL:					

LIABILITY COVERAGES

I. Limits of Liability required:			Premium
Coverages	Limits of Liability		
Bodily Injury and Property Damage	\$ each occurrence		\$
Medical Payment	\$ 1000.00 each person		\$ INCLUDED
Voluntary Property Damage	\$ 250.00 each occurrence		\$ INCLUDED

II. Rating Information:		Premium	
(All questions must be answered)			
1. Total acres farmed by Insured:		\$	
2. Total acres farmed by Others:		\$	
3. Advise land description of all acreage owned or operated by Insured.			
4. Residences (not on farm premises):			
	Location	Occupied by Insured or Tenant	No of Families therein
i.			\$
ii.			\$
iii.			\$
5. Custom Farming in Canada only:	Give Estimated Annual Gross Receipts:		\$
	\$		\$
6. Watercraft (Outboards & Inboards) in excess of 24 H.P.:	State H.P.:		\$
	State Max. speed capacity (M.P.H.):		\$
7. Additional Insured(s):			\$
Please state full name			\$
8. Swimming Pools:			\$
Capable of being filled to a depth of more than 30 inches			\$
Fenced <input type="checkbox"/> YES <input type="checkbox"/> NO			\$
10. Incidental Business operations (other than farming):			
State type of business _____			\$
Give Estimated Annual Gross Receipts \$ _____			\$

Total Premium	\$
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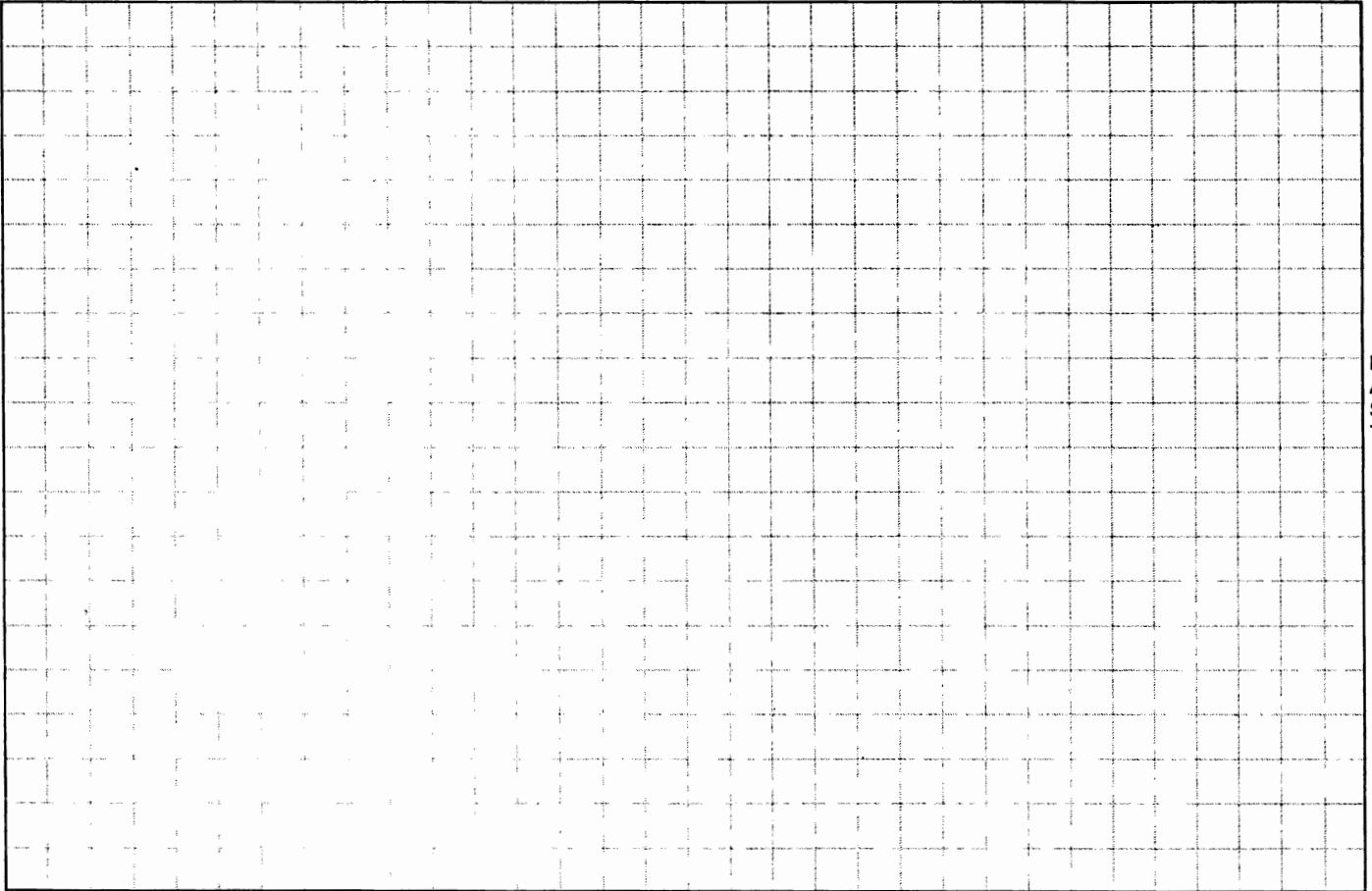
DIAGRAM

Indicate all buildings whether insured or not and give the distance between each building. Also, give the dimensions and occupancy of each building. Show where all gas storage tanks are located.

NORTH

WEST

EAST



SOUTH

PHOTOGRAPHS

Photographs are essential and should be submitted showing the dwellings and other farm buildings:

GUARANTEED REPLACEMENT COST

If dwelling is to be insured for guaranteed replacement cost, a guaranteed replacement cost brochure must be completed and submitted with the application.

IMPORTANT

ADDITIONAL UNDERWRITING INFORMATION

1. If the insured is in the name of a Corporation, please advise the name(s) of all principal owners:

2. Does the Insured hold title to the property described in this application? YES NO

If NO, explain _____

3. What percentage of the Insured's time is spent farming? _____ %

If less than 50%, explain _____

AGENT'S REPORT

1. How long have you known applicant -- Just met; Personally years; Through business years.

2. What is the condition of Dwelling? Outbuildings? Housekeeping?

3. On what date did you last examine the premises? Recommendation of risk Excellent Good Fair

4. Any other insurance carried with us? Yes No

If yes, give Policy Numbers:

5. Do the amounts of insurance comply with the various co-insurance clauses in the policy? Yes No

If no, explain.....

6. What type of farming is the Applicant engaged in?

DATE: AGENT'S SIGNATURE: