

PRIORITY ONE INSURANCE
Request for Personal or Farm Liability

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- **Quotes ONLY do not need photos or payment submitted**
- **INCLUDE ALL land and dwellings owned and leased on your request. Complete APPLICANT INFORMATION and PERSONAL LIABILITY. If land owned and leased exceeds 9 acres OR farm/ranch operation OR farm animals on owned or leased, complete FARM Liability, also.**
- **STANDARD handrails & porch railing are required if there are 2 or more steps into entrance of any building.**
- **BEFORE photos are sent, all debris that is a liability risk should be cleared, proper handrails installed on porches and steps and pool fences with locked gate**
- **Property must be insured with GAFM, in Texas and individually owned.**
- **The applicant(s) should be the owner(s) same name(s) as on the county's appraisal district site, GAFM and Priority One policies. If only 1 spouse is owner, the other may be a "Co-applicant", "Additional Insured" or not insured. If additional applicant owns separate property, submit a separate Request to insure that property separately.**
- **If there are additional acres or dwelling(s) owned or leased to or from others, complete ADDITIONAL ACRES and/or ADDITIONAL DWELLING below.**

An application for signature will be sent after all information below is received. Effective date will be on or after the date the application is signed and payment is processed.

- **Completed Liability Request**
- **Completed Payment Method Form**
- **Photos in .jpeg format of all sides of:**
 - **Dwelling(s), outbuilding(s) clearly showing all entrances, porches and hand rails. Photos showing handrails a height of 34" - 38" with balusters on both sides of steps from top to bottom of step.**
 - **Perimeter farm/ranch fence**
 - **Pool (1) views of all sides w/home in view (2) pool fence & locked gate. If in rural area, photos of (1) perimeter fence & gate (2) indicate pool's distance from road, (3) distance to nearest neighbor (4) if there are children in household or living nearby.**

Applicant Information

Prior Liability Company _____ **Policy #** _____ **Expiration date** _____
If none, please state reason for not having liability insurance _____

APPLICANT _____ **Birthdate** _____

Occupation _____ **Marital Status:** _____ **SSN** _____

Co-Applicant _____ **Birthdate** _____

Occupation _____ **Marital Status:** _____ **SSN** _____

Relationship to applicant: _____ Y N **Lives in primary dwelling?**

Address _____ **Zip Located:** City Rural

Dwelling On primary farm Owner Occupied Single Family Duplex Vacant

MAILING Address same OR _____ **City** _____ **Zip**

_____ **# acres at dwelling** **Phone #** _____ **Email** _____

PERSONAL LIABILITY

Select desired Liability Limit for Each Occurrence: \$100,000 \$300,000 \$500,000

Y N

1. Are proper handrails installed when there are 2 or more steps into any entrance of any building?

2. Are any exotic pets on owned OR leased property Type _____ # _____

3. Do you own any animals that have injured anyone or damaged anyone's property? Describe _____ Claim Date _____

4. Do you have pending liability claims that? have not been settled or 2 or more claims in the last 3 or more years. Describe on additional sheet with claim date.

5. Is there a small office in your home in a building on premises? Describe office/business _____ Annual receipts \$ _____

6. Do you have more than 2 residence employees (maids, cooks, etc)

7. Is a Rottweiler, Pit bulldog/breed referred as such, Chow, Doberman on property?

8. Is a pool on the property? fenced locked gate empty in ground above ground

slide diving board fenced **RURAL:** perimeter fenced locked gate _____ ft distance

from road _____ ft distance to nearest neighbor children in household children living nearby

FARM LIABILITY

(Complete above information, also)

Select desired Liability Limit for Each Occurrence \$100,000 \$300,000 \$500,000 \$1,000,000

___ # Total acres owned and leased (For acres not adjoining primary farm complete Additional Acres below)

___ # Acres primary farm Insured maintains Leased to others

___ # Other acres owned Insured maintains Leased to others

___ # Acres Leased from others

Y N

1. Are farm animals on primary farm maintained by you others ___ # and ___ Type Animals used for Farm/Ranch Operation Pleasure Other _____

2. Are hunting or other sporting events held on PRIMARY farm? Annual gross receipts \$ _____

Perimeter Fence: Field Panel Barb ___ #strands Other _____

FENCES: If insured has any kind of livestock, barbed wire must have minimum of four (4) strands of wire and in good condition, electric fences must have minimum of three (3) strands of wire and be in working order, and gates need to be properly installed and secured to keep animals in.

ADDITIONAL ACRES

___ # acres Owns Insured maintains Leases to Others Leases from others

Applicant Name _____ Property in: City Rural

Acres Address _____ City _____ County _____ Zip _____

Y N

1. Are additional acres located within 5 miles of farm maintained by insured

2. Adjoins Primary farm or other acres? Address of the acres adjoining or within 5 mile _____

3. Do you Farm/Ranch these acres? _____ Type _____ # of animals Animals used for Farm/Ranch Operation Pleasure Other _____

Perimeter Fence: Field Panel Barb ___ #strands Other _____

4. Is there a dwelling outbuildings on Additional Acres?

5. Is a pool on the property? fenced locked gate empty in ground above ground slide diving board fenced RURAL: perimeter fenced locked gate ___ ft distance from road ___ ft distance to nearest neighbor children in household children living nearby

ADDITIONAL DWELLING - Max 5 owns leased to others leased from others

Applicant Name _____ Property in: City Rural _____ # acres
Add'l Dwelling Address _____ City
_____ County _____ Zip

Dwelling: primary farm leased farm owner's secondary dwelling (including occupied by partner, co-owner or relative) rental single family duplex vacant

Y N

- 1. Are proper handrails installed when 2 or more steps into any entrance of any building?
- 2. Does this residence have an office? Describe office/business _____
annual receipts \$ _____
- 3. Are any of these dogs on property: Rottweiler, Pit bulldog/breed referred to as such, Chow or Doberman?
- 4. Is a pool on the property? fenced locked gate empty inground above ground slide diving board fenced RURAL: perimeter fenced locked gate _____ ft distance from road _____ ft distance to nearest neighbor children in household children living nearby

ADDITIONAL INSURED (partner, co-owner or relative other than spouse)

Name _____ Relationship to applicant _____

Birthdate _____ Occupation _____ Occupation Address _____ St
_____ City Marital Status _____ SSN _____

Additional Insured's Address _____ City _____ Zip

- Lives with insured Rents Has own liability policy

SOME OPTIONAL COVERAGES available for an additional premium

- Animal collision (\$400 limit paid per head - rates based on # of head)
- Custom farming (receipts in excess of \$2,000 - rates based on annual gross receipts)
- Farm employees (rates based on full-time or part time and # of days worked per year)
- Medical payments for business visitors (rates based on amount of limit of liability selected)
- Watercraft-less than 26' less than 200 HP, no houseboats or barges (rates based on length and HP)
- Residential employees in excess of 2 employees (rates based on amount of limit of liability selected)

**RVOS FARM MUTUAL INSURANCE COMPANY
PRIORITY ONE INSURANCE COMPANY
NEW CENTRY INSURANCE COMPANY**

P.O. Box 6106, TEMPLE, TEXAS 76503
890 792-3084
Fax (254) 773-4944

Select Payment Option:

RECURRING AUTOMATIC BILL PAYMENT AUTHORIZATION

ONE-TIME PAYMENT

Our company is pleased to offer our policyholders the convenience of automatic bill payments. Insurance premium payments are made automatically using Electronic Funds Trans (EFT) or by credit card including debit cards.

Name on Policy _____

Account Number _____ Policy Number _____

Please complete the section that applies below

Please forward the following to the above address:

1. Completed form with signature.
2. Attach a voided check for the account you wish to have drafted if selecting EFT. Please complete the section that applies below

Bank Account Information:

Bank Name _____ Routing No. _____ **Checking** **Savings**

Name on Account _____ Bank Account No. _____

Credit Card Information **Visa** **MasterCard** **Discover/Capital One** **American Express**

Cardholder Name as it appears on the card _____

Credit or Debit Card Number _____ **Cardholder Billing Zip** _____

Expiration Date _____ **CCV# (on back of card)** _____

The authority will remain in full force and effect until written notice of termination is provided to the company in such time and manner as to afford the company and my bank a reasonable opportunity to act upon it. I authorize the company to initiate credit card or debit entries (EFT) to the account listed on or after the due date in the amount of the current month's premium. I also understand that the services are established solely for my convenience and may be terminated or modified by the company at any time without notice. I am responsible for the payments to the company in the event that funds cannot be collected from my credit card or bank account.

X _____ Date _____