

# PRIORITYONE

**INSURANCE CO.**  
P. O. Box 6108  
Temple, TX 76803-6108  
A Capital Stock Company  
1-800-328-3379

## APPLICATION FOR FARM LIABILITY

Application ID: \_\_\_\_\_

### APPLICANT:

### CO-APPLICANT:

Phone: \_\_\_\_\_

### PROPERTY LOCATION (INCLUDE COUNTY):

German American Insurance Agency  
Cindy Krieg, Sub Agent  
P O Box 155  
Coupiland, Texas 76616

Phone: 512 868-2688

### PRODUCER:

Cindy J. Krieg

Code:

### POLICY INFORMATION

Policy Form	Dwelling Type	Acres with Dwelling	Effective Date	Expiration Date
FL				

### APPLICANT INFORMATION

Applicant's Occupation	Marital Status	Date of Birth	Social Security #
Co-Applicant's Occupation	Marital Status	Date of Birth	Social Security #

### COVERAGES

Liability Limits(Each Occurrence)	Medical Limits(Each Occurrence)	Damage to Property of Others
	\$1,000.00	\$500.00

### ENDORSEMENTS

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> FL-100 Fungus or Spore Exclusion<br><input checked="" type="checkbox"/> FL-200 Dog Exclusion<br><input type="checkbox"/> FL-0407 Additional Insured and Residence Premise<br><input type="checkbox"/> FL-0408 Additional Residence Rented Without Office<br><input type="checkbox"/> FL-0482 Additional Residence Maintained With Office<br><input type="checkbox"/> FL-0482 Office, Professional Private School, or Studio Use<br><input type="checkbox"/> CG 22 45 Exclusion-Specified Health or Cosmetic Services<br><input type="checkbox"/> FL-0480 Additional Insured-Partner or Co-Owner<br><input type="checkbox"/> FL-0489 Custom Farming | <input type="checkbox"/> FL-0465 Farm Employer's Liability<br><input type="checkbox"/> FL-300 Hunting &/or Recreational Land Use<br><input checked="" type="checkbox"/> FL-500 Animal Collision<br><input type="checkbox"/> FL-0483 Watercraft<br><input type="checkbox"/> FL-400 All-Terrain Vehicle<br><input type="checkbox"/> FL-600 Specified Animal Exclusion<br><input type="checkbox"/> Residence Employees<br><input type="checkbox"/> Duplex With Office (with primary farm)<br><input type="checkbox"/> Duplex Without Office (with primary farm) |
|--|--|

## Farm Liability Application Questions

Y N

- 1. Is the applicant an individual, not a company or corporation? If NO: applicant is not an eligible applicant. Do not submit an application.
- 2. Is German American's dec page submitted?
- 3. Are photos of all 4 sides of dwelling submitted?
- 4. What are the total acres on all locations \_\_\_\_\_ # acres at the primary location \_\_\_\_\_
- 5. Are there farm animals on the property? If yes: Type \_\_\_\_\_ Number \_\_\_\_\_
- 6. Does applicant farm or ranch the property?
- 7. Does applicant lease/rent farm land to others? If yes, on additional page list the # of acres and location(s) including the county and if counties adjoin.
- 8. Are any of the listed properties fenced? Y: fence type \_\_\_\_\_ #strands wire \_\_\_\_\_
- 9. Are there any exotic pets? If yes, what type \_\_\_\_\_
- 10. Does applicant currently own any animal that has injured or damaged anyone else's property? If yes, specified animal exclusion endorsement will be applied and signed by insured.
- 11. Does applicant have any pending liability claims that have not been settled and/or have more than 2 prior medical payments or claims in the past 3 years?
- 12. Does applicant have a swimming pool? If yes, is it completely surrounded by a fence with a locked gate? Y  N  **Submit Pictures**
- 13. Does applicant's home have 3 or more steps? If yes, is there a handrail? Y  N
- 14. Does applicant own a secondary residence:  single family  duplex  rental  owner occupied. **Submit Photos**
- 15. Does applicant have more than 2 residence employees (maids, cooks, nurses)?
- 16. Does applicant want optional employee liability? If yes: # Employees working: 180 days or more \_\_\_\_\_ Over 40 days \_\_\_\_\_ 40 days or less \_\_\_\_\_
- 17. Does applicant have a small office in their home? If so, provide type of office \_\_\_\_\_ annual receipts \$ \_\_\_\_\_
- 18. Does applicant want optional custom farming? If so, what are the annual receipts for custom farming? \$ \_\_\_\_\_

**Applicant's statement: I have read the above application and I declare that to the best of my knowledge and belief of the foregoing statements are true.**

<b>Applicant's Signature</b>	<b>Date</b>	<b>Agent's Signature</b>	<b>Agent</b> Cindy J Kiteg

## **DOG EXCLUSION ENDORSEMENT**

The Policy does not provide for and will not cover any loss caused by any of the following breeds of dogs or dogs having any mix or portion of the following breeds whether owned by you or in your possession or control.

Excluded breeds of dogs:      Rottweiler  
   Pit bulldog or Staffordshire terrier (or any other breed referred to as such)  
   Chow  
   Doberman

You, by your signature hereon, consent to the limitation of this endorsement.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

This exclusion is absolute and supersedes any portion of the policy which is inconsistent with this exclusion or which provides coverage to any party for liability whether directly or vicariously, for such animal.

All other provisions of this policy apply.

**RVOS FARM MUTUAL INSURANCE COMPANY  
PRIORITY ONE INSURANCE COMPANY  
NEW CENTURY INSURANCE COMPANY  
P. O. BOX 6106, TEMPLE, TEXAS 76503  
800-792-3084  
Fax: (254) 773-4944**

**Recurring Automatic Bill Payment Authorization**

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

**Please complete the section that applies below.**

Name as shown on account: \_\_\_\_\_

Account Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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.
3. 2 months down payment if submitting by check.

**Bank Account Information:**

Bank Name: \_\_\_\_\_ Transit/ABA No: \_\_\_\_\_

Checking ( ) Savings ( ) Account No: \_\_\_\_\_

**Credit Card Information:**

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express

Credit or Debit Card Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV # (on back of card): \_\_\_\_\_

Cardholder Name as it appears on the card: \_\_\_\_\_

This 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 above 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.

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

Submit application with a check payable to Priority One for the premium or pay by credit card.  
(credit card info: type, name on card, card #, exp. date, CCV#, card zip code)