

QUESTIONNAIRE - INDIVIDUALS ONLY

PRIORITY ONE INSURANCE

Complete pages 1 & 2 for Personal Liability and 1, 2 & 3 for Farm Liability

Cindy Krieg, Agent cindy@gafmins.com 512 856-2598 Date _____

*****REQUIREMENTS*****

- 1) Primary dwelling must be insured with GAFM. All properties must be located in Texas.
- 2) Both married spouses names must be exactly the same on GAFM AND Priority One policies
- 3) If 2 or more steps are into entrances of any building, handrails & porch railing are required.

*****PROCESS*****

- 1) Email: (a) Questionnaire AND Payment Method (b) photos (jpeg) of all sides of dwelling, outbuildings AND, if applicable, photos of pool with view of home, fence & locked gate.
(c) GAFM dec page
- 2) When the above information is received, premium will be calculated and application generated for applicant(s) signature(s) and payment. Effective date will be the date the application is generated, signed and payment is submitted to Priority One Insurance. Quotes Only do not need photos.

GAFM Policy # _____ Eff date _____ Exp date _____ QUOTE ONLY Y N

Total Property Value Amount insured on this policy \$ _____

APPLICANT _____ Applicant's Birthdate _____

Applicant's Occupation _____ Marital Status: M W S SSN _____

Co-Applicant _____ Co-Applicant's Birthdate _____

Co-Applicant's Occupation _____ Marital Status: M W S SSN _____

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

Dwelling Address _____, _____ City _____ County _____ Zip _____

City Rural On primary farm Owner Occupied Single Family Duplex Vacant

MAIL Address _____, _____ City _____ County _____ Zip _____

acres at dwelling _____ Phone # _____ Email _____

ADDITIONAL INSURED

Name _____ Birthdate _____ Relationship _____

Occupation _____ Marital Status: M W S SSN _____

Additional Insured's residence is: Owned Rented Y N Insured with GAFM Pol # _____

Insured Address: _____, _____ City _____ Zip _____

(If Additional Insured requests liability on their owner-occupied residence, please submit a separate questionnaire.)

(If more than 1 partner, co-owner or relative, attach additional page with same information for each Additional Insured)

INDIVIDUALS ONLY

*****SELECT LIMITS*****

PERSONAL LIABILITY

(Owns **LESS** than 9 acres and has **NO** farm animals **OR** farming activity on owned or leased land)

Liability Limits for Each Occurrence

Select One
\$100,000 \$300,000 \$500,000

\$_____ Total Property Value on this GAEM Dec Page Policy

Y N

- _____ 1. Are there 2 or more steps into any entrance of any building?
- _____ 2. Do you own and/or lease an additional dwelling that is _____ ON primary farm or
_____ ON leased farm? List on Additional Dwelling (page 4)
- _____ 3. Are any exotic pets on owned OR leased property? Type _____ # _____
- _____ 4. Do you own any animals that have injured anyone or damaged anyone's property
Describe _____ Claim Date _____
- _____ 5. Do you have pending liability claims that: _____ have not been settled and/or _____ 2 or
more claims in the last 3 or more years. Describe on additional sheet with claim date.
- _____ 6. Is there a small office in your: _____ home; in a _____ dwelling rented to others?
Describe type of office/business type business: _____
Annual receipts \$ _____
- _____ 7. Do you want **OPTIONAL Business Visitors medical payments**?
- _____ 8. Do you have more than 2 residence employees (maids, cooks, etc)
- _____ 9. Do you want **OPTIONAL employee liability**? If yes: Type of work _____
of Employees working: _____ 180 + days _____ 41 + days _____ 40 days or less
- _____ 10. Are any of these dogs on this property: Rottweiler, Pit bulldog/Staffordshire terrier
or any other breed referred to as such, chow or doberman?
- _____ 11. Is there a pool on the property? If yes: _____ fenced _____ locked gate _____ empty _____ in
ground _____ above ground _____ slide _____ diving board
- _____ 12. Are there any outbuildings? (Pictures (jpeg) of all sides are required)

COMPLETE ONLY IF YOU HAVE ADDITIONAL DWELLING(S) AND/OR ACRES

Priority One Insurance Company

Cindy Krieg, Agent cindy@gafmins.com 512 856-2598

******* REQUIREMENTS *******

- 1) *Primary and rental dwellings must be insured with GAFM. All properties must be in Texas.*
- 2) *Both married spouses names must be exactly the same on GAFM AND Priority One policies*
- 3) *If 2 or more steps are into entrances of any building, handrails & porch railing are required.*

ADDITIONAL DWELLING Maximum 5 rental dwellings

GAFM Policy # _____ (additional dwelling) Eff Date _____ Exp Date _____

Total Property Value Amount insured on this policy \$ _____

Applicant _____ Property in: _____ City _____ Rural _____ # acres w/dwelling

Add'l Dwelling Address _____, _____ City _____ County T _____ Zip

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

Y N

- _____ 1. Are there 2 or more steps into any entrance of any building?
- _____ 2. Does this residence have an office? Describe type of office/business type business: _____ annual receipts \$ _____
- _____ 3. Are any of these dogs on this property: Rottweiler, Pit bulldog/Staffordshire terrier or any other breed referred to as such, chow or doberman?
- _____ 4. Is there a pool on the property? Is it _____ empty _____ in ground _____ above ground _____ slide _____ diving board. Submit Photos of pool, fence & locked gate (with home in view).
- _____ 5. Are there any outbuildings? (Pictures (jpeg) of all sides are required)

ADDITIONAL ACRES

Applicant _____ Property in: _____ City _____ Rural _____ # acres

Add'l Acres Address _____, _____ City _____ County _____ Zip

Applicant: _____ maintains _____ owns _____ leases FROM Others _____ leases TO Others

Applicant: _____ farms or ranches or _____ other purpose

Y N

- _____ 1 Is there a dwelling on this additional acreage? If yes, complete ADDITIONAL DWELLING Form above each dwelling
- _____ 2. Are farm animals on this property? If yes: _____ Type _____ # of animals
- _____ 3. Is this property fenced? Fence(type) _____ # strands of wire _____
- _____ 4. Does acres _____ adjoin other acreage and/or _____ within 5 miles of primary farm _____ outbuildings (GAFM Dec Page value \$ _____ pictures of all sides required)?
- _____ 5. Are there any outbuildings? (Pictures (jpeg) of all sides are required) If separate GAFM policy, what is the total property value insured on the GAFM dec page? \$ _____

PRIORITY ONE INSURANCE COMPANY

P. O. Box 6106, Temple, Texas 76503

ONE-TIME PREMIUM PAYMENT - FUTURE PREMIUMS ARE TO BE BILLED TO INSURED

Our company is pleased to offer our policyholders the convenience of paying their insurance premium automatically using Electronic Funds Transfer (EFT) or by credit card, including debit cards.

Please complete the section that applies below for the named policyholder.

Name as shown on Priority One Insurance Policy:_____.

Please forward the following:

- 1) Completed form with signature
- 2) Attach a voided check for the account being drafted

BANK ACCOUNT INFORMATION

Bank Name:_____ Checking () Savings ()

Bank Routing #_____

Account Name_____ Acct #_____

Signature of Authorized Checking Account Signer_____ Date_____

CREDIT CARD INFORMATION

____VISA ____MASTERCARD ____DISCOVER

Credit Card #_____ CCV#(on back of card)_____

Expiration date_____ Cardholder name_____

Zip Code of Cardholder_____

I authorize the company to initiate credit card or debit card (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.

Insured's Signature_____ Date_____

**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