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.*

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*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 GAFM Dec Page Policy

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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)

INDIVIDUALS ONLY

FARM LIABILITY

(Owns MORE than 9 acres OR has farm animals OR farming activity on owned or leased land)

Liability Limits for Each Occurrence

Select One
$100,000 $300,000 $500,000 $1,000,000

____*# ALL ACRES* ____*# ACRES on PRIMARY FARM* ____*#OTHER ACRES OWNED* ____*#ACRES LEASED*
Complete ADDITIONAL ACRES FORM (page 4) for all acreages separate from primary dwelling.

Acreage address: _____, _____*City* _____*County*_____*Zip*

Y N

____ ____**1. Completed pages 1 & 2 of the questionnaire?**

____ ____**2. Is your primary residence on greater than 9 acres?**

____ ____**3. Do the total acres at ALL locations (owned and leased) exceed 9 acres?**

____ ____**4. Do you farm/ranch owned acres?**

____ ____**5. Do you farm/ranch acres leased FROM others? Complete ADDITIONAL ACRES FORM (page 4)**

____ ____**6. Are farm animals on any acres you own? Type_____#_____**
Fence Type_____ #strands wire_____

____ ____**7. Are farm animals on any acres you lease TO others? Complete ADDITIONAL ACRES FORM (page 4)**

____ ____**8. Are farm animals on any acres you lease FROM others Complete ADDITIONAL ACRES FORM (page 4)**

____ ____**9. Do you want OPTIONAL farm employee liability? If yes: # of Employees working: ____180 days + _____ 41 + days _____ 40 days or less**

____ ____**10. Do you want OPTIONAL custom farming? If yes, what are annual receipts $_____**

____ ____ **11. Are there any outbuildings? (Pictures(jpeg) of all sides are required) If separate GAFM policy, what is the total insured value on the dec page? $_____**

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.***

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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

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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