

ACORD™ AGRICULTURE APPLICATION

APPLICANT INFORMATION SECTION

DATE

PRODUCER PHONE (A/C, No, Ext):	COMPANY COMPANY POLICY OR PROGRAM NAME PROGRAM CODE: ACCOUNT NO.
CODE: AGENCY CUSTOMER ID	SUB CODE: NEW RNWL EFFECTIVE DATE EXPIRATION DATE DIRECT BILL AGENCY BILL PAYMENT PLAN QUOTE BOUND (DATE):
	ISSUE POLICY POLICY TYPE DEPOSIT \$

INDICATE SECTIONS ATTACHED

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> PERSONAL INLAND MARINE
<input type="checkbox"/> SCHEDULED/UNSCHEDULED AGRI-PERSONAL PROPERTY	<input type="checkbox"/> AUTO	
<input type="checkbox"/> AGRI-BUSINESS LIABILITY	<input type="checkbox"/> UMBRELLA	

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)	FEDERAL ID #	MAILING ADDRESS (of First Named Insured)	PHONE (A/C, No, Ext):
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER	DATE BUS. BEGAN SIC	CONTACT PHONE (A/C, No, Ext):

TYPE OF FARM/RANCH

<input type="checkbox"/> FIELD CROPS	<input type="checkbox"/> MUSHROOMS	<input type="checkbox"/> GREENHOUSES	<input type="checkbox"/> BEES	<input type="checkbox"/> TOBACCO
<input type="checkbox"/> FRUITS	<input type="checkbox"/> NUTS	<input type="checkbox"/> NURSERY STOCK	<input type="checkbox"/> FUR BEARING ANIMALS	<input type="checkbox"/> POULTRY
<input type="checkbox"/> VEGETABLES	<input type="checkbox"/> FLOWERS	<input type="checkbox"/> SOD	<input type="checkbox"/> LIVESTOCK	
<input type="checkbox"/> DAIRY	<input type="checkbox"/> VINEYARDS	<input type="checkbox"/> WORMS	- TYPE:	

DESCRIBE FARM/RANCH OPERATIONS AND ANY INCIDENTAL BUSINESS ACTIVITIES

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	PROT CLASS	# ACRES TOTAL	# ACRES CULTIVATED	# ACRES IN PASTURE	FARMED BY	GROSS RECEIPTS

DOES APPLICANT HAVE ANY OTHER BUSINESS? (IF YES, DESCRIBE) YES NO

HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY? YES NO

DATE OF LAST INSPECTION

LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES FOR THE PAST FIVE YEARS

DATE OF OCCURRENCE	TYPE OF LOSS	DESCRIPTION OF OCCURRENCE	AMOUNT PAID

PRIOR INSURANCE INFORMATION

PRIOR CARRIER	TYPE OF INSURANCE	POLICY #	AMOUNT OF COVERAGE

HAS ANY POLICY BEEN CANCELLED OR NONRENEWED IN THE PAST 5 YEARS? IF YES, EXPLAIN. (NOT APPLICABLE IN MO) YES NO

GENERAL INFORMATION - PROPERTY

<p>1. IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, (A) SOURCE = <input type="checkbox"/> WELL <input type="checkbox"/> POND/LAKE <input type="checkbox"/> HYDRANT WITHIN 1,000 FT. <input type="checkbox"/> OTHER: _____</p> <p>(B) QUANTITY = <input type="checkbox"/> LESS THAN 1,000 GALLONS <input type="checkbox"/> 1,000-3,000 GALLONS <input type="checkbox"/> OVER 3,000 GALLONS</p>	<p>2. ARE ANY WOOD OR COAL FIRED STOVES USED IN ANY BUILDINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, EXPLAIN _____</p>
<p>3. ARE ANY BURGLARY AND/OR FIRE ALARMS ON THE PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, TYPE OF ALARM _____</p> <p>INDICATE FLOORS PROTECTED BY ALARM _____</p> <p>DIAGRAM # _____</p>	<p>4. DOES APPLICANT PERFORM MAINTENANCE ON EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF NO, PLEASE INDICATE TYPE OF REPAIRS DONE, WHERE PERFORMED AND BY WHOM _____</p>
<p>5. IS ENTIRE PREMISES OCCUPIED YEAR ROUND? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>6. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.) <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

GENERAL INFORMATION - LIABILITY

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. ARE INDEPENDENT CONTRACTORS HIRED TO PERFORM ANY FARMING OPERATIONS?			13. ARE THE DESCRIBED INSURED PREMISES THE ONLY PREMISES WHICH THE APPLICANT OR SPOUSE OWNS, RENTS OR OPERATES AS A FARM OR RANCH, OR MAINTAINS AS A RESIDENCE, OTHER THAN BUSINESS PROPERTY? IF NO, EXPLAIN.		
2. IS ANY PART OF THE FARM USED OR LEASED FOR ORGANIZED RECREATIONAL USE?			14. ANY NON-OWNED HORSES ON ANY INSURED PREMISES?		
3. DOES APPLICANT BUILD, REPAIR OR DESIGN MACHINERY, EQUIPMENT OR SYSTEMS FOR ANYONE AT A CHARGE OR FEE?			15. DOES INSURED BOARD, RACE, BREED OR RENT HORSES?		
4. DOES APPLICANT MIX, PROCESS, SLAUGHTER, BUTCHER OR OTHERWISE PREPARE FOR ANY "END CONSUMER" HIS OR ANY OTHER GROWER'S PRODUCT?			16. IS ANY LAND HELD FOR REAL ESTATE DEVELOPMENT OR SPECULATION?		
5. DOES APPLICANT HANDLE ANY PRODUCT, SUCH AS SEED, FERTILIZER, SPRAYS, ETC. FOR RESALE?			17. DOES APPLICANT MAINTAIN ANY VACATION OR SEASONAL PREMISES?		
6. ARE ANY CONTRACT OR SERVICE OPERATIONS PERFORMED FOR OTHERS SUCH AS SNOW REMOVAL, TILLING, EXCAVATING OR DITCHING?			18. IF DAIRY FARM, IS THERE ANY PROCESSING OF MILK?		
7. ARE THE FARM PREMISES OPEN TO THE PUBLIC FOR ACTIVITIES SUCH AS ROADSIDE STANDS, "U-PICK", RECREATIONAL, "RENT-A-GARDEN", AUCTION, SALES, SHOW, FOOD OR BEVERAGE SERVICE, HAY RIDES, FISHING, KENNELS, ANIMAL BOARDING, OR CHRISTMAS TREE SALES USES?			19. IF DAIRY FARM, IS THERE ANY RETAIL SALES OF MILK PRODUCTS TO PUBLIC? RECEIPTS		
8. ARE ANY PORTIONS OF THE FARM RENTED OR LEASED OR USED BY ANY OTHER INDIVIDUAL, CORPORATION OR INTEREST FOR OTHER THAN FARMING?			\$ _____		
9. IS THERE ANY UNUSUAL HAZARD SUCH AS (BUT NOT LIMITED TO) OPEN DUMP PITS, SILAGE PITS, SUMP HOLES, PONDS, LAKES OR RESERVOIRS?			20. NUMBER OF COWS MILKED _____		
10. IS THERE AN AIRSTRIP ON THE PREMISES?			21. ARE ANY PREMISES USED FOR HUNTING PURPOSES?		
11. ARE ANY "HOLD HARMLESS" OR "INDEMNIFYING" AGREEMENTS IN EFFECT?			<input type="checkbox"/> BY OWNERS: <input type="checkbox"/> RENTED TO OTHERS:		
12. IF LIVESTOCK IS KEPT, ARE ALL AREAS ADEQUATELY FENCED AND ARE FENCES IN A GOOD STATE OF REPAIR? IF NO, PLEASE EXPLAIN.			<input type="checkbox"/> NO CHARGE <input type="checkbox"/> FEE		
PREMISES IS IN: <input type="checkbox"/> OPEN RANGE AREA <input type="checkbox"/> CLOSED RANGE AREA			\$ _____		
			22. DOES APPLICANT MAINTAIN A NON-FARM OFFICE OR PRIVATE SCHOOL IN AN INSURED BUILDING?		
			23. IS THERE A SWIMMING POOL ON PREMISES?		
			IF YES, IS IT FENCED? _____		
			IS THERE A DIVING BOARD? _____		
			24. DOES APPLICANT SERVE ON ANY BOARDS FOR REMUNERATION?		
			25. IS THE APPLICANT A SUBSIDIARY OF ANOTHER?		
			26. DOES THE APPLICANT HAVE SUBSIDIARIES?		
			27. IS A FORMAL SAFETY PROGRAM IN EXISTENCE?		
			28. DOES APPLICANT HAVE ANY POTENTIALLY DANGEROUS ANIMALS OR EXOTIC PETS?		
			29. IS THERE ANY WATERCRAFT OR SNOWMOBILE EXPOSURE?		

REMARKS

ATTACHMENTS

		PHOTOS	APPRAISALS
		BILL OF SALE	INVENTORIES
		PREMISES DIAG.	

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR: IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.)

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE
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