

Farm Pollution Hazard Application

Coverage can only be bound for the Pollution Hazard Program by approved Lloyd's of London Correspondent, USA Agencies, Inc. DBA: Performance Insurance Services, Inc.

Producing Agency: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____	Brokering Agency: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____
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Applicant Information:

First Named Insured: _____ Other Named Insured: _____ Mailing Address Of First Named Insured: _____ Years in business: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fed. ID #: _____ Soc. Sec #: _____	Desired Effective Date: _____ To: _____ <u>For Home Office Use Only:</u> Date/Time: _____ Approved/Bound: _____ Certificate Number: _____ Premium: _____
<input type="checkbox"/> Individual	

Type of Farm/Ranch:

Check all that apply and List # of heads if applicable: <input type="checkbox"/> Cattle: _____ <input type="checkbox"/> Fruits: _____ <input type="checkbox"/> Vegetables <input type="checkbox"/> Dairy: _____ <input type="checkbox"/> Swine: _____ <input type="checkbox"/> Greenhouses <input type="checkbox"/> Field Crops # Acres: _____ <input type="checkbox"/> Poultry: _____ <input type="checkbox"/> Other: _____	Total Number of Acres Including OWNED, RENTED OR LEASED: _____ Describe Farm/Ranch Operations and any Incidental Business Activities: _____ _____
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Insurance Information:

Five Year Loss History:

Company name	Policy	Date of Occurrence	Type of Liability Loss
Auto			
Farmowners			

Has any policy been cancelled or non-renewed in the last 5 years? Yes No If yes, please explain: _____

1. Do all the named insureds reside on the premises described? Yes No If yes, please explain: _____
2. Does the named insured have interest in livestock or operational control of the premises? Yes No
3. Does the applicant do custom farming, custom spraying or any farm work for others? Yes No
4. Does the applicant raise or board horses, dogs or livestock for others? Yes No
5. Does the premises contain any commercial exposures? Yes No
6. Does your farm have any underground tanks, ponds, gravel pits or rock quarries on the premises? Yes No
7. Has the applicant entered into any contracts or hold harmless agreements? Yes No

Farm Pollution Hazard Application

8. Are there any Manure Lagoons on the property? Yes No

9. Do you store Farm Chemicals on premises, or on leased, or rented ground? Yes No

If yes, provide the following:

Type of Chemicals: _____ Location: _____ Storage Dates: _____ To: _____

Number of gallons: _____ Type of Storage Container: _____

Any "Yes" responses to the above 9 questions will require a supplemental application to be completed.

DISCLOSURE TO APPLICANT PURSUANT TO FAIR CREDIT REPORTING ACT. You are hereby notified that as a part of our routine procedure in reviewing applications for insurance, an investigative consumer report may be prepared. This inquiry includes information obtained through personal associates, financial sources, friends, neighbors, or others with whom you are acquainted and typically includes information about your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I hereby declare I have read the above questions and disclosure Pursuant to the Fair Credit Reporting Act, and that the answers to the above questions are complete and truthful. I request that a policy of insurance be issued in reliance thereof.

AGENT MUST COMPLETE AND SIGN

1. How long have you personally known the applicant? _____

2. Previously insured through your agency? Yes No If yes, how long? _____

3. Have you inspected the premises? Yes No If yes, when? _____

Coverage is not bound until USA Agencies, Inc. DBA: Performance Insurance Services, Inc. approves the application.

By signing this application, the applicant agrees that the answers he/she has given in applying for coverage are true and that no material fact has been withheld. If coverage is bound, the applicant or we will terminate the binder as a result of issuance of this policy or cancellation. If we cancel, a notice will be sent.

_____ Date

_____ Applicant

_____ Agent

UNDERWRITING QUESTIONS

ALL QUESTIONS MUST BE ANSWERED

1. Do all the named insureds reside on the premises described? Yes No
If no, use remarks section.
2. Has similar insurance been cancelled or refused by another company? Yes No
(Not applicable in Missouri)
If yes, use remarks section.
3. Does the named insured have interest in livestock or operational control of the premises? Yes No
4. Does the applicant do custom farming, custom spraying or any farm work for others? .. Yes No
Type: _____
Receipts: _____
5. Does the applicant raise or board horses, dogs or livestock for others? Yes No
For self?If yes, use remarks section.
6. Does the premises contain any of the following:
Public access swimming..... Yes No
Hunting? Yes No
Camping? Yes No
Fishing? Yes No
If yes to any of the foregoing, explain in the remarks section.
7. Have you ever had any complaints regarding pollution, overspray, waste runoff or similar damages? Yes No
Under investigation by any governmental agency? Yes No
Use remarks section to give complete details
8. Does your farm have any underground tanks? ... Yes No
If so, describe age, capacity, what is stored in them:

9. Has the applicant entered into any contracts or hold harmless agreements? Yes No
If yes, attach a copy.
10. Are there any Manure lagoons on the property? Yes No
How is manure disposed of: _____
Any manure pits within 250 feet of either lakes, streams or rivers and/or wells on the property or any surface water running through the property? Yes No
11. Does the Named Insured/Addt'l Named Insured have any other personal liability coverages?..... Yes No
12. Are all farm premises, which are owned, leased or rented by the Named Insureds, included under the description of Insured Premises? ... Yes No
13. Are there any ponds, gravel pits or rock quarries on the premises? Yes No
14. Do you store Farm Chemicals on premises, or on leased, or rented ground? Yes No
If yes, provide: Type of Chemicals

Location: _____
Storage Dates: _____
Number of gallons: _____
Type of storage container: _____
15. Is there any other information that would be helpful in underwriting this risk?

REMARKS SECTION:

Please use this area to type any remarks from the previous page:

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_____ Date

_____ Applicant

_____ Agent

Farming Business Operations

SUPPLEMENTAL POLLUTION INSURANCE APPLICATION

This application is to be included along with the original Pollution Application

Applicant's Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Applicant's Underlying Pollution Insurance Coverage

Farm Liability Insurance:

1. What is the Policy limit of this coverage? _____
2. What is the Policy limit for Pollution arising from the Cargo being hauled by Mobile Equipment? _____
3. What is the Policy number? _____ Policy dates of this policy: _____
4. What is the name of this insurance carrier of this policy? _____

Automobile Liability Insurance:

1. What is the Policy limit of this coverage? _____
2. What is the Policy limit for Pollution arising from the Cargo being hauled by a commercial automobile? _____
3. What is the Policy limit for Pollution arising from Cargo being hauled by a farm or private passenger's automobile? _____
4. What is the Policy number? _____ Policy dates of this policy: _____
5. What is the name of this insurance carrier of this policy? _____

Personal Property (Contents) Insurance:

1. What is the amount of insurance for on premises pollution clean up? _____
2. What is the Policy number? _____ Policy dates of this policy: _____
3. What is the name of this insurance carrier of this policy? _____

Cargo or In Transit Insurance:

1. What is the amount of insurance for on or off premise pollution clean up? _____
2. What is the Policy number? _____ Policy dates of this policy: _____
3. What is the name of this insurance carrier of this policy? _____

I attest to the truth and accuracy of these above-mentioned statements by my signature below.

Applicant's Signature _____ Date _____

Agent's Signature _____ Date _____