

Farm Application Checklist

Today's Date ___ / ___ / _____

Applicant Name: _____

Completed by: _____
Agency Name: _____
Best Telephone #: _____
Email Address: _____

Applications with this information completed will receive preference in quoting.

Effective Date ___ / ___ / _____

Date Quote Needed: ___ / ___ / _____ Expiring Premium: \$ _____

Expiring Carrier Name: _____ Target Premium: \$ _____

Completed
by Agent
(Check off each Applicable)

Coverage Sections, Applications, & Information Completed and Attached

o Dwellings - Owned, Seasonal, and Non-Owned - Cov A, B, C, D

• Older Dwell Questionnaire Over 40 yrs

o Scheduled Farm Personal Property - Cov E

o Unscheduled Farm Personal Property - Cov F

o Outbuildings - Farm Barns, Buildings, and Structures - Cov G

Inland Marine:

o Personal Property - Jewelry, Furs, Cameras, Musical Instruments,
Silverware, Fine Arts, Golf Equipment, Stamps, Coins, Firearms, Other

o Recreational Vehicles - Boats, ATVs, Snowmobiles, Golf Carts, Other

Disruption of Farming Operations (Income Loss and Expense Coverage)

o Determine the Required Limit & Coinsurance Minimums

Farm Automobile

Did you include?

o All Drivers including those Employee Drivers Using their Own Vehicles?

o List of Auto/Truck (Less than 3 years old) requesting R.C.

o Farm Excess

o Diagrams of All Locations

o Photos of All Buildings and Structures

o Social Security Number of the Named Insured or Primary Partner or Shareholder

o Replacement Cost Worksheets

o Claims - Loss Run

Per Occurrence Property Deduction

Additional Interests

Did you include?

o All Mortgage Interests

o All Personal Property Additional Interests

o All Liability Additional Interests

o If Applicable: Equine, Dairy, Poultry, Swine questionnaires

Agency: _____ _____ _____ Contact Name: Phone: Fax #: Email Address:	Send to: James Allen Insurance Brokers farmquote@jamesalleninsurance.com www.jamesalleninsurance.com Phone: 1-800-965-5580 Fax: 1-888-815-6122 Effective Date: _____ Expiration Date: _____ Payment Plan: <input type="checkbox"/> Full Pay <input type="checkbox"/> Quarterly Financing <input type="checkbox"/> Monthly Financing <input type="checkbox"/> Quote <input type="checkbox"/> Down payment \$
---	---

APPLICANT INFORMATION

Name (First Named Insured & Other Named Insureds) *	Relationship *	Mailing Address (of First Named Insured)	Phone (A/C, No, Ext.):
* If more than one person is listed as the named insured, indicate the relationship to the first named insured			
Phone # On Premises:		E-mail Address:	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<input type="checkbox"/> LLC <input type="checkbox"/> Other	Years in Business: _____ DOB: _____ Federal ID # / SS#: _____	Contact: _____ Phone (A/C, No, Ext.): _____

TYPE OF FARM/RANCH: Indicate All That Apply

<input type="checkbox"/> Field Crop	<input type="checkbox"/> Mushrooms	<input type="checkbox"/> Greenhouses	<input type="checkbox"/> Livestock & Type	<input type="checkbox"/> Poultry*
<input type="checkbox"/> Fruits	<input type="checkbox"/> Nuts	<input type="checkbox"/> Nursery Stock		<input type="checkbox"/> Swine*
<input type="checkbox"/> Vegetables	<input type="checkbox"/> Flowers	<input type="checkbox"/> SOD		<input type="checkbox"/> Equine*
<input type="checkbox"/> Dairy*	<input type="checkbox"/> Vineyards	<input type="checkbox"/> Tobacco		

* = Supplemental Questionnaire Required

Describe Farm/Ranch Operations and Any Incidental Business Activities

LOCATION INFORMATION

LOC #	# OF Acres	911 Address / Legal Desc	City, State, Zip code	County	Liab Only (Y/N)	Fire District Name	Distance To	
							FD (miles)	Hydrant (feet)

LOSS HISTORY No Losses in prior 3 years plus current year No Losses in 5 years See Attached Loss Summary

Enter All Claims or Occurrences For The Past Five Years

Date Of Occurrence	Line	Description of Occurrence	Open/Closed?	Amount Paid

PRIOR INSURANCE INFORMATION

Prior Carrier	Type of Policy	Effective Date	Expiration Date	Expiring Premium

Has Any Policy Been Cancelled Or Nonrenewed In The Past 5 Years? YES NO If Yes, Explain. (Not Applicable In MO)

DWELLING (ISO COVERAGE A, B, C, & D)											*Attach Cost Estimator for each dwelling			
Loc #	Dwlg #	Year Built ***	Square Feet	Type of Construction (If mobile home, attach questionnaire)	Roof Type	Type of Heat	If 40 Years old or more, When was it updated for:				# of Families	Sump Overflow (Y/N)	Protective Devices	
							Heat	Wiring	Plumbing	Roofing				

DWELLING (ISO COVERAGE A, B, C, & D) -Continued									
Loc #	Dwlg #	Dwelling Occupancy (Owner Primary/Owner Seasonal/Tenant)	Valuation		Ded (\$1,000 Min)	Perils^^	Cov A: Dwelling Limit 100%	Cov B: Other Structures Limit 10%	
			Cov A*	Cov C**					
							\$	\$	
							\$	\$	
							\$	\$	
							\$	\$	
							\$	\$	

DWELLING (ISO COVERAGE A, B, C, & D) -Continued							
Loc #	Dwlg #	Cov C: Household Personal Property Limit 70%	Cov D: Loss of Use Limit 20%	Mine Subsidence (Y/N)	Supplemental Heat (Attach questionnaire) (Y/N)	Earthquake (Y/N)	
						Cov A	Cov C
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				

* Valuation Coverage A: RC=Replacement Cost; ERC = Extended Replacement Cost; ACV=Actual Cash Value; FBV=Functional Building Valuation.

** Valuation Coverage C: RC=Replacement Cost; ACV=Actual Cost Value

^^ Perils: B=Basic BR=Broad S=Special S/BR=Special/Broad

*** If year built is over 40 years, complete older dwelling supplemental questionnaire.

UNOCCUPANCY AND VACANCY - For Dwellings and ALL OTHER BUILDINGS	
A. Certain causes of loss are excluded with respect to buildings or structures vacant more than 30 consecutive days. Use 'Waiver of Vacancy' to extend coverage beyond 30 days.	<input type="checkbox"/> Does Not Apply <input type="checkbox"/> Waiver of Vacancy <input type="checkbox"/> Waiver of Unoccupancy and Vacancy
B. A loss condition reduces the applicable Limit of Insurance by 50% if a building or structure is unoccupied or vacant more than 120 consecutive days. Use 'Waiver of Unoccupancy and Vacancy' to waive the Unoccupancy and Vacancy Loss Condition for periods of vacancy and unoccupancy beyond 120 days.	
Dwlg # or Bldg #	Unoccupancy or Vacancy Starts: Ends:

MORTGAGEE INFORMATION					
Dwlg #	<input type="checkbox"/> Mortgagee	Name and Address/Loan #	Dwlg #	<input type="checkbox"/> Mortgagee	Name and Address/Loan #
	<input type="checkbox"/> Loss Payee			<input type="checkbox"/> Loss Payee	
	<input type="checkbox"/> Lender's Loss Payee			<input type="checkbox"/> Lender's Loss Payee	
	<input type="checkbox"/> Contract for Sale			<input type="checkbox"/> Contract for Sale	

COVERAGE E - SCHEDULED FARM PERSONAL PROPERTY											
Perils: B=Basic BR=Broad S=Special											
Number	Loc #	Item	Coverage Notes - See policy for Details					Ded. \$1,000 Min	Limits of Insurance		
GRAIN & FEED PEAK SEASON - FARM PERSONAL PROPERTY (ISO COVERAGE E)							PERILS				
		Beginning Date	End Date	Property Type				\$			
								\$			
								\$			
1		Grain, threshed seeds, beans, ground feed, silage, "livestock" feed, all in buildings, structures, sacks, wagons or trucks.						\$	\$		
2		Grain in stacks, shocks, swaths or piles in the open, but only with these Causes of Loss - fire and lightning, vandalism, vehicles and theft.						\$	\$		
3		Hay, straw, fodder in buildings or structures.						\$	\$		
4		Hay, straw or fodder in the open - \$10,000 Limit per Stack with a 100' separation/clearance between Stacks. Causes of Loss - fire or lightning, windstorm or hail, vandalism, vehicles, and theft.						\$	\$		
5		Farm products, materials and supplies shown including packing materials & containers, but not hay, grain or any growing crops.						\$	\$		
6		Poultry						\$	NOT COVERED		
7		Trays, boxes, box shoo (unassembled wood crates).						\$	\$		
8		Computers & related software used principally as aids in Farm Management						\$	\$		
9		Miscellaneous Equipment (not to include - Tractors, Combines, Autos, LP or Containers, Tanks, Brooders, Fences, Towers - Poles, Irrigation Equipment, Portable Bldgs, or Household Personal Property) - Limit per item \$2,000						\$	\$		
10		Farm machinery, (non-auto) vehicles and equipment that you borrow or rent without a written contract.						\$	\$		
11		Farm machinery, vehicles, equipment on or away from the "insured location"					Repl. Cost Less Than 5 Years Only	Foreign Objects (Y/N)	Cab Glass (Y/N)	Perils	
	Loc #	Year	Description - Make, Model, and Serial #							\$	\$
										\$	\$
										\$	\$
										\$	\$
										\$	\$
										\$	\$
										\$	\$
										\$	\$
										\$	\$
										\$	\$
										\$	\$
										\$	\$
										\$	\$
										\$	\$
12		Livestock (Cattle, Sheep, Swine, Goats, Horses, Mules, Donkeys) on or away from premise. Valuation-the least of (1) Amount of Insurance divided by number of animals times 120%, (2) ACV, or (3) \$2,000. [And 1/2 value for Animals under 1 yr in Age] Perils: Basic or Broad only.								Ded. \$500 Minimum	\$
13		Other Animals									NOT COVERED
14		Animal Collision			Limit Per Head \$		# Of Head		\$	\$	

RECREATIONAL VEHICLES											
Loc #	Item #	Description	Year	Serial #	CC/HP	Length	Type of Motor	Liability (off premises) (Y/N)	PhysDamage (Y/N)	Ded. \$1,000 Min.	Limit of Insurance
										\$	\$
										\$	\$
										\$	\$
										\$	\$
										\$	\$

Year	Scheduled Personal Items (Jewelry, Guns, Stamps, Art, ect)	Serial #	Limit
1			\$
2			\$
3			\$
4			\$
5			\$

ADDITIONAL INTERESTS					
Item #	<input type="checkbox"/> Mortgagee	Name and Address	Item #	<input type="checkbox"/> Mortgagee	Name and Address
	<input type="checkbox"/> Loss Payee			<input type="checkbox"/> Loss Payee	
	<input type="checkbox"/> Lender's Loss Payee			<input type="checkbox"/> Lender's Loss Payee	
	<input type="checkbox"/> Contract for Sale			<input type="checkbox"/> Contract for Sale	

FARM LIABILITY <input type="checkbox"/>				
Coverages	Occurrence	Aggregate	Fire Damage Limit	Medical Payments
Limit of Liability	\$	\$	\$	\$
<input type="checkbox"/> Exclude Personal and Advertising Injury				
<input type="checkbox"/> Exclude Advertising Injury				

COMMERCIAL GENERAL LIABILITY <input type="checkbox"/>				
Coverages	Occurrence	Aggregate	Fire Damage Limit	Medical Payments
Limit of Liability	\$	\$	\$	\$
<input type="checkbox"/> Include Products/Completed Operations				
<input type="checkbox"/> Exclude Personal and Advertising Injury				

Employers Liability		# Full Time Employees	# Part Time Employees	Total Payroll \$	Limits	
<input type="checkbox"/>	Farm Employer's Liability				\$	(Up To \$500,000 Limit)
	Farm Employee's Medical Payments				\$ 5,000	Mandatory

LIABILITY COVERAGE						
<input checked="" type="checkbox"/>						
	Total Acres	Acres				
	Additional Farm Premises Maintained By Named Insured			LOC #		
	Additional Non-Farm Premises Occupied By Insured <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent			LOC #		
	Additional Residence Rented To Others		# Families	LOC #		
	Custom Farming Receipts (Rate Per \$1,000)		Receipts \$			
	Roadside Stands -- Farm Products Principally On The Insured Farm (Rate Per \$1,000 Gross Sales)		Sales \$			
	Day Care Coverage (Home)		Not Eligible			
	Limited Farm Pollution Liability (Refer To Company)					
	Contingent Liability For Crop Dusting By Independent Aircraft (Rate Per \$1,000 Cost)		Cost \$	Limit \$		
	Domestic Workers' Comp		Inservant	# Of Residential Employees		
			Outservant			
	Other Coverages					Limits

UNDERWRITING INFORMATION		* If the answer to any question is yes, please explain using the Remarks section
1. Does the agent know the applicant? Number of years: _____ Date of last inspection: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has the insurance been transferred within the agency?		<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Is the applicant engaged in any other business, profession or trade?		<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Any private saddle animals owned? If so, use and number of animals?		<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is any property kept on location(s) other than insured location?		<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Is farming the primary source of insured's income?		<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Does applicant maintain a non-farm office, private school, and/or daycare in an insured building?		<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Is there a swimming pool or trampoline on the premises? If yes, please complete the swimming pool/trampoline questionnaire and attach photo.		<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Please list all the names of all officers/owners of the farming entity (Corporation, Partnership, Joint Venture, LLC):	_____ _____ _____	
10. Do you own dogs? If yes, how many and what breed? # ____ Breed: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
11. What is the radius of operation of equipment? Miles: _____		
12. How far away from structures is gasoline or fuel stored? Distance: _____ (ft)		
13. What are the gross annual farming receipts? \$ _____		

Yes	Indicate if the Insured Does Any of These Activities	Explain all YES Responses
	1. Manufacture, Process, Handle, Apply, or Distribute of Any Products to others (and/or for hire or a charge) of any of the following:	
	Dairy- Processing of Milk or Milk Products	
	Dairy- Sale of Raw Milk or Milk Products to the Public	
	Livestock (or Other) Feed	
	Feed, Seed, Grain, Fertilizer, Chemicals, Additives	
	Other Farm or Non-Farm Products on or off Premises	
	2. Livestock Slaughter, Butcher, or Otherwise Prepare and Products for Others and or Sale to Others	
	3. Build, Repair, Or Design Buildings, Equipment, or Systems for anyone for a charge. Or any Snow Removal, Tiling, Excavating, or Ditching Services or Operations for a charge	
	4. Custom Farming- Planting, Cultivating, Field Application, Crop Care, Harvesting, Or Crop Dying	
	5. Any of the Following?	
	Animal Boarding	
	Auctions or Sales	
	Dangerous or Exotic Animals	
	Events for a charge- Parties, Weddings, or Meetings	
	Fishing or Hunting for a Charge	
	Equine Activities (Owned or Non Owned Horses)	
	Hay Rides	
	Kennels	
	Lodging (Bed & Breakfast) for a Charge	
	Real Estate Development	
	Recreational Activities of Others for a Charge	
	Rent-A-Garden	
	Roadside Stands	
	Soil Sampling	
	Tree (Christmas) Sales	
	U-Cut Tree Farms	
	U-Pick Farms	
	Other Non-Farming Activities for a Charge	

Signature	
<p>NOTICE OF INSURANCE INFORMATION PRACTICES – PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUT AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.</p>	
<p>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 MATERIAL FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO MAY BE GUILTY OF COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND SUBJECTING THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] PENALTIES AS DEFINED BY YOUR STATE. THIS APPLICATION AND OTHER UNDERWRITING DOCUMENTS BECOME A PART OF YOUR POLICY AND THE UNDERSIGNED UNDERSTANDS AND AGREES THAT HE/SHE WILL BE HELD RESPONSIBLE FOR ANY KNOWING MISSTATEMENTS OR MISREPRESENTATION IN THE ANSWERS CONTAINED IN THIS DOCUMENT AND THAT INSURANCE BENEFITS MAY BE DENIED.</p>	
<p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF HIS OR HER KNOWLEDGE.</p>	
<p>IN NEBRASKA, OREGON, AND VERMONT 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 MATERIAL 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.</p>	
Applicant's Signature	Date
Agent's Signature	Date