

FARM & RANCH APPLICATION

*All Questions must be answered
 *All requests to be bind, must be in writing (by email or fax)

Policy Period: From _____ To _____

APPLICANT INFORMATION

1. Name of Insured: _____
 Individual Partnership Corporation Trust Other _____ (For multiple entities, Named Insured Questionnaire is required for each)
 If named insured is a Partnership, Corporation, Trust or Other, list the individuals that make up this entity and the percentage of ownership for each.

 Is the risk titled in this name? Yes No If no, please explain: _____
 Is there a website associated with this risk? Yes No _____
 Are there any other business operations owned in this name (other than this farm & ranch)? Yes No If yes, please list: _____
 If named insured is an *Individual*: Insured's occupation: _____ Spouse's occupation: _____

3. Mailing Address: _____ Texas, _____
Street Address or P.O. Box Town/City Zip Code

4. Type of farm or ranch operations:
 Cattle - # _____ Sheep - # _____ Horses - # _____ Deer breeding Crop -type _____ Other: _____
Explain "other"

5. Total receipts from entire ranch operations (all locations): _____ Years of farm/ranch experience: _____

LOCATIONS

Primary premise - Location 1: _____
No. of Acres 911 address Town State County Zip PC
Name of Responding Fire Dept. Distance from Fire Dept. (miles) Distance from main dwelling to hydrant (feet)

Additional Locations:

	911 address (if buildings on premise), road, town, county & zip code	No. of Acres	Name of Responding Fire Dept. (if buildings on premise)	PC	Type of Operations	Buildings on premise? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No
7.						<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Agency: _____ Agent's Signature: _____

Agency Address: _____

Agency Phone No: _____ Insured's Signature: _____

(Must be personally signed by agent or producer & insured if coverage is bound. Signatures not required for quoting)

PREMISE INFORMATION:

On site fire protection? Yes No If yes, explain _____ Locations: _____
 Protective devices: Smoke Burglar Local
 Central Station Alarm – Locations/Dwellings: _____ Name of Monitoring Co. _____
 If secondary dwelling, how often are the premises visited by owner? _____ N/A
 Is a caretaker living on premise at all times? Yes No Distance from main dwelling: _____
 If there's no full time caretaker, is there a neighbor that can view the dwelling? Yes No
 Any mobile homes on premises? Yes No If yes, location and description _____
 Any vacant or unoccupied buildings? Yes No If yes, location and description _____
 Any buildings on premise not being insured? Yes No If yes, location and description _____
 Any buildings on premise insured elsewhere? Yes No If yes, location and description _____

FARM LIABILITY COVERAGE

Limits: \$1,000,000 \$500,000 \$300,000
Occurrence
Med Pay \$1000 \$5000 \$10,000

PLEASE INDICATE IF THE FOLLOWING EXPOSURES ARE OCCURRING ON ANY LOCATION LISTED ON THE APPLICATION, PROVIDE DETAILS AND SPECIFY LOCATION.

Land leased out to others Yes No If yes, Cert of Insurance required Locations: _____
 Land used by others for crops or livestock Yes No If yes, Cert of Insurance required Locations: _____
 Camping areas Yes No Receipts \$ _____ Locations: _____
 Custom Farming (farming for others) Yes No Receipts \$ _____ Locations: _____
 Dude Ranch, Polo Events, Rodeos Yes No Receipts \$ _____ Locations: _____
 Hay or Trail Rides Yes No Receipts \$ _____ Locations: _____
 Petroleum Production Yes No Receipts \$ _____ Locations: _____
 Rent Farm Equipment Yes No Receipts \$ _____ Locations: _____
 Food Processing Yes No Receipts \$ _____ Locations: _____
 Bed & Breakfast or lodging Yes No Receipts \$ _____ Locations: _____
 Aviation or Airstrip Yes No _____ Locations: _____
 Trampolines Yes No _____ Locations: _____
 Customers or allowed on premises Yes No If yes, explain _____
 Is any portion of the property open to the public? Yes No If yes, explain _____
 Wood stoves Yes No If yes, add'l Supplemental required - Loc: _____
 Horses or Donkeys Yes No Number _____ (If more than 4, Equine Questionnaire required)
 Non-agricultural business activities Yes No If yes, explain _____
 Independent contractors hired for farm/ranch? Yes No If yes, provide details: _____
 Hunting or Fishing Yes No Receipts \$ _____ Who is hunting? _____
 Does insured have separate GL coverage in place? N/A Yes No (Certificate of Insurance required)
 Exotics Yes No Number & type _____ Locations: _____
 Are they used for business purposes? N/A Yes No
 Dogs Yes No Number & type _____ Locations: _____
 Any dogs *not* owned by the insured? N/A Yes No
 Recreational vehicles? Yes No If yes, provide details: _____
 Who is allowed use of these? _____ N/A
 Swimming pool? Yes No If yes, is pool area fenced in? Yes No
 If yes, is there a slide? N/A Yes No
 If yes, is there a diving board? N/A Yes No Height (distance from water) _____

DWELLINGS

Loc # Item #	Dwelling Description	Value	Yr Built SQ FT	Dwelling Construction	RC/AC	Occupancy	Roof	Cause of Loss	Deductible
		\$	YEAR	<input type="checkbox"/> Frame <input type="checkbox"/> Log <input type="checkbox"/> Brick <input type="checkbox"/> Brick Veneer	<input type="checkbox"/> RC	OCCUPANT	AGE	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec/Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$
		\$	SQ FT	<input type="checkbox"/> Mobile Home <input type="checkbox"/> Metal	<input type="checkbox"/> AC	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	CONSTRUCTION		
		\$	YEAR	<input type="checkbox"/> Frame <input type="checkbox"/> Log <input type="checkbox"/> Brick <input type="checkbox"/> Brick Veneer	<input type="checkbox"/> RC	OCCUPANT	AGE	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec/Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$
		\$	SQ FT	<input type="checkbox"/> Mobile Home <input type="checkbox"/> Metal	<input type="checkbox"/> AC	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	CONSTRUCTION		
		\$	YEAR	<input type="checkbox"/> Frame <input type="checkbox"/> Log <input type="checkbox"/> Brick <input type="checkbox"/> Brick Veneer	<input type="checkbox"/> RC	OCCUPANT	AGE	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec/Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$
		\$	SQ FT	<input type="checkbox"/> Mobile Home <input type="checkbox"/> Metal	<input type="checkbox"/> AC	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	CONSTRUCTION		
		\$	YEAR	<input type="checkbox"/> Frame <input type="checkbox"/> Log <input type="checkbox"/> Brick <input type="checkbox"/> Brick Veneer	<input type="checkbox"/> RC	OCCUPANT	AGE	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec/Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$
		\$	SQ FT	<input type="checkbox"/> Mobile Home <input type="checkbox"/> Metal	<input type="checkbox"/> AC	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	CONSTRUCTION		
		\$	YEAR	<input type="checkbox"/> Frame <input type="checkbox"/> Log <input type="checkbox"/> Brick <input type="checkbox"/> Brick Veneer	<input type="checkbox"/> RC	OCCUPANT	AGE	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec/Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$
		\$	SQ FT	<input type="checkbox"/> Mobile Home <input type="checkbox"/> Metal	<input type="checkbox"/> AC	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	CONSTRUCTION		

Type of Building	Value	Year Built	Construction	Sq. Feet	Heat type	Updates

SCHEDULED FARM PROPERTY

Complete description is required to bind. Regarding items listed as Misc. Tools or Equipment, any item over \$1000 in value must be scheduled for coverage.

Item #	Property Description	Value	Model Year	Serial number	Basic/Broad or Special	Deductible
					<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> 10,000
					<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> 10,000
					<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> 10,000
					<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> 10,000
					<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> 10,000
					<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> 10,000
					<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> 10,000
					<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Spec	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> 10,000

FARM OUTBUILDINGS, BARNs AND GRAIN TANKS

Any structure used for farm and ranch operations must be scheduled for coverage and is not included under 10% dwelling extension.

Loc # Item #	Description/ Use of bldg	Value	Building Features	Yr Built SQ FT	Construction	RC/ AC	Roof	Cause of Loss	Deductible
			<input type="checkbox"/> Heat/AC in bldg	YEAR	<input type="checkbox"/> Frame <input type="checkbox"/> Brick/Concrete	<input type="checkbox"/> RC	CONSTRUCTION	<input type="checkbox"/> Basic	<input type="checkbox"/> \$ 1,000
			<input type="checkbox"/> Fully Enclosed	SQ FT	<input type="checkbox"/> Metal <input type="checkbox"/> Manufactured	<input type="checkbox"/> AC	AGE	<input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$ _____
			<input type="checkbox"/> Heat/AC in bldg	YEAR	<input type="checkbox"/> Frame <input type="checkbox"/> Brick/Concrete	<input type="checkbox"/> RC	CONSTRUCTION	<input type="checkbox"/> Basic	<input type="checkbox"/> \$ 1,000
			<input type="checkbox"/> Fully Enclosed	SQ FT	<input type="checkbox"/> Metal <input type="checkbox"/> Manufactured	<input type="checkbox"/> AC	AGE	<input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$ _____
			<input type="checkbox"/> Heat/AC in bldg	YEAR	<input type="checkbox"/> Frame <input type="checkbox"/> Brick/Concrete	<input type="checkbox"/> RC	CONSTRUCTION	<input type="checkbox"/> Basic	<input type="checkbox"/> \$ 1,000
			<input type="checkbox"/> Fully Enclosed	SQ FT	<input type="checkbox"/> Metal <input type="checkbox"/> Manufactured	<input type="checkbox"/> AC	AGE	<input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$ _____
			<input type="checkbox"/> Heat/AC in bldg	YEAR	<input type="checkbox"/> Frame <input type="checkbox"/> Brick/Concrete	<input type="checkbox"/> RC	CONSTRUCTION	<input type="checkbox"/> Basic	<input type="checkbox"/> \$ 1,000
			<input type="checkbox"/> Fully Enclosed	SQ FT	<input type="checkbox"/> Metal <input type="checkbox"/> Manufactured	<input type="checkbox"/> AC	AGE	<input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$ _____
			<input type="checkbox"/> Heat/AC in bldg	YEAR	<input type="checkbox"/> Frame <input type="checkbox"/> Brick/Concrete	<input type="checkbox"/> RC	CONSTRUCTION	<input type="checkbox"/> Basic	<input type="checkbox"/> \$ 1,000
			<input type="checkbox"/> Fully Enclosed	SQ FT	<input type="checkbox"/> Metal <input type="checkbox"/> Manufactured	<input type="checkbox"/> AC	AGE	<input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$ _____
			<input type="checkbox"/> Heat/AC in bldg	YEAR	<input type="checkbox"/> Frame <input type="checkbox"/> Brick/Concrete	<input type="checkbox"/> RC	CONSTRUCTION	<input type="checkbox"/> Basic	<input type="checkbox"/> \$ 1,000
			<input type="checkbox"/> Fully Enclosed	SQ FT	<input type="checkbox"/> Metal <input type="checkbox"/> Manufactured	<input type="checkbox"/> AC	AGE	<input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$ _____
			<input type="checkbox"/> Heat/AC in bldg	YEAR	<input type="checkbox"/> Frame <input type="checkbox"/> Brick/Concrete	<input type="checkbox"/> RC	CONSTRUCTION	<input type="checkbox"/> Basic	<input type="checkbox"/> \$ 1,000
			<input type="checkbox"/> Fully Enclosed	SQ FT	<input type="checkbox"/> Metal <input type="checkbox"/> Manufactured	<input type="checkbox"/> AC	AGE	<input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$ _____

PRIOR CARRIER / LOSS HISTORY

SELECT OPTION BELOW THAT REPRESENTS INSURED'S COVERAGE HISTORY:

- Current carrier _____ Current Premium: _____ Expiration Date: _____
 Prior carrier _____ Annual Premium: _____ Expired: _____
 No Prior or Lapse in Coverage – Select Reason:
 New Purchase Self – Insuring Other _____
 (If this is a new purchase – other loss history of applicant is required.)

Has any company declined, cancelled or non-renewed a policy for this insured? Yes No If yes, explain _____

Five-year loss history

Date of loss	Details of Loss	Amount Paid	What was repaired or replaced?	Status of Claim	Preventive Measures Taken

SCHEDULED PERSONAL PROPERTY (Jewelry, Fine Arts, Firearms, etc.)

*Appraisal requirements will vary by carrier.

	Property Description	Value
1.		
2.		
3.		
4.		
5.		

ADDITIONAL INTERESTS

	Name & Address	Loc	Item Number/ Description or Insurable Interest	Additional Interest
1.				<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured*
2.				<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured*
3.				<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured*
4.				<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured*
5.				<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Insured*

*Additional Insured Questionnaire required for each name or entity.