

FARM/RANCH APPLICATION

GENERAL INFORMATION

Effective Date

Agency

Named Insured

Insured Telephone No.

Mailing Address

Named Insured Is: Individual Corporation
 Partnership Joint Venture L.L.C.

UNDERWRITING QUESTIONS

1. Describe Farming operations:
2. Number of years farming experience by insured:
3. Is farming the major source of insureds income? <input type="checkbox"/> Yes <input type="checkbox"/> No if no, explain
4. Are there any fire and/or burglary alarms on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and indicate kind
5. Does Insured maintain smoke detectors in employees living quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are there any UL approved lightning rods on any buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which building Master Label # (s)
7. Are any of the dwellings constructed with or contain asbestos material? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which dwellings
8. Are any livestock present on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate kind
9. Are any livestock anticipated during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, indicate kind
10. Are all livestock areas fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are livestock near any public road or highway? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. If Cattle are present on premises do you now or have you in the past supplemented cattle feed with bone meal, protein supplements or animal by-products. <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain including dates supplements were used.
13. Does the Insured slaughter, butcher, process, or otherwise prepare for "end consumer" his or any one else's cattle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Annual Income \$
14. Does Insured grow or store tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Has the Insured ever filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Does Insured prepare and sell animal feed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide details and receipts
17. Does Insured mix, process or otherwise prepare for "end consumer" his or any other grower's product? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide details and receipts.
18. Swimming pools? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Diving Board <input type="checkbox"/> Yes <input type="checkbox"/> No

19.	Other bodies of water? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe
20.	Any horses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check: <input type="checkbox"/> Public Riding <input type="checkbox"/> Boarding <input type="checkbox"/> Racing <input type="checkbox"/> Other
21.	Any commercial food processing by insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe
22.	If dairy farm, are there any processing and/or retail sales of milk products to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipts \$ _____ Number of cows milked? _____
23.	Does the Insured have any camping areas or places where trailers can be parked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipts \$ _____
24.	Any paying guests on premises (hunting, fishing, dude ranch or resort facility) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Annual income \$ _____ Services Rendered _____
25.	List all non-farming activities including: <input type="checkbox"/> excavating <input type="checkbox"/> snow removal <input type="checkbox"/> or other non-farming pursuits	Describe _____ Receipts \$ _____
26.	Does the Insured allow his premises to be used for any activities like snowmobile races, rodeos, roping contests or any other premises type activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate activities and scope
27.	Does the Insured rent, lease or allow any individuals, corporations or other interests to use a portion of the farm for activities other than farming? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate activities and scope:
28.	Does the Insured operate snowmobiles, four wheelers or <u>dirt bikes</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are they used exclusively on the Insured location? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, number of vehicles used off premises:
29.	Does the Insured maintain any vacation, seasonal premises or short term rental properties? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
30.	Is any land held for real-estate development or speculation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
31.	Does the Insured plan any construction or renovation work to be done on the premises in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32.	Does Insured build, repair or design machinery, equipment or systems for a charge or fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Annual income \$ _____
33.	Are there any unusual hazards on the insured premise such as, but not limited to; open dump pits, silage pits, sump holes, lakes, reservoirs, trampoline? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
34.	Is there an airstrip on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide type of use, who uses it and frequency of use:
35.	Custom Farming Receipts \$ _____	

Present Insurer

Coverage

Expiration Date

Premium

LIST ALL LOSSES PAST THREE YEARS FOR THE COVERAGE REQUESTED (For larger accounts attach statement of policy year premiums, losses, number of claims and any pricing modifications by coverage.)

Coverage	Date	Loss Amount	Describe loss and any corrective action
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DURING THE PAST THREE YEARS HAS ANY COVERAGE BEEN CANCELLED, DECLINED, NON-RENEWED? Yes No (If yes, give dates, insurer and reasons.) (Not applicable in Missouri)

Details

FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application.

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MASSACHUSETTS: NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 CIVIL PENALTIES.

RHODE ISLAND: In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.

DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?

YES

NO

TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties. **VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 civil penalties. Not applicable in Nebraska.

The signing of this Application does not bind the Applicant or The St. Paul Travelers Companies to complete this insurance unless otherwise indicated below:

Coverage Bound

A.M., Date
P.M.

Exceptions:

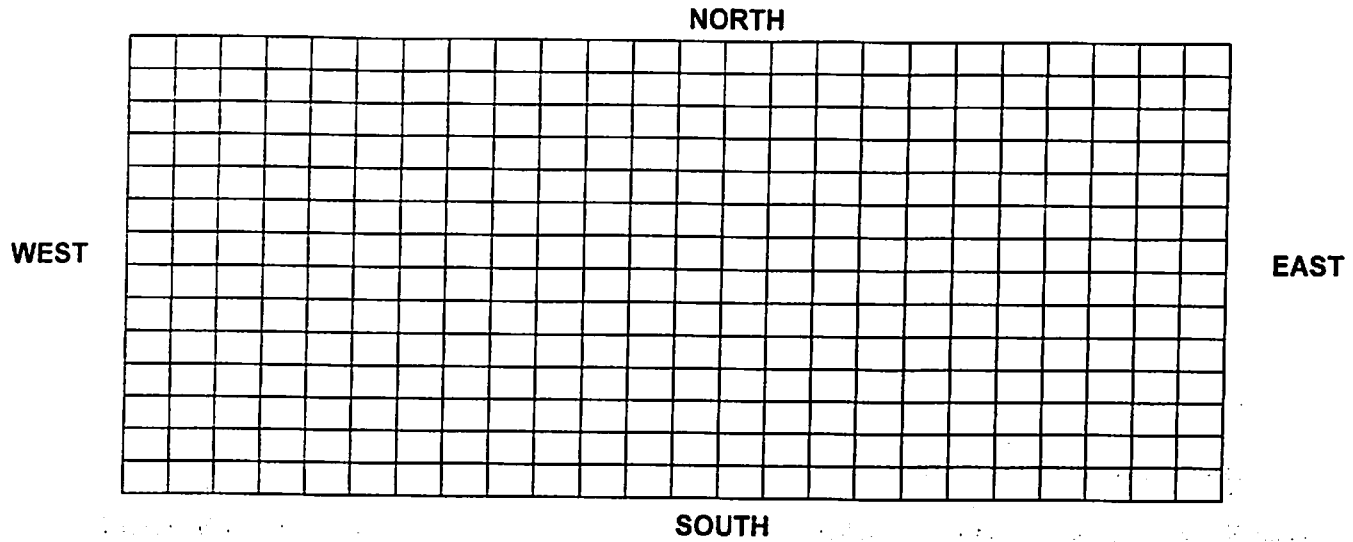
Agent _____

Applicant _____

Date _____

Title _____

DIAGRAM (Provide a diagram showing insured and uninsured buildings and distance between, when there are more than two building on the premises.)



Type of Farm Ranch

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> (921) Berries, Fruits, & Nuts | <input type="checkbox"/> (926) Poultry | <input type="checkbox"/> (90A) Citrus | <input type="checkbox"/> (92A) Cotton |
| <input type="checkbox"/> (923) Vegetables | <input type="checkbox"/> (928) Horses | <input type="checkbox"/> (90B) Nurseries | <input type="checkbox"/> (92B) Tobacco |
| <input type="checkbox"/> (924) Grain & Field Crops | <input type="checkbox"/> (929) Livestock-Containment | <input type="checkbox"/> (90C) Fish Farms | <input type="checkbox"/> (92C) Hobby Farms |
| <input type="checkbox"/> (925) Dairy | <input type="checkbox"/> (935) Ranches-Open Range | <input type="checkbox"/> (90D) Gentlemen Farms | <input type="checkbox"/> (92D) Wineries |
| | | | <input type="checkbox"/> (92E) Vineyards |
| | | | <input type="checkbox"/> (927) Other |

Animal Collision 500 1,000 2,500
Number of Head

Borrowed Farm Equipment Yes No

GENERAL LIABILITY

Choose either: Farm Liability OR Commercial General Liability with:

(Personal liability and product liability is included, subject to the provisions and conditions of the coverage forms)

Personal Liability Included Excluded

Product Liability Included Excluded

	Limit of Insurance		Limit of Insurance
General aggregate (other than products/completed operations)	\$	Employers Liability	\$
Products-completed operations aggregate limit	\$	Medical Payments	\$
Personal and advertising injury	\$		
Each occurrence	\$		
Fire damage (any one fire)	\$	Total Payroll	\$
Medical payments (any one person)	\$	Total Number of Employees	
		Total Farming Receipts	\$
Additional insureds: (Relationship to Named Insured)		Watercraft Liability	Length
Property or General Liability what are their insurable interests			Horsepower

PREMISES INFORMATION List primary location 1st; other location; then other land

Loc. No.	Buildings? (Circle)	Route/Road	Section	Township	Range	County	State	Zip Code	Prot. Class
1	<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								

DWELLINGS (Including additional Dwellings) and HOUSEHOLD PROPERTY COVERAGES

Coverages and Amounts of Insurance: 10% of Coverage A amount applies to Coverage B – other Private Structures Appurtenant to Dwelling. 10% of Coverage A applies to Coverage D. Other structure must be scheduled under Coverage G.

Loc. No.	Dwelling No.	Coverage A Dwelling	Coverage C Unscheduled Personal Property (1)	Coverage D Loss of Use	Mobile Home Y/N	Type of Constr.	Rented-Others Y/N	Deductible	Causes of Loss (2)

DWELLING DETAIL INFORMATION

Dwg No.	Type 1, 2 or 3	Lighting Rcd Y/N	Local Alarm Y/N	Central Station Y/N	Smoke Heat Detec Y/N(3)	Wood Stoves Y/N	Space Heater Y/N	Year Built	Year Last Up-dated	EQ. Cov Y/N	Repl. Full Bldg Repl or A.C.V.	Pers Prop R.C.	Sq Ft of Grd Floor	Occup Seas or Vac Y/N	Define Heating System and Fuel	Rural Fire District Y/N	Miles to Fire Dept	Near Water Source N/Y
1																		
2																		
3																		
4																		
5																		
6																		
7																		

Inflation Guard 0% 4% 6% 8% 10% 12% 14%

Are any dwellings/premises rented to others? Yes No If yes, describe Mortgagee/Loss Payee

Agents Comments:

Footnotes: (1) Options - % of Dwelling
0% 50% 70%
40% 60% 80%

(2) Cause of Loss Options
Basic
Broad
Special (Dwelling)/Broad (Contents)
Special (Dwelling)/Special (Contents)

(3) Smoke detectors are required for all dwellings

FARM PERSONAL PROPERTY APPLICATION AND INVENTORY

APPLICANT'S NAME _____

Indicate after each item on Inventory whether insured by (Coverage E (Scheduled Farm Personal Property)
 (Attached Schedule if more space is needed) (Coverage F (Unscheduled Farm Personal Property))

MACHINERY

Description	E	F	Make	Model	VIN	Cause of Loss Basic, Broad, Special	Foreign Obj. Y/N	Limit of Insurance	Ded Amt

LIVESTOCK AND POULTRY

Description	E	F	No. of Units	Unit Price	Cause of Loss Basic, Broad, Special	Limit of Insurance	Ded Amt

GRAIN, FEED, HAY OR HARVESTED PRODUCE

Description	E	F	No. of Units	Unit Price	Cause of Loss Basic, Broad, Special	Limit of Insurance	Ded Amt

Hay, straw & fodder in the open is only eligible for fire and lightning, vehicles, windstorm or hail and theft. Grain in the open is only eligible for fire of lightning, vehicles or theft.

TOOLS, EQUIPMENT AND SUPPLIES

Description	E	F	No. of Units	Unit Price	Cause of Loss Basic, Broad, Special	Limit of Insurance	Ded Amt

IRRIGATION EQUIPMENT

Description	E	F	No. of Units	Unit Price	Cause of Loss Basic, Broad, Special	Limit of Insurance	Ded Amt

Highest value of all equipment at any one location
Which Location

FARM BARN, BUILDINGS AND STRUCTURES – COVERAGE G

Loc No.	Bldg No.	Amount of Insurance	Description	Ded	Con-struction	Type 1,2* or 3	Causes of Loss	Repl Cost or A.C.V.	Blanket Y/N	Year Built	Roof		Sq. Ft.	100% Value	Open Sides Y/N
											Type	Age			

*Type 1 buildings with hay storage must be classified as Type 2

Inflation Guard 0% 4% 6% 8% 10% 12% 14%

Miscellaneous Scheduled Personal Property

Attach Schedule or copy of Appraisal

(Fine arts, jewelry, guns, furs, cameras, coins, golf equipment, silverware)

Name of Coverage:	Limit of Insurance \$
Name of Coverage:	Limit of Insurance \$
Name of Coverage:	Limit of Insurance \$
Name of Coverage:	Limit of Insurance \$

Optional Coverages

AGRI-Plus II Property Endorsement

Computer Coverage

Watercraft Hull Coverage:	Year	Length	Horsepower	Model/Mfg	Limit
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Extra Expense

Restoring Records

Dwelling Glass

Dairy Farms Endorsement

Equine Property Endorsement

Sewer Back up

Orchard and Vineyard Growers Property Endorsement

High Value Dwelling Endorsement

Identity Fraud Expense Coverage

Other Coverages

IM – Transportation – Attach Completed Accord Inland Marine Application

IM – Truck Cargo – Attach Completed Accord Inland Marine Application

Crime – Attach Completed Accord Crime Application

Automobile – Attach Completed Accord Automobile Application

Excess – Attach Completed Accord Umbrella Application