REDSTONE
INSURANCE BROKERS

FARM & RANCH APPLICATION

* All Questions must be answered * All requests to be bound must be in writing (by email)

Policy Period:	From		To	

APPLICANT INFORMATION

1. Name of Insured:	
☐ Individual ☐ Partnership ☐ Corporation ☐ Trust ☐ Other	Describe Other:
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	Website address:
Are there any other business operations owned in this name (other than this farm & ranch)? ☐ Yes ☐	If no, please explain:
If named insured is an Individual: Insured's occupation:	Spouse's occupation:

2. Mailing Address:

Street Address or P.O. Box	Town/City	State	Zip Code

3. Type of farm or ranch operations:

Cattle - #	Sheep - #	Horses - #	Deer breeding - #
Crop - type	Other:	Explain "other"	

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

LOCATIONS

Primary premises - 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)**		

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Additional Locations: 911 address (if buildings on premise), road, town, county & zip code:

_____
_____
_____
_____
_____
_____

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? Locations:	☐ Yes ☐ No If yes, explain:
Protective devices:	☐ Smoke ☐ Burglar ☐ Local ☐ Central Station
Alarm - Locations/Dwellings:	Name of Monitoring Co.
If secondary dwelling, how often visited?	☐ N/A Caretaker on premise full-time? ☐ Yes ☐ No, distance from main dwelling: _____
Neighbor able to view dwellings if no caretaker?	☐ 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 premises insured elsewhere?	☐ Yes ☐ No If yes, location and description:

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FARM LIABILITY COVERAGE

Limits:	*Occurrence*	$1,000,000	$500,000	$300,000	
Med Pay:	$1,000	$5,000	$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 (Certificate of Insurance required) Locations: _____

Land used by others for crops or livestock — ☐ Yes ☐ No (Certificate 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_____

Locations: _____

Is any portion of the property open to the public? ☐ Yes ☐ No

Wood stoves — ☐ Yes ☐ No (Location: _____)

Swimming pool? — ☐ Yes ☐ No If yes, fenced? ☐ Yes ☐ No Slide? ☐ Yes ☐ No Diving board? ☐ Yes ☐ No

Height: ____ Locations: _____

Horses or Donkeys — ☐ Yes ☐ No Number:_____ Locations: _____

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Non-agricultural business activities — ☐ Yes ☐ No If yes, explain: _____

Independent contractors hired for farm/ranch? — ☐ Yes ☐ No Separate GL? ☐ N/A ☐ Yes ☐ No (COI required)

Hunting or Fishing — ☐ Yes ☐ No Who is hunting? _____

Receipts $_____

Locations:_____

_____

Exotics — ☐ Yes ☐ No Number & type: _____

Recreational vehicles? — ☐ Yes ☐ No Used for business? _____ Who is allowed use of these?

_____

DWELLINGS

Loc #	Item #	Dwelling Description	Value	Yr Built	SQ FT	Construction	RC/AC	Occupancy	Roof
Cause of Loss	Deductible								
Loc #	Item #	Dwelling Description	Value	Yr Built	SQ FT	Construction	RC/AC	Occupancy	Roof
Cause of Loss	Deductible								
Loc #	Item #	Dwelling Description	Value	Yr Built	SQ FT	Construction	RC/AC	Occupancy	Roof
Cause of Loss	Deductible								
Loc #	Item #	Dwelling Description	Value	Yr Built	SQ FT	Construction	RC/AC	Occupancy	Roof
Cause of Loss	Deductible								

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SCHEDULED FARM PROPERTY

Complete description is required to bind. Any item over $1000 must be scheduled.

Item #	Property Description	Value	Model Year	Serial number	Basic/Broad or Special / Deductible

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	Value	Building Features	Yr Built	SQ FT	Construction	RC/AC	Roof	Cause of Loss	Deductible

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 - Reason: New Purchase / Self-Insuring / Other		

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

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

*Appraisal requirements will vary by carrier.

Property Description	Value

ADDITIONAL INTERESTS

Name & Address	Loc	Item Number/ Description	Insurable Interest	Additional Interest (Mortgagee/Loss Payee/Additional Insured)