

## AGRIBUSINESS INSURANCE APPLICATION

Renewal of #	<b>APPLICANT INFORMATION SECTION</b>		Date:
Producer:	Carrier:	Underwriter: VN267	
Producer Contact:	<input type="checkbox"/> St Paul Travelers	<input type="checkbox"/> ARIC <input type="checkbox"/> ABIC	
Producer Phone #			
Producer FAX #	Please indicate applications attached:		
Status of Submission:	<input type="checkbox"/> Property <input type="checkbox"/> Farm or General Liability <input type="checkbox"/> Umbrella <small>(may not be bound)</small>		
<input type="checkbox"/> Quote <input type="checkbox"/> Issue Policy	<input type="checkbox"/> Automobile <input type="checkbox"/> Farm personal property <input type="checkbox"/> Inland Marine		
<input type="checkbox"/> Bound (give date and/or attach binder)	<input type="checkbox"/> Personal articles & recreation vehicles <input type="checkbox"/> Other		
Effective Date:	Expiration Date:	Quote Desired By:	
Name of Applicant:			
Mailing Address:			
City, State, Zip:			
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation			
Inspection Contact:		Email:	
Telephone #:		FAX #:	
Website:		Federal Tax ID#	
Method of Payment: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill                      Number of Payments: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly			
<b>Type of Farm or Ranch</b>			
<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) Winery
			<input type="checkbox"/> (92E) Vineyard
Total number of acres:	Number of acres cultivated:	Number of acres grazed:	
Farmed by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Manager <input type="checkbox"/> Other <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
How long has applicant actively farmed?		Gross farming receipts? \$	
Date you last inspected premises and buildings?		Type of Crop or Product?	
Is this new business to your agency?		How long have you known applicant?	
Does applicant have another source of income other than farming?		If yes, explain:	
I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. The insured assigns as security for the total premium and/or fees payable any and all unearned premiums which may become payable. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary.			
Applicant's signature: _____		Agent's signature: _____	
Date: _____		Date: _____	

**PRIOR CARRIER INFORMATION**

Line	Category	Year	Year	Year
<b>PROPERTY</b>	Carrier	•		
	Policy No.			
	Policy Type			
	S PD			
	Mod Factor			
	Total Premium	•		
<b>LIABILITY</b>	Carrier	•		
	Policy No.			
	Policy Type			
	BI/CSL			
	PD			
	Total Premium	•		
<b>OTHER</b>	Carrier	•		
	Policy No.			
	Policy Type			
	Amount			
	Mod Factor			
	Total Premium	•		

**LOSS HISTORY**

Enter all claims or occurrences that may give rise to claims for the prior five years  Check here if none

Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed

NOTE: Fidelity requires a six year loss history  See attached loss summary

Has any policy been cancelled?  Yes  No      Non-renewed?  Yes  No      Declined?  Yes  No  
 Explain yes answers:

Name of prior carrier and policy number:

- Not required in California

## OPERATIONS OVERVIEW

Applicant:

Producer:

<b>ADDITIONAL INTERESTS</b>	Affiliated or subsidiary companies to be insured	Relationship		
	Additional insureds	Interest	Sec.I	Sec.II

Loc. #	Sec.I	Sec.II	Location to be insured (Include County and Zip Code)	*PC	# of Acres	Check if NO Bldgs.	Insured's Interest		
							Owner Occupant	Lessee	Lessor
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Protection Class

SEE ADDITIONAL SCHEDULE OF OPERATIONS CP-4857A

## UNDERWRITING INFORMATION

Applicant:

Producer:

### PROPERTY

Premises Protection: All questions must be answered or application will be returned

1. Is there a telephone on the premises?  Yes  No
2. Is there a year-round usable water supply?  Yes  No
- Distance To Fire Dept:** \_\_\_\_\_ Miles
- Response Time:** \_\_\_\_\_ Minutes
- Is it a Paid - Full Time Department?  Yes  No

If yes, (a) Source =  Well Gallons Per Minute:  
 Pond/Lake

Hydrant within **1,000 ft.**  
 Other

(b) Quantity =  Less than 1,000 gallons  
 1,000-3,000 gallons  
 Over 3,000 gallons

3. Are any wood or coal fired stoves used in outbuildings?  Yes  No
4. Does applicant own rental property?  Yes\*  No
5. Are any burglary and/or fire alarms on the premises? If yes,  Yes  No

Where \_\_\_\_\_ Type of alarm \_\_\_\_\_

### LIABILITY

*If yes is answered to any question, please explain (use reverse of form) and provide annual gross receipts or cost.*

1. Are independent contractors hired to perform any farming operations?  Yes  No
2. Is any part of the farm used or leased for organized recreational use?  Yes  No
3. Does applicant build, repair or design machinery, equipment or systems for anyone at a charge or fee?  Yes  No
4. Does applicant mix, process, slaughter butcher or otherwise prepare for any "end consumer" his or any other grower's product?  Yes  No
5. Does applicant handle any product, such as seed, fertilizer, sprays, etc. for resale?  Yes  No
6. Are any contract or service operation performed for others such as tilling, excavating or ditching?  Yes  No
7. Are the farm premises open to the public for roadside stands, "U-Pick", recreational, "rent-a garden", auction sales show, food or beverage service, animal boarding, or Christmas tree sales uses?  Yes  No
8. Are any portions of the farm rented or leased or used by any other individual, corporation or interest for other than farming?  Yes  No

9. Is there any unusual hazard such as (but not limited to) open dump pits, silage pits, sump holes, lakes or reservoirs?  Yes  No
10. Is there an airstrip on the premises?  Yes  No
11. Are any "hold harmless" or "indemnifying" agreements in effect?  Yes  No
12. Is the applicant engaged in any other business, profession or trade?  Yes  No
13. If livestock is kept, are all areas well-fenced?  Yes  No  
 If no, please explain  
 Premises is in:  open range area  
 closed range area
14. Are the described insured premises the only premises which the applicant or spouse owns, rents or operates as a farm or ranch, or maintains as a residence, other than business property? If no, explain.  Yes  No
- 15a Any Owned horses on any insured premises?  Yes  No  
 If Yes how many?
- 15b Any Non-owned horses on any insured premises?  Yes  No
16. Does insured board, race, breed or rent horses?  Yes  No
17. Is any land held for real estate development or speculation?  Yes  No
18. Does applicant maintain any vacation or seasonal premises?  Yes  No
19. If dairy farm, is there any processing of milk?  Yes  No
20. If dairy farm, is there any retail sales of milk products to the public?  Yes  No  
 Receipts \$ \_\_\_\_\_
21. Number of cows milked \_\_\_\_\_
22. Are any premises used for hunting purposes?  Yes  No.  
 By owners:  no charge  fee  
 Renter to others: Receipts \$ \_\_\_\_\_
23. Does applicant maintain a non-farm office or private school in an insured building?  Yes  No
24. Is there a swimming pool on premises?  Yes  No  
 If yes, fenced  Yes  No  
 Diving Board?  Yes  No
25. Does applicant serve on any boards for remuneration?  Yes  No
26. Is the applicant a subsidiary of another or does the applicant have subsidiaries?  Yes  No
27. Is a formal safety program in existence?  Yes  No

Explain Yes Answers:



**AGRIBUSINESS SCHEDULED FARM PERSONAL PROPERTY**  
 (ISO Coverage E) Limited Off Premise Coverage

Applicant:

Producer:

Deductible:     \$250         \$500         \$1,000         Other (specify)

Use commercial Inland Marine form for off-premises coverage

**Cause of Loss (Perils)**  
 1) Basic 2) Broad 3) Special

Company Use Only	Description (include year, make, model & serial #; livestock info., etc.)	1	2	3	Custom Use	Limit of Insurance	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.	Transit						
18.							
19.	Hay on premises in open (stack \$        max clear space        ft.)						
20.	Hay on premises in barn (stack \$        max clear space        ft.)						
<b>Hay probe required for higher values</b>						<b>TOTAL</b>	<b>\$</b>
		Cause of Loss (perils)			Limit of Insurance		
1.	Miscellaneous agricultural machinery and implements (not exceeding \$2,000 per item)						
2.	Miscellaneous tools, equipment and supplies (Not exceeding \$2,000 per item)						
<b>TOTAL LIMIT</b>						<b>\$</b>	
<b>SCHEDULED HAY LOCATED OFF PREMISES</b>							
	Location Description (include address and stack number)	Cause of Loss (perils)			Limit of Insurance		
1.							
2.							
3.							
4.							
5.							
<b>TOTAL LIMIT</b>						<b>\$</b>	









## AGRIBUSINESS FARM LIABILITY SECTION

Coverage	Limits of Liability
Coverage H – Bodily Injury and Property Damage Liability	Each "Occurrence" Limit General Aggregate Limit
Coverage I – Personal and Advertising Injury Liability	Each "Occurrence" Limit General Aggregate Limit
Coverage J – Medical Payments	Any One Person Limit Each "Occurrence" Limit
Coverage H – Bodily Injury and Property Damage Liability Fire Damage Limit	Any One Fire
Additional Coverage b. – Damage to Property of Others	\$
Equine / Commercial General Liability <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete equine supplement and/or commercial liability application

Code	Coverage	Loc #	Basis/Rate	Premium
01905 <input type="checkbox"/>	Initial farm premises, not more than 160 acres			
01906 <input type="checkbox"/>	Initial farm premises, not more than 500 acres			
01907 <input type="checkbox"/>	Initial farm premises, over 500 acres			
01418 <input type="checkbox"/>	Additional farm premises maintained by named insured Loc. #			
05114 <input type="checkbox"/>	Additional non-farm premises occupied by insured Loc. # <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent			
05117 <input type="checkbox"/>	Additional residence rented to others, numbers of families Loc. #			
04122 <input type="checkbox"/>	Additional insured – non-relative resident			
	Additional insured			
	Additional CPL Name:			
07106 <input type="checkbox"/>	Custom farming receipts \$ (rate per \$1,000 Receipts)			
01235 <input type="checkbox"/>	Roadside stands – farm products principally on the insured farm – (rate per \$1,000 gross sales) Sales \$			
01380 <input type="checkbox"/>	Day Care Coverage (Home) 1-3 persons			
01381 <input type="checkbox"/>	1-6 persons			
*	Enhanced Pollutant Clean-up (refer to company) Limit:			
39067 <input type="checkbox"/>	Chemical Drift			
01360 <input type="checkbox"/>	Contingent Liability for Crop Dusting by Independent Aircraft – (rate per \$1,000 cost) Cost \$ Limit \$			
<input type="checkbox"/>	Domestic Workers' Comp <input type="checkbox"/> In-servant <input type="checkbox"/> Out-servant			
<input type="checkbox"/>	Animal Collision # of Livestock Limit per Head:			
<input type="checkbox"/>	Other:			
<input type="checkbox"/>	Agri-Plus Endorsement			
<input type="checkbox"/>	Orchard-Vineyard Endorsement			
<input type="checkbox"/>	Dairy Endorsement			

## Supplemental Application (Snowmobiles, All Terrain Vehicles, Watercraft)

Named Insured

A: Snowmobiles/All Terrain Vehicles										
Unit No.	Model Year	Type (Snow/ATV)	Make	Identification Number	C.C./C.I. Displacement	Horse-power	Limit of Liability	Stated Amt. or Cost New	Where Used?	Licensed For Highway?
A1										
A2										

Operator Information		Snowmobiles/All Terrain Vehicles/ Watercraft				
Operator Name	Date of Birth	Driver License Number	Gender	Marital Status	Accidents / Citations past 36 months	

B: Watercraft — Under 26 feet in length.									
Unit No.	Description	Model Year	Manufacturer	Model Name and/or No.	Identification or Serial Number	Horse-power	Rated Speed	Length	Original Cost New
B1	Boat & attached equipment								\$
	Outboard Motor #1								\$
	Outboard Motor #2								\$

Power		Type of Hull		Construction		Waters To Be Navigated	
<input type="checkbox"/> Outboard	<input type="checkbox"/> Sail	<input type="checkbox"/> Runabout	<input type="checkbox"/> Cabin Cruiser	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Wood	Use (i.e., fishing, skiing, pleasure)	
<input type="checkbox"/> Inboard/Outboard	<input type="checkbox"/> Inbound (Prop Shaft)	<input type="checkbox"/> Inboard (Jet Drive)	<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Metal	<input type="checkbox"/> Other		
						Operator Discount	
						<input type="checkbox"/> U.S. Coast Guard Aux. I.D. No.	

C. Trailers				
Unit No.	Model Year	Manufacturer	Stated Amt. of Coverage	Used With (Boat, Snowmobile, Etc.)
			\$	

Other Coverage	Personal Effects Or Unattached Board Equipment	Limit of Liability \$	Unit No.	remium \$
		Limit of Liability \$	Unit No.	Premium \$
Coverage Parts, Forms and Endorsements Attached To and Becoming A Part of This Policy:				Total Annual Premium At Inception \$
Any Loss Is Payable As Interest May Appear To The Named Insured And		Unit No.		
		Unit No.		
<b>Has Any Operator</b>				Yes No
1. Membership in an organized club concerned with any recreational vehicle?				<input type="checkbox"/> <input type="checkbox"/>
2. Less than one year's experience in the operation of type of vehicle or watercraft insured?				<input type="checkbox"/> <input type="checkbox"/>
<b>Is Any Recreational Vehicle:</b>				
8. Stored or moored at a location other than the applicant's residence?				<input type="checkbox"/> <input type="checkbox"/>
9. Uses as a primary residence premises?				<input type="checkbox"/> <input type="checkbox"/>
10. Used in organized races or competitive events?				<input type="checkbox"/> <input type="checkbox"/>
11. Equipped for amphibious use?				<input type="checkbox"/> <input type="checkbox"/>
12. Homemade, kit built or modified from factory specifications?				<input type="checkbox"/> <input type="checkbox"/>
13. Rented or leased to others or used for other commercial purposes?				<input type="checkbox"/> <input type="checkbox"/>
<b>Recreational Vehicle Condition And Equipment</b>				
14. Does any vehicle or boat have body damage or cracked or broken glass?				<input type="checkbox"/> <input type="checkbox"/>
15. Is any boat equipped with a stove? (Describe installation and fuel in remarks)				<input type="checkbox"/> <input type="checkbox"/>
16. Is any boat equipped with Coast Guard approved type fire extinguishers and personal flotation devices?				<input type="checkbox"/> <input type="checkbox"/>
17. Is any boat equipped with auto engine converted to marine use by anyone other than the manufacturer of the boat?				<input type="checkbox"/> <input type="checkbox"/>





You may use this page to supplement your application with any additional information.

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the applicant to provide additional information to supplement their application.

