AGRIBUSINESS INSURANCE APPLICATION

Renewal of #	APPLICANT IN	FORMATION SECTION	Date:
Producer:		Carrier:	Underwriter: VN267
Producer Contact:		☐ St Paul Travelers	□ ARIC □ ABIC
Producer Phone #			
Producer FAX #	Producer Code	Please indicate applications attached:	
Status of Submission:		Property Farm or Genera	l Liability Umbrella
Quote Issue Policy	y	Automobile Farm personal p	property Inland Marine
Bound (give date and/or attach binder)		Personal articles & recreation vehic	eles Other
Effective Date:	Expiration Date:	Quote Desired	Ву:
Name of Applicant:			
Mailing Address:			
City, State, Zip:			
Individual Par	tnership	LLC	Corporation
Inspection Contact:		Email:	
Telephone #:		FAX #:	
Website:		Federal Tax ID#	
Method of Payment: Agency Bill	Direct Bill Numb	er of Payments: Annual Semi-An	nnual Quarterly Monthly
Type of Farm or Ranch (921) Berries, Fruits, & Nuts (923) Vegetables (924) Grain & Field Crops (925) Dairy	(926) Poultry (928) Horses (929) Livestock-Containme (935) Ranches-Open Range	Fi '	(92A) Cotton (92B) Tobacco (92C) Hobby Farms (92D) Winery (92E) Vineyard
Total number of acres:	Number of acres cultivated	d: Number of acre	s grazed:
Farmed by: Owner	Tenant Manag	er Other Fu	ll Time 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 app	olicant?
Does applicant have another source of income oth	er than farming?	If yes, explain:	
I/We understand and agree that any misstatement on the basis of this application. The insured assign I/We agree to pay reasonable attorneys fees, costs	ns as security for the total prem	ium and/or fees payable any and all unearn	ed premiums which may become payable.
Applicant's signature:		Agent's signature:	
Date:		Date:	

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ie	Categ	orv	Year	Year		Year			
	Carr	•	•	T Cui		Tear			
PROPERT Y		cy No.							
Ξ	_	cy Type							
<u>₹</u> ≻	S PE								
Ž		Factor							
7		l Premium	•						
	Carr		•						
×		cy No.							
LIABILITY		cy Type							
Ė	BI/C								
3	PD	SL							
<u> </u>		Factor							
4	-	l Premium	•						
	Carr								
			•						
4		ey No.							
2		су Туре							
O I HEK	Amo								
		Factor							
	Tota	l Premium	•						
	STOR		nat may give rise to claims				CI	neck her	re if none
Date o		Line	Type/Description	of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	(Claim Status
									Open
								\Box	Closed
								H	Open Closed
							+	╁╬┼	Open
									Closed
									Open
									Closed
								\mathbb{H}	Open
		+					+	╁╬┼	Closed Open
								H	Closed
			NOTE: Eidelitz neg	uires a six year loss history			had loss summ		
				•			ached loss summ	шу	
anv p		een cancelled?	☐ Yes ☐ No	Non-renewed?	∐ No Decli	ned? Yes	∐ No		
olain y									

Name of prior carrier and policy number:

• Not required in California

OPERATIONS OVERVIEW

App]	licant:		Prod	ducer:						
			Affiliated or subsidiary companies to be insured	Relations	hip					
	ITION CREST		Additional insureds	Interest					Sec.I	Sec.II
INTE	MES I			nicios						Secial
Loc.#	Sec.I	Sec.II	Location to be insured (Include County and Zip Code)		*PC	# of Acres	Check if NO Bldgs.	Inst	ared's Interes	st
								Owner Occupant	Lessee	Lessor
* Prote	ection C	lass								
		SE	E ADDITIONAL SCHEDULE OF OPE	ERATIO	ONS CI	P-4857 <i>A</i>	L			

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UNDERWRITING INFORMATION

A	pplicant	:			Pro	duce	er:		
	ROPER					9.	Is there any unusual hazard such as (but not limited to) open dump pits, silage pits, sump holes, lakes or reservoirs?		□ No
Pı			ons must be answered or	application	will be returned				
1. 2.	Is there a postance Response	telephone on the pr year-round usable ve To Fire Dept se Time: aid - Full Time	vater supply?	☐ Yes ☐ Yes ————————————————————————————————————	□ No □ No Miles Minutes □ No		Is there an airstrip on the premises? Are any "hold harmless" or "indemnifying" agreements in effect?	☐ Yes ☐ Yes	
	If yes,	(a) Source =	☐ Well Gallons	s Per Minute	:	12.	Is the applicant engaged in any other business,	☐ Yes	□ No
		(b) Quantity =	☐ Hydrant within 1,00 ☐ Other ☐ Less than 1,000 gall ☐ 1,000-3,000 gallons			13.	profession or trade? If livestock is kept, are all areas well-fenced? If no, please explain Premises is in:	Yes	_
3.	outbuildin		Over 3,000 gallons	Yes	□No	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 a a residence, other than business	Yes	□ No
 4. 5. 		icant own rental pro urglary and/or fire a	* *	☐ Yes*	□ No	150	property? If no, explain. Any Owned horses on any insured premises?		Път
٥.	premises?		ararms on the	☐ Yes	□ No	13a	If Yes how many?	☐ Yes	☐ No
	Where		Type of al	larm		15h	Any Non-owned horses on any insured premises?	☐ Yes	□ No
	WHELE		Type of all	141111			Does insured board, race, breed or rent horses?	☐ Yes	□ No
L	IABILIT	ΓY					Is any land held for real estate development or speculation?	Yes	
		red to any question, rovide annual gross	please explain (use revers receipts or cost.	se		18.	Does applicant maintain any vacation or seasonal premises?	Yes	☐ No
1.		ndent contractors his y farming operation		☐ Yes	☐ No	19.	If dairy farm, is there any processing of milk?	☐ Yes	☐ No
2.	Is any part	of the farm used or ecreational use?		Yes	□ No	20.	If dairy farm, is there any retail sales of milk products to the public?	Yes	☐ No
3.	machinery,	cant build, repair or equipment or syste		Yes	☐ No		Receipts \$		
	•	charge or fee?	1 1.			21.	Number of cows milked		
4.	butcher or o	cant mix, process, so otherwise prepare for his or any other gro	or any "end	Yes	□ No	22.	Are any premises used for hunting purposes? By owners: no charge fee Renter to others: Receipts \$	Yes [□ No.
5.		cant handle any pro- prays, etc. for resale		Yes	□ No	23.	· _	Yes [□ No
6.		ntract or service ope as tilling, excavation	eration performed for ng or ditching?	☐ Yes	☐ No	24.	Is there a swimming pool on premises?	☐ Yes [□ No
7.	stands, "U-l "rent-a gard service, ani	Pick", recreational,	the public for roadside	Yes	□No	25.	Diving Board? Does applicant serve on any boards for remuneration?	Yes [No No No
8.		ndividual, corporati	ented or leased or used by on or interest for other	Yes	□ No		another or does the applicant have subsidiaries?	_ 100 L	_1110
						27.	Is a formal safety program in existence?	Yes	□ No
Е	xplain Y	es Answers:							

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AGRIBUSINESS PROPERTY

(Use Additional Form For Each Location)

Applica	Applicant:							Pro	ducer	:					
Property D	eductible:				\$250)	□ \$5	500		\$1,000		Other ((specify)		
Location #	:				Fire Pro	tection	Class				I	District N	Name		
Covera	age (A, B, C, D))	R	/C		С	overed Cau	ises of	Loss			Limi	it	Rate	Premium
Main Dwe	elling		☐ Y	□N	Basic	С	Broad	i	Spec	cial					
Appurtena	ant Structures		□Υ	□N	Basic	С	Broad	i	☐ Spec	cial					
Household	l Personal Pro	p.	☐ Y	□N	Broa	d	Broad	i	☐ Spec	cial					
Loss of Us	se		N/	/A			N/	Ά							
MAIN	DWELLI	NG	(under	writing	informa	tion)	If dwe	lling	is over 2	25 years in	clude b	ouilding	questionnai	re supplement.	
Year Built	Sq. Ft.	Туре	e of Const	truction	Type 1 2 3 □ □ □		of Roof			upancy			Type of Heat	Yes No	or Wood Insert
						-37-		Peri	nanent	Seaso	onal	1	Age of Unit	If Yes, plear woodstove : CP-4866	se complete application
Mortgage:															
Loss Payat	ole:														
Address:															
Other Dwe	ellings and Farn	1 Struc	ctures (Co	verage C	i)										
	Descrip	otion			Loc # Bld #		Valuation* RC / ACV		struction Type	Type Heat	S	q. Ft.	Causes of Loss**	Type 1 2 3	Insured Limit
								1							
						_									
								-							
* Voluetio										eas of loss					

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1 = Basic

2 = Broad

3 = Special

A = ACV U = Utility Value (functional RC)

R = RC

AGRIBUSINESS SCHEDULED FARM PERSONAL PROPERTY

(ISO Coverage E) Limited Off Premise Coverage

Appl	licant:						Produce	er:					
Deduct	rible:	S25	50	\$500	\$1 ,	000	Other (s	specify)					
Use co	mmercial I	nland Ma	rine	e form for off-premises o	coverage				Cause of		(Perils) oad 3) Special		
Com	pany Use O	nly		Description (inclu	ıde year, make,	model &	serial #; livest	ock info., etc.)	1 2		Custom Use		
			1.										
			2.										
			3.										
			4.										
			5.										
			6.										
			7.										
			8.										
			9.										
			0.										
			1.										
			2.										
			3.										
			4.										
			5.										
			6.	Transit									
			7.	Transit									
			9.	Hay on premises in ope	n (stack \$	max cle	ar space	ft.)					
			20.	Hay on premises in barr		max cle		ft.)					
Hay pı	robe requir	•			(Studie 4		ш зрасо			7	ГОТАL	\$	
									Cause	of Lo	oss (perils)	Limit of In	surance
1	Miscelland (not excee	eous agric	cultu 00 p	ral machinery and impler per item)	nents								
2.		eous tools	s, equ	uipment and supplies									
		_							TOTA	AL LI	МІТ	\$	
SCHE	DULED HA	AY LOC	ATE	D OFF PREMISES							'		
				nclude address and stack	number)				Cause	of Lo	oss (perils)	Limit of In	surance
1.													
2.													
3.													
4.													
5.													
									TOT	AL LI	MIT	\$	

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AGRIBUSINESS UNSCHEDULED FARM PERSONAL PROPERTY

(ISO Coverage F)

Agricultural Produce	# of Units	Unit Price	Total Value	Agricultural Machinery and Implements	# of Units	Unit Price	Total Value	Agricultural Tools, Equipment and Supplies	# of Units	Unit Price	Total Value
Barley			0	Tillage:				Agricultural Chem			
Corn			0	Tractors			0	Fertilizers			
Fodder			0	Discs			0	Herbicides			
Fruit			0	Harrows			0	Insecticides			
Ground Feed			0	Plows			0	Pesticides			
Hay			0	Other				Air Compressors			
Mfg. Stock Feed Nuts			0					Bins Boxes and Box			
Oats			0					Shook			
Silage			0	Cultivating:				Electric Motors			
Soybeans			0	Cultipackers				Farm Lubricants			
Straw			0	Cultivators				Fencing and Posts			
Wheat			0	Drills				Gasoline/Diesel			
			0	Planters				Fuel			
			0	Rotary Hoes				Hand Tools			0
			0	Seeders				Materials and Supp			0
			0	Spreaders				Milking Equipment			0
		alue \$0		Sprayers				Office Equipment			0
Poultry	# of	Unit	Total					Paints			0
GI. I	Birds	Price	Value	Harvesting:				Picking Equipment			0
Chickens			0	Augers			0	Poultry Equipment			0
Turkeys			0	Blowers			0	Power Tools Saddles and Tack			0
			0	Choppers Combines			0	Spare Parts			0
			0	Combines Corn Pickers			0	Tires			0
			0	Cotton Pickers			0	Vet Supplies			0
				Driers			0	Welders and Torches			0
				Elevators (Port.)			0				
	Total V	alue \$0		Forage			0				0
Livestock	# of	Unit	Total	Harvesters			0				0
	Head	Price	Value	Grain Cleaners			0				0
				Grain Heads			0				0
Dairy Cows			0	Grape							0
Dairy Heifers			0	Harvesters			0				0
Dairy Calves			0	Hay Balers			0				0
Beef Cows			0	Mowers			0				0
Beef Calves			0	Nut Shakers			0				
Feeder Cattle			0	Rakes			0		Total Va		_
Bulls			0	Rice Harvesters			0	Irrigation Equipment	# of	Unit	Total
Sows and Gilts			0	Roods			0		Units	Price	Value
Boars			0	Silo Filters			0	Center Pivot Irrigation			0
Feeder Pigs			0	Silo Unloaders Tomato			0	Drip			0
Ewes Rams			0	Harvesters			0	Handset Lateral Move			0
ixams			ľ	Tiai vesters			ľ	Irrigation			Ĭ l
Lambs			0	Wagons			0	Pumps			0
Horses			0					Solid Set			0
Mules			0				0	Wheel-Line			0
			0				0				0
			0				0				0
	I		0				0				0
	Total V	alue \$			Total V	alue \$			Total Va	lue \$	
IF E	EXCLUS	ION OF P	PROPERTY FR	OM BLANKET CO	VERAG	E IS DESIR	ED, PLEASE	LIST THE SPECIFIC	ITEMS O	N PAGE 8	
							f Insurance				
			Agricultural Pro	duce		\$. moaranee	†			
			Poultry			\$		1			
LIMITS OF I	INSURA	NCE	Livestock			\$		1			
			Agri. Machinery	& Implements		\$		1			
			Agri. Tools, Equ			\$		1			
			Irrigation Equip			\$		Rate	Premiu	ım	
			<u> </u>		otal	\$		x =	ė		
			l					_			

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AGRIBUSINESS FARM PERSONAL PROPERTY

(ISO Coverage E)

Applicant:	Producer:	
τ	NDERWRITING INFORMATION	N
Scheduled		
Unscheduled		
If property is kept on a location(s) oth	er than an insured location, where is	it kept
(a) during farming season?		
(b) during off season?		
What is maximum value of equipmen	t at any one location	
(a) during farming season?	inside \$	in open \$
(b) during off season?	inside \$	in open \$
Is there any equipment loaned or rente	ed to/from others?	☐ No
Value for borrowed or rented equipme	ent \$	
Does applicant perform his own main	tenance on equipment?	☐ No
If no, please indicate type of repairs d	one, where performed and by whom:	
What is radius of operations of equip	ment?	miles
Property excluded from blanket cover	rage:	
Remarks:		
Remarks.		
Cotton Picker Oil	Water	

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SCHEDULED PERSONAL ITEMS

TYPE: 1. Jewelry 2. Furs 3. Cameras 4. Musical Instruments 5. Silverware 6. Fine Arts 7. Golf Equipment 8. Stamps 9. Coins 10. Guns

Applicant: Producer:

Item No	o. Type No.	Description of Item (Serial #, if any)	Insurance Amount
Total a	mount of Insura	ance by Class	Amount of Insurance
1.	Jewelry		
2.	Furs		
3.	Cameras		
4.	Musical instrum		
5.		erplated ware, goldware, goldplated ware and pewterware	
6.		eduled, show location, construction, no. of families and protection class at	
7.	Golf equipment		
8.	Postage stamps		
9.	Rare and curren	t coins	
10.	Guns		
11.	Other (specify)		
		Safe Credit Appraisals Attached Deductible Total \$ Yes No Yes No \$	

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AGRIBUSINESS FARM LIABILITY SECTION

	Coverage	Limits of Lia	bility		
Coverage H	Bodily Injury and Property Damage Liability	\$ \$			urrence" Limit ggregate Limit
Coverage I -	- Personal and Advertising Injury Liability	\$ \$			urrence" Limit ggregate Limit
Coverage J	- Medical Payments	\$ \$			e Person Limit urrence" Limit
Coverage H	Bodily Injury and Property Damage Liability Fire Damage Limit	\$			Any One Fire
	Coverage b. – Damage to Property of Others mmercial General Liability Yes No	\$ If yes, complete equine supplement and/or commerce	ial liability app	plication	
Code	Cove	rrage	Loc#	Basis/Rate	Premium
01905	Initial farm premises, not more than 160 acres	nugo .	Loc "	Busis/ Rute	Tremum
01906 🗆	Initial farm premises, not more than 500 acres				
01907 🔲	Initial farm premises, over 500 acres				
01418 🔲	Additional farm premises maintained by named insured	d Loc. #			
05114	Additional non-farm premises occupied by insured Loc Seasonal Permanent	c. #			
05117 🗆	Additional residence rented to others, numbers of fami	lies Loc. #			
04122 🗆	Additional insured – non-relative resident				
	Additional insured				
	Additional CPL Name:				
07106 🗆	Custom farming receipts \$	(rate per \$1,000 Receipts)			
01235	Roadside stands – farm products principally on the inst (rate per \$1,000 gross sales) Sales \$	ured farm –			
01380	Day Care Coverage (Home) 1-3 persons				
01381 🔲	1-6 persons				
*	Enhanced Pollutant Clean-up (refer to company)	Limit:			
39067 🗌	Chemical Drift				
01360 🗆	Contingent Liability for Crop Dusting by Independent Cost \$	Aircraft – (rate per \$1,000 cost) Limit \$			
	Domestic Workers' Comp In-servant	Out-servant			
	Animal Collision # of Livestock	Limit per Head:			
	Other:				
	Agri-Plus Endorsement				
	Orchard-Vineyard Endorsement				
	Dairy Endorsement				

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${\bf Supplemental\ Application\ (Snowmobiles, All\ Terrain\ Vehicles, Watercraft)}$

Named Insured

A: S	Snowmobiles/	All Terrain Ve	hicles														
Unit No.		Type (Snow/ATV)	Make		Identific Numb		C.C. Displac		Horse- power	Limit o	of Liability	Stat Amt Cost l	. or	When Used		License Highw	
A1																	
A2																	
Оре	erator Inform	ation	Snowmob	iles/All T	errain V	ehicles/ W	Vatercra	ft				_					
Ope	rator Name		Date of Bi	rth	Driver	License N	Number		Gender	Mar	ital Status	Accid	lents / C	itations	past 3	6 mont	hs
B:	Watercraft _	– Under 26 fee	t in length		ļ			ļ									
Unit No.	Des	cription	Model Year	Manuf	acturer	Model and/or		Identi	fication or Number	Serial	Horse- power	Rated Speed	Lei	Ü		nal Cost	New
		ed equipment													\$		
B1	Outboard Mo														\$		
	Outboard Mo	tor #2													\$		
	Power	-	Туре	f Hull		Cons	truction				Water	s To Be l	Navigat	ed			
	outboard]	Runabout			Fiberglas	S										
\square S		[Cabin Cruis			Wood					Use (i.e., f	ishing, sk	ciing, pl	easure)			
_	nboard/Outboa	11	Other (descr	ibe)		Metal		Ļ									
_	abound (Prop S	/				Other				_		erator Di	scount				
∐ lı	nboard (Jet Dri	ive)			Į				□ U.S. Co	ost Guaro	d Aux. I.D. l	No.					
C.	Trailers																
Unit No.	Model Year	Man	ufacturer		Stated Ar	nt. of Cov	verage			ι	Jsed With (E	oat, Snov	wmobile	e, Etc.			
110.	Tour			\$													
		Perso	onal Effects Or	Unattache	d Board	Limit	t of Liabi	ility \$		Unit N	o.			1	remiui	n \$	
	Other Covera	age Equi	pment				t of Liabi	•		Unit N	o.			P	remiui	n \$	
Cove	erage Parts, Fo	rms and Endors	sements Attach	ed To and	Becomin					•		T	otal An	nual Pre	mium		
			1										At I	nceptio	n	\$	
	Loss Is Payabl		Unit No).													
	nterest May Ap he Named Inst		Unit No)													
	Any Operator		Tomer.	··												Yes	No
1.	Membership in	an organized clul	concerned with	any recreati	ional vehic	le?											
		ear's experience i	n the operation of	type of vel	hicle or wa	tercraft ins	ured?										
	ny Recreation																
		ed at a location of ry residence pren		cant's resid	ence?												
		red races or comp															
	Equipped for ar																
12.	Homemade, kit	built or modified	from factory spe	cifications?	1												
		d to others or use			oses?							-					
		cle Condition			1												
		le or boat have be iped with a stove															-
		iped with Coast C					d flotation	devices	?								
		iped with auto en															

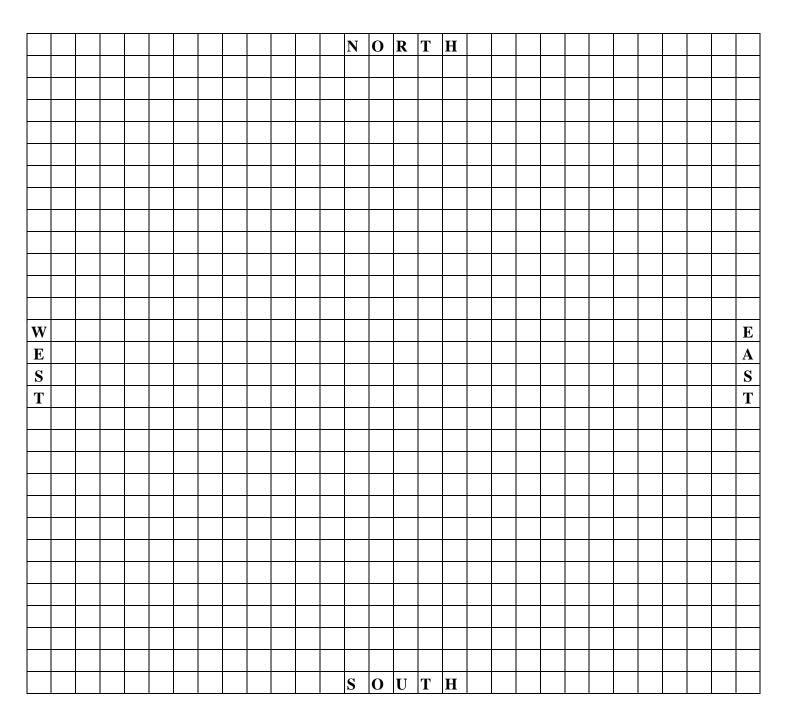
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		Covera	ge and limits of	f liability —	enter limits o	of liability and	l/or deductibl	les for each u	nit.		
Unit		Part I		Part II		Par	t III			Part IV	
No.											
	Injury sands) Each Occurrence	Property Damage (Thousands) Each Occurrence	Single Limit B.I. and P.D. (Thousands) Each Occurrence	Medical Payments (Dollars) Each Person	Compre- hensive Enter Deductible Applicable	Collision Enter Deductible Applicable	All Risk Limit of Liab. Uninsured Motoris Physical Actual Cash Loss-Enter Value Or As B.I. B.T Deductible Shown Each Each Applicable Below Person Accident		P.D. Each Accident		
A1	\$ \$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
A2	\$ \$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
B1	\$ \$	\$	\$	\$	\$	\$	\$	\$			
C1	\$ \$	\$	\$	\$	\$	\$	\$	\$	In Stat	es Where Av	ailable
C2	\$ \$	\$	\$	\$	\$	\$	\$	\$			
					Premiums						Premium Totals
A1	\$ \$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
A2	\$ \$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
B1	\$ \$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Applicant Producer

Diagram:

SHOW ALL BUILDINGS ON THE PREMISES (WHETHER INSURED OR NOT) AND DISTANCE IN FEET BETWEEN THEM. LABEL ALL BUILDINGS AND ATTACH DATED PHOTOGRAPH OF EVERY BUILDING. (INDICATE "NC" IF NOT COVERED.)



Notes: (How to get there, nearest cross street, etc.)

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

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