

# Farm and Ranch Owners Application

Today's date: \_\_\_\_\_

## Agency Information:

<b>Agency Name:</b>	<b>Agency Code:</b>
<b>Producer Name:</b>	<b>Producer Phone:</b>
<b>Producer Email:</b>	<b>Producer Fax:</b>

## Applicant Information:

<b>Applicant Name:</b>			
<b>Mailing Address:</b>		<b>FEIN:</b>	
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Legal Entity:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership* <input type="checkbox"/> Corporation* <input type="checkbox"/> Joint Venture* <input type="checkbox"/> Other			<b>Insured's DOB:</b>
<b>Coverage Effective Date:</b>	<b>Date Purchased:</b>	<b>Yr. Business Started:</b>	
<b>Phone Number:</b>		<b>Web Address:</b>	
<b>Description of Operations:</b>			
* Owner/Member Names if Other than Individual:			
<b># of Cattle:</b>	<b># of Horses:</b>	<b>Type of Crop or Ranch:</b>	

## Primary Location # 1:

<b>Number of Acres:</b>	<b>Is this location rented or leased to others?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Address (911 address or nearest road/intersection):</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>County:</b>
<b>Is location outside city limits?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>Miles from Nearest Fire Station:</b> _____ <input type="checkbox"/> Manned <input type="checkbox"/> Volunteer	
<b>If no 911 address available, provide info below plus GPS Coordinates:</b>			
<b>Number of miles from closest town:</b>		<b>Direction from closest town:</b> <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	
<b>Section:</b>	<b>Range:</b>	<b>Township:</b>	
<b>Comments:</b>			

## Additional Locations:

Loc #	# of Acres	911 Address, Coordinates, Road Name, or Section/Range/Township	Miles from Town	Direction	City	Zip Code	Rented to Others Y/N	Buildings Y/N
2								
3								
4								
5								



<input type="checkbox"/>	Coverage A – Dwellings and Residential Structures <i>(complete page 3)</i>
<input type="checkbox"/>	Coverage C – Personal Property (household contents) <i>(complete page 3)</i>
<input type="checkbox"/>	Coverage E – Equipment, Grain, Hay, or Livestock <i>(complete page 4)</i>
<input type="checkbox"/>	Coverage G – Barns, Storage Tanks, Silos, or Fences <i>(complete page 5)</i>
<input type="checkbox"/>	Coverage H/I – Liability Occurrence Limit: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
<input type="checkbox"/>	Coverage H/I – General Aggregate Limit: <input type="checkbox"/> Same as Occurrence <input type="checkbox"/> Double Occurrence
<input type="checkbox"/>	Coverage J – Medical Payment – per person: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000

<input type="checkbox"/> Earthquake (FP1040):	Which Dwellings?	
<input type="checkbox"/> Farm Computer Coverage (FP0408/FP0458 TX):	Limit:	\$ _____
<input type="checkbox"/> Hunting and Fishing Liability (CLFL0101):	Receipts: \$ _____	(Requires copy of hold harmless)
<input type="checkbox"/> Scheduled Personal Property (FP0461/0510):	Jewelry, fur, silver, firearms (attach schedule – max total limit \$100,000)	
<input type="checkbox"/> Increased Special Limits (FP0407):	\$ _____ Jewelry (\$6,500 Max)	\$ _____ Silverware (\$10,000 Max) \$ _____ Firearms (\$6,500 Max)      \$ _____ Money (\$1,000 Max)      \$ _____ Securities (\$3,000 Max)
<input type="checkbox"/> Windstorm or Hail Exclusion (FP1015/FP1025 TX):	Describe Items:	
<input type="checkbox"/> Additional Residence Rented to Others (FL0406):	Attach list with address	
<input type="checkbox"/> Custom Farming (FL0469):	<input type="checkbox"/> Baling <input type="checkbox"/> Planting <input type="checkbox"/> Harvest <input type="checkbox"/> Other	Amount of Receipts: \$ _____
If Custom Farming is checked above, please describe:		
<input type="checkbox"/> Farm Employers Liability (FL0465/0467):	\$50,000 max limit	Payroll: \$ _____
<input type="checkbox"/> All-Terrain Vehicle Liability (FL0474):	(if >1, add in comments) Year, Make and Model Name:	
<input type="checkbox"/> Watercraft Liability (FL0483):	Hull Year ____ Make: _____	<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard    Motor Make: _____ Engine Size: _____ HP      Maximum Speed: _____ MPH      Length: _____
<input type="checkbox"/> Additional Insured:	<input type="checkbox"/> Liability (FL0450) <input type="checkbox"/> Property (FP0450)	Describe Interest:  Name: _____ Address: _____
<input type="checkbox"/> Additional Insured:	<input type="checkbox"/> Liability (FL0450) <input type="checkbox"/> Property (FP0450)	Describe Interest:  Name: _____ Address: _____
Comments:		

<input type="checkbox"/> Business on Premises other than Farming/Ranching: Please describe:
<input type="checkbox"/> Exotic Wildlife: Please describe type of Exotic Wildlife:
<input type="checkbox"/> Recreational Use by Others: Please describe:
<input type="checkbox"/> Does applicant board, train, or breed horses for others? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, are Hold Harmless Agreements obtained: <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, attach copy of agreement)
If yes, are statutory equine warning signs posted and included in contract: <input type="checkbox"/> No <input type="checkbox"/> Yes – provide photos/contract
Comments:

**Dwelling: if more than two dwellings, please duplicate this page.**

Location Number:      Dwelling Number:		Longitude/Latitude coordinates:	
Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Employee <input type="checkbox"/> Vacant		Is this their Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No*	
*If "No", is there a full time Caretaker living on premises? <input type="checkbox"/> No <input type="checkbox"/> Yes: the distance to their dwelling is _____			
Dwelling Limit: \$		Other Private Structures Limit (typically 10%): \$	
Household Personal Property Limit: \$		Loss of Use Limit (typically 10%): \$	
Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special		Year Built:	Square Footage:
Dwelling Valuation: <input type="checkbox"/> Actual Cash Value (FP1210) <input type="checkbox"/> Replacement Cost		Contents Valuation: <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Replacement Cost (FP0436) - 40% minimum limit	
Dwelling Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000		Wind/Hail Deductible: <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 5%	
Construction Type: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Mobile Home			
Roof Type: <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Concrete Tile/Clay <input type="checkbox"/> Metal <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Wood <input type="checkbox"/> Other			Roof Age:
Number of smoke alarms in dwelling:		Monitored burglar or fire alarm? <input type="checkbox"/> No <input type="checkbox"/> Yes (please show company in comments)	
Central Heat/AC: <input type="checkbox"/> No <input type="checkbox"/> Yes		Number of Stories: <input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> _____	
Enclosed Foundation: <input type="checkbox"/> No <input type="checkbox"/> Yes		Is this dwelling used in any "VRBO" or "Airbnb" operations? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If dwelling is greater than 30 years old, what year was the last update:      Electrical                      Plumbing			
Comments:			

**Dwelling: if more than two dwellings, please duplicate this page.**

Location Number:      Dwelling Number:		Longitude/Latitude coordinates:	
Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Employee <input type="checkbox"/> Vacant		Is this their Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No*	
*If "No", is there a full time Caretaker living on premises? <input type="checkbox"/> No <input type="checkbox"/> Yes: the distance to their dwelling is _____			
Dwelling Limit: \$		Other Private Structures Limit (typically 10%): \$	
Household Personal Property Limit: \$		Loss of Use Limit (typically 10%): \$	
Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special		Year Built:	Square Footage:
Dwelling Valuation: <input type="checkbox"/> Actual Cash Value (FP1210) <input type="checkbox"/> Replacement Cost		Contents Valuation: <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Replacement Cost (FP0436) - 40% minimum limit	
Dwelling Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000		Wind/Hail Deductible: <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 5%	
Construction Type: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Mobile Home			
Roof Type: <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Concrete Tile/Clay <input type="checkbox"/> Metal <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Wood <input type="checkbox"/> Other			Roof Age:
Number of smoke alarms in dwelling:		Monitored burglar or fire alarm? <input type="checkbox"/> No <input type="checkbox"/> Yes (please show company in comments)	
Central Heat/AC: <input type="checkbox"/> No <input type="checkbox"/> Yes		Number of Stories: <input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> _____	
Enclosed Foundation: <input type="checkbox"/> No <input type="checkbox"/> Yes		Is this dwelling used in any "VRBO" or "Airbnb" operations? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If dwelling is greater than 30 years old, what year was the last update:      Electrical                      Plumbing			
Comments:			

### Equipment, Grain, Hay, and Livestock

<input type="checkbox"/> Grain Limit in Metal Structures: \$ _____ Limit in Other Structures: \$ _____	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special
<input type="checkbox"/> Hay, Straw, and Fodder Limit in Structures: \$ _____ Limit in Open: \$ _____	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Perils: Basic Only
<input type="checkbox"/> Scheduled Livestock Head Count: _____ Value Per Head: \$ _____ Type of animal: _____	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Broad
<input type="checkbox"/> Animal Collision Head Count: _____ Value Per Head: \$ _____	Deductible: N/A	Perils: Collision Only
<input type="checkbox"/> Miscellaneous Farm Equipment \$3,000 Max per item Limit: \$ _____	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special
<input type="checkbox"/> Borrowed/ Rented Farm Equipment Limit: \$ _____	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special

### Equipment Schedule: *if more space is needed, please attach schedule*

Location:	Equipment Type: <input type="checkbox"/> Standard Farm Equipment <input type="checkbox"/> Harvesting, Irrigation, Recreational, or Excavating Equipment		
Limit: \$	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	Serial #:	
Year:	Make:	Model:	Item Description:

  

Location:	Equipment Type: <input type="checkbox"/> Standard Farm Equipment <input type="checkbox"/> Harvesting, Irrigation, Recreational, or Excavating Equipment		
Limit: \$	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	Serial #:	
Year:	Make:	Model:	Item Description:

  

Location:	Equipment Type: <input type="checkbox"/> Standard Farm Equipment <input type="checkbox"/> Harvesting, Irrigation, Recreational, or Excavating Equipment		
Limit: \$	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	Serial #:	
Year:	Make:	Model:	Item Description:

  

Location:	Equipment Type: <input type="checkbox"/> Standard Farm Equipment <input type="checkbox"/> Harvesting, Irrigation, Recreational, or Excavating Equipment		
Limit: \$	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	Serial #:	
Year:	Make:	Model:	Item Description:

  

Location:	Equipment Type: <input type="checkbox"/> Standard Farm Equipment <input type="checkbox"/> Harvesting, Irrigation, Recreational, or Excavating Equipment		
Limit: \$	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	Serial #:	
Year:	Make:	Model:	Item Description:

Please describe maintenance protocols for farm equipment, and describe storage and security of farm equipment:

**Barns, Tanks, Silos and Fences:**

Location:	<input type="checkbox"/> Barns, Stables and Outbuildings <input type="checkbox"/> Tanks <input type="checkbox"/> Silos <input type="checkbox"/> Fences, Corrals/Chutes <input type="checkbox"/> Windmills				
Description/Use:			Longitude/Latitude coordinates:		
Limit: \$	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000			Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible			Yr. Blt:		Sq. Ft:
Roof Type: <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> All Other					Roof Age:
Open Sides: <input type="checkbox"/> No <input type="checkbox"/> Yes		Hay Storage: <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Exclude Wind/Hail – TX only	

Location:	<input type="checkbox"/> Barns, Stables and Outbuildings <input type="checkbox"/> Tanks <input type="checkbox"/> Silos <input type="checkbox"/> Fences, Corrals/Chutes <input type="checkbox"/> Windmills				
Description/Use:			Longitude/Latitude coordinates:		
Limit: \$	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000			Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible			Yr. Blt:		Sq. Ft:
Roof Type: <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> All Other					Roof Age:
Open Sides: <input type="checkbox"/> No <input type="checkbox"/> Yes		Hay Storage: <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Exclude Wind/Hail – TX only	

Location:	<input type="checkbox"/> Barns, Stables and Outbuildings <input type="checkbox"/> Tanks <input type="checkbox"/> Silos <input type="checkbox"/> Fences, Corrals/Chutes <input type="checkbox"/> Windmills				
Description/Use:			Longitude/Latitude coordinates:		
Limit: \$	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000			Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible			Yr. Blt:		Sq. Ft:
Roof Type: <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> All Other					Roof Age:
Open Sides: <input type="checkbox"/> No <input type="checkbox"/> Yes		Hay Storage: <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Exclude Wind/Hail – TX only	

Location:	<input type="checkbox"/> Barns, Stables and Outbuildings <input type="checkbox"/> Tanks <input type="checkbox"/> Silos <input type="checkbox"/> Fences, Corrals/Chutes <input type="checkbox"/> Windmills				
Description/Use:			Longitude/Latitude coordinates:		
Limit: \$	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000			Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible			Yr. Blt:		Sq. Ft:
Roof Type: <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> All Other					Roof Age:
Open Sides: <input type="checkbox"/> No <input type="checkbox"/> Yes		Hay Storage: <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Exclude Wind/Hail – TX only	

Comments:

## Supplemental Heating Questionnaire

Dwelling #	Portable Unit? <input type="checkbox"/> No <input type="checkbox"/> Yes	Permanently Installed? <input type="checkbox"/> No <input type="checkbox"/> Yes
What type of fuel? <input type="checkbox"/> Wood <input type="checkbox"/> Kerosene <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other		
Are proper clearances being maintained between the heating device and any combustible materials? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Is the stove and chimney pipe inspected and cleaned at least once a year? <input type="checkbox"/> No <input type="checkbox"/> Yes		

## General Underwriting Information (please complete for EVERY SUBMISSION)

How long have you known the applicant: _____ yrs.	Applicant is <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single
Agriculture is applicant's <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Only occupation.	
What is applicant's primary occupation?	Is this new business to your agency? <input type="checkbox"/> No <input type="checkbox"/> Yes
Farmed/Ranched by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Manager/Employees <input type="checkbox"/> Other: _____	
For locations leased or rented to others:	
What are tenant operations:	
Are Certifications of Liability provided? <input type="checkbox"/> No <input type="checkbox"/> Yes: Tenant Liability Limit: \$	Applicant named as AI? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has coverage ever been cancelled or non-renewed? <input type="checkbox"/> No <input type="checkbox"/> Yes	Reason:
Does applicant have any other policies with BSW? <input type="checkbox"/> No <input type="checkbox"/> Yes: please list:	
Comments:	

## Property and Liability Information (please complete for every risk)

When did the agent last see the property?	Are there fire extinguishers on site? <input type="checkbox"/> No <input type="checkbox"/> Yes
Are livestock fenced? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A (no livestock)	
Is there a swimming pool? <input type="checkbox"/> No <input type="checkbox"/> Yes: Is there a Slide? <input type="checkbox"/> No <input type="checkbox"/> Yes Is there a Diving Board? <input type="checkbox"/> No <input type="checkbox"/> Yes	Please describe fencing/security:
Are there any trampolines on premises? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Is there a pond or lake used for recreational activities? <input type="checkbox"/> No <input type="checkbox"/> Yes - please describe:	
Does the applicant own, rent, or maintain any other property not on this app? <input type="checkbox"/> No <input type="checkbox"/> Yes - please describe:	
Are any buildings located in a flood plain? <input type="checkbox"/> No <input type="checkbox"/> Yes - please describe:	
Are labor services, migrant workers or independent contractors used for labor on premises? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, describe activities performed by those workers:	
If yes, are certificates of Workers Compensation required? <input type="checkbox"/> No <input type="checkbox"/> Yes	Housing provided? <input type="checkbox"/> No <input type="checkbox"/> Yes
Are there any unusual hazards present such as quarries, commercial wood lot, open dump pits, sump holes, vehicle trails, reservoirs, waste lagoons, etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes - please describe:	
Are Farm operations open to the public, such as U-Pick, Community Gardens, auction sales, swap meets, sales or food/beverage service? <input type="checkbox"/> No <input type="checkbox"/> Yes - please describe:	
Does applicant sell any product (their own or anyone else's) such as seed, feed, fertilizers, herbicides, pesticides, chemicals, etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes - please describe:	
Is applicant licensed for application of chemicals? <input type="checkbox"/> No <input type="checkbox"/> Yes - provide license # and expiration date:	
Are there children in the household under the age of 25? <input type="checkbox"/> No <input type="checkbox"/> Yes - please list age(s): _____	
Comments:	

**Property and Liability Information (continued)**

 Are there any dogs on the premises? ☐ No ☐ Yes - please list number of dogs and breeds: \_\_\_\_\_

 If yes, have the pets been involved in any prior claims: ☐ No ☐ Yes – describe: \_\_\_\_\_

 Are there any Arena, Roping or Rodeo practice facilities on premises? ☐ No ☐ Yes

If yes, please describe: \_\_\_\_\_

 Public participants or spectators? ☐ No ☐ Yes

 Any livestock provided to rodeo facilities? ☐ No ☐ Yes - please describe: \_\_\_\_\_

 Any ATVs or Recreational Equipment used? ☐ No ☐ Yes - describe usage: \_\_\_\_\_

 If yes, are helmets required? ☐ No ☐ Yes Are minors allowed to ride/drive ATVs? ☐ No ☐ Yes

 Does applicant have Agritainment exposures (such as crop maze, provide tours, offer hayrides), offer premises as a wedding/event venue, or make premises available for trail rides? ☐ No ☐ Yes – describe: \_\_\_\_\_

 Are any contract or service operations performed for others such as tilling, excavating, chemical spraying, trenching, custom farming, etc.? (If Custom Farming is desired, please select in Optional Endorsements section). ☐ No ☐ Yes

If yes, please describe: \_\_\_\_\_

 If produce is grown, are precautions made to reduce food borne illnesses? ☐ No ☐ Yes ☐ N/A

Comments: \_\_\_\_\_

**Additional Interests:**

Mortgagee: \_\_\_\_\_

Loss Payee: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Interest: \_\_\_\_\_

Comments: \_\_\_\_\_

**Prior Losses:**

Claim Date: \_\_\_\_\_

Loss Amount: \$ \_\_\_\_\_

Details: \_\_\_\_\_

Claim Date: \_\_\_\_\_

Loss Amount: \$ \_\_\_\_\_

Details: \_\_\_\_\_

Claim Date: \_\_\_\_\_

Loss Amount: \$ \_\_\_\_\_

Details: \_\_\_\_\_

Comments: \_\_\_\_\_

**Prior Carrier:**

Prior Carrier Name: \_\_\_\_\_

Expiring Premium: \$ \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Billing Information:**

 Billing Method: ☐ EFT Billed (completed form required) ☐ Direct Bill – select pay plan below:

 Direct Bill Payment Plan: ☐ 1-Pay (100% down, no service fees) ☐ 2-Pay (50% down + 1 installment)

☐ 3-Pay (33% down + 2 installments) ☐ 4-Pay (25% Down + 3 installments) ☐ 9-Pay (25% down + 8 installments)

☐ 10-Pay (10% down + 9 installments) ☐ 10-Pay (20% down + 9 installments) ☐ 11-Pay (20% down + 10 installments)

Down Payment: \$ \_\_\_\_\_

**Additional Comments and Information:**