

FARMPAC APPLICATION

Agency _____

Number _____

Town _____

I
N
S
U
R
E
D

_____ Name

_____ Mailing Address

_____ City, State, ZIP

Phone# _____ to _____
(inception) (expiration)

New Renewal of Policy No. _____

Dwelling Form: Basic Broad Special Tenant

Deductible: \$500 \$2,500 \$7,500
 \$1,000 \$5,000

Payment Plan: Agency Bill Customer Bill

Premium: _____

The following Described property is occupied by _____ and (except as herein otherwise provided) situated on and confined to _____ acres in the _____ of Section _____ Township _____ Range _____ about _____ miles from _____ and situated on _____ side of the road leading to _____ county of _____ State of _____ Zone of _____ Rural Fire Department Class _____ (where applicable)

| Location | Description | Frame/ Masonry | Limit of liability | Year Built | Square Feet | Type | Ltg Rd | Premium | Important Rating |
|--|-------------------------|-------------------|--------------------|---------------|----------------|--|--------------|--|--|
| | Primary Dwlg. | | | | | | | | Refer to manual for complete requirements. A photo of each building is required for issuance. COV. A- DWELLINGS |
| | Unscheduled Pers. Prop. | | | | | | | | |
| | Secondary Dwlg. | | | | | | | | |
| | Unscheduled Pers. Prop. | | | | | | | | |
| Replacement Cost Coverage on Household Goods: <input type="checkbox"/> Main Dwelling <input type="checkbox"/> Secondary Dwlg <input type="checkbox"/> Additional Dwlg Special Perils Coverage on Household Goods: <input type="checkbox"/> Main Dwelling <input type="checkbox"/> Secondary Dwlg <input type="checkbox"/> Additional Dwlg | | | | | | Barns & Outbuildings <input type="checkbox"/> Optional Perils <input type="checkbox"/> Special Perils | | RC Type 1: Min. \$20,000 (a) Superior condition (b) Thermostatically controlled heat (c) Continuous foundation (d) Interior plumbing (e) Approved electric heat (f) Insured 80% to value RC Type 2: Min. \$15,000 Same as (c) thru (e) above plus approved heating system and be of good construction and maintenance. | |
| Outbuildings & Additional Dwellings | | | | | | | | | |
| Location | Description | USE CONSTR | Limit of liability | Year Built | Square Feet | Type | Rd Credit | Premium | Important Rating |
| | | | | | | | | | ACV Type 3: All Others. COV. F- OUTBUILDINGS RC Type 1: Min. \$2,000 (a) Superior condition (b) One Story (c) Continuous foundation (d) Incombustible floor (e) Fully enclosed (f) No hay storage RC Type 2: Min. \$1,000 (a) Superior condition (b) Continuous foundation (c) Fully enclosed on 3 sides ACV Type 3: All Others |
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Additional Premises

| Location | Legal Description | No. of Acres | No. of Dwellings |
|----------|-------------------|--------------|------------------|
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

Complete information below for the main dwelling and all additional dwellings (include residential cost estimator for each).

| Dwelling | Continuous Foundation Y/N | Central Heat Y/N | Interior Plumbing Y/N | Solar Heat Y/N | Wood Burning Stove* | Fireplace Insert* Y/N | If dwelling is over 30 years old, provide remodeling dates | | | |
|---------------|------------------------------|---------------------|--------------------------|-------------------|---------------------|--------------------------|--|---------|----------|------|
| | | | | | | | Wiring | Heating | Plumbing | Roof |
| Main Dwelling | | | | | | | | | | |
| # 2 | | | | | | | | | | |
| # 3 | | | | | | | | | | |
| # 4 | | | | | | | | | | |

Do all rental dwellings have a working smoke alarm installed? Yes No

*Must have a questionnaire completed and photo of any such installation

COMPREHENSIVE FARM LIABILITY

Non Applicable

| COVERAGES | LIMIT OF LIABILITY | Premium |
|---|--|---------|
| Comprehensive Farm Personal Liability | \$ _____ each occurrence \$50,000 unless other amount is shown | |
| Medical Payments | \$ _____ each person \$1,000 unless other amount shown | |
| Custom Farming Type of Operation _____ | Est. Annual Receipts: \$ _____ | |
| Employer Liability & Employers Medical Payments | _____ Full-time farm employees _____ Part-time farm employees (Y/N) Estimated Payroll \$ _____ | |

Additional Named Insured

- 1.
- 2.
- 3.

Additional Business Activity _____

Annual Gross Receipts: \$ _____

Recreational Vehicle/Watercraft (Description, Value) Physical Damage Liability

- 1.
- 2.
- 3.
- 4.
- 5.

Fire Legal Liability - \$50,000 Limit Check if coverage is desired

| Family Medical Coverage: | Name | Date of Birth | Limit of Liability |
|--------------------------|------|---------------|--------------------|
| | | | |
| | | | |

MORTGAGEE, LOSS PAYABLE, CONTRACT OF SALE:

| Name | Address | Interest |
|------|---------|----------|
| | | |
| | | |
| | | |

COVERAGE D or E

FARM PERSONAL PROPERTY - to be insured as indicated by the check in the block below:

COV. D BLANKET FARM PERSONAL PROPERTY

(minimum \$10,000) Insurance must be carried to not less than 80% of value at all times to comply with policy provisions.

COV. E, SCHEDULED FARM PERSONAL PROPERTY

Note: Livestock valued at more than \$2,000 per head must be scheduled.

| Grain & Feed | | | Livestock | | | Machinery | |
|---|--------|--------------------|-----------------------------|--------|-------|----------------------------|-------------------|
| Description | No. of | Total | Description | No. of | Total | Description | Total Value |
| Corn | | | Horses | | | Tractors | |
| Soybeans | | | | | | | |
| Wheat | | | | | | | |
| | | | Feeder Cattle | | | | |
| | | | Beef Cows | | | | |
| | | | Beef Calves | | | | |
| Hay | | | Bulls | | | Combines | |
| Straw | | | | | | | |
| Silage | | | | | | | |
| Feed | | | Dairy Cows | | | | |
| | | | Dairy Calves | | | | |
| | | | Heifers | | | Corn Picker | |
| Total Above | | | | | | Cotton Picker | |
| Specific Person Property COVERAGE E only | | | Boars | | | | |
| | | | Sows | | | | |
| | | | Feeders | | | | Portable Elevator |
| Description | | Total Value | | | | | |
| Borrowed Farm Machinery | | | Rams | | | Plows | |
| Leased Farm Machinery | | | Ewes | | | Discs | |
| Portable Buildings | | | Lambs | | | Harrows | |
| | | | | | | Cultipacker | |
| Poultry | | | TOOLS & SUPPLIES | | | Corn Planter | |
| | | | Description | | | Drill | |
| Hay in Stacks | | | No. of | | | Seeders | |
| Stack Limit of \$ | | | Units | | | | |
| Straw in stacks | | | Total Value | | | Rotary Hoes | |
| Stack Limit of \$ | | | | | | Cultivators | |
| | | | | | | Fertilizer Spreader | |
| Irrigation Equipment | | | | | | Sprayers | |
| | | | | | | | |
| | | | | | | Mowers | |
| | | | | | | Hay Baler | |
| | | | | | | Hay Bin | |
| | | | | | | Hay Rakes | |
| | | | | | | Forage Harvester | |
| | | | | | | Silo Filler | |
| | | | | | | | |
| | | | | | | Manure Loader | |
| | | | | | | Manure Spreader | |
| Total | | | Total | | | | |
| Exclusions: The following are not to be covered: | | | | | | Wagons | |
| _____ , _____ , _____ | | | | | | | |
| _____ , _____ , _____ | | | | | | | |
| _____ , _____ , _____ | | | | | | Feed Grinder & Hammer Mill | |
| _____ , _____ , _____ | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | Gas Engines | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

| | Limit of Liability | Period of Time | | Premium |
|--------------------|--------------------|----------------|----|---------|
| | | From | To | |
| Peak Season | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Glass In Cabs

| Type Of Machinery | Yr., Make, Model | Premium |
|-------------------|------------------|---------|
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|----------------------------------|----------------|
| | |
| | |
| | |
| Total Above | |
| Other Unlisted Per. Prop. | |
| Excluded Value | |
| Total Value | |
| Total Amount of Ins | Premium |
| | |

| OPTIONAL COVERAGES: Check if coverage is desired | Premium | | Premium |
|--|---------|--|---------|
| Earthquake <input type="checkbox"/> | | Sports Equipment (Attach Schedule) <input type="checkbox"/> | |
| Optional Perils (Machinery) <input type="checkbox"/> | | Cameras (Attached Schedule) <input type="checkbox"/> | |
| Jewelry (Attached Schedule) <input type="checkbox"/> | | Extended Replacement Cost Cov. A <input type="checkbox"/> | |
| Furs (Attach Schedule) <input type="checkbox"/> | | Back Up of Sewers, Drains & Sumps <input type="checkbox"/> | |
| Silverware (Attach Schedule) <input type="checkbox"/> | | Pollutant Extension to Motor Vehicles <input type="checkbox"/> | |
| Dairyman's Protective Endorsement <input type="checkbox"/> | | Ultra Plus FARMFAC Endorsement <input checked="" type="checkbox"/> | |

| INCREASED LIMITS | Increase in Liability | Premium | Increase In Liability | Premium |
|------------------------------|-----------------------|---------|--------------------------------|---------|
| Outdoor Radio & TV Equipment | | | Pollution Clean Up and Removal | |
| Private Power & Light Poles | | | | |

Transportation of Farm personal Property (Value & description of transported property) _____
 Satellite Dish Description (Make, Model & Cost): _____

AGENT'S STATEMENT - ALL QUESTIONS MUST BE ANSWERED

Applicant known to agent Yes No Years _____

When did you personally inspect property? _____

Present value: Land? _____ Bldgs? _____

Mortgage outstanding: _____

Income other than farming: _____ % of total income

Year farming operation was started: _____

Type of farming _____

Total acreage: _____ acres of which _____ acres are under cultivation

Farmed by Owner Manager Other Explain: _____

Heat in farm barns, bldgs? Yes No If yes, explain and give type _____

Any undesirable wind risk? Yes No Details, if yes: _____

Are any dwellings vacant? Yes No If yes, which one(s)? _____

Will any of the dwellings be unoccupied for more than 120 days? Yes No If yes, which one(s) _____

Is there horse boarding, breeding or riding lessons given on premises? Yes No Give details: _____

Is there hunting, fishing, or swimming allowed on premises? Yes No If yes, is there a charge? Yes No

If there is livestock on the insured premises, are fences in good condition and well maintained? Yes No

Are all outbuildings fully utilized? Yes No They are used for: _____

How are barns utilized? _____

Water supply: Source: _____ Quantity _____ Distance from buildings, Approx. _____ ft. to _____

Fire Dept. or Dist. at _____ Distance _____ over Paved Unpaved roads

Risk is eligible for service Telephone on premises

Distance to fire hydrant, if any? _____

Number of losses applicant has had in last 3 years caused by perils covered. _____ Give date and kind of loss, insurer and amount paid: _____

Has any insurer canceled or refused similar insurance? Yes No If yes, what company and why? _____

(NOT APPLICABLE IN MISSOURI)

Who was prior carrier? _____

Other insurance company has for applicant _____

Policy No's: _____

APPLICANT'S SIGNATURE _____

AGENT'S SIGNATURE _____

ATTACH A DIAGRAM INDICATING ALL BUILDINGS. SHOW DISTANCE IN FEET BETWEEN BUILDINGS.

Additional Information:

Note: 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.