

NEW BUSINESS
 RENEWAL BUSINESS
Previous Policy Number:

POLICY EFFECTIVE:
From: _____ 20____
To: _____ 20____

APPLICATION FOR THE Farm Umbrella Policy

Coverage is not bound by completion of this application.

I. GENERAL INFORMATION									
A. APPLICANT'S NAME				AGENCY NAME					
ADDRESS				ADDRESS					
CITY/STATE/ZIP CODE				CITY/STATE/ZIP CODE			AGENCY CODE NO.		
TELEPHONE NUMBER ()				TELEPHONE NUMBER ()		FAX NUMBER ()			
B. THE APPLICANT IS: <input type="checkbox"/> An Individual <input type="checkbox"/> A Corporation <input type="checkbox"/> A Partnership <input type="checkbox"/> Other (Describe)									
ARE ANY COVERED DRIVERS 18 YEARS OR YOUNGER <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, HOW MANY		RELATIONSHIP TO APPLICANT			
REQUESTED LIMIT OF LIABILITY <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$ 5,000 Retained Limit									
II. AUTOMOBILE – DESCRIBE ALL AUTOMOBILES AND MOTORCYCLES. DO NOT INCLUDE FARM MACHINERY.									
TYPE	SIZE CLASS	OWNED BY APPLICANT	LEASED TO APPLICANT	TOTAL NUMBER UNITS	USE	OPERATING RADIUS	CARGO CARRIED		
PRIVATE PASSENGER	AUTOS								
LIGHT TRUCKS	PICK-UPS								
FARM SERVICE CLASS	MEDIUM								
TRUCKS	HEAVY								
	EXTRA HEAVY								
FARM TRUCK/TRACTOR	HEAVY								
	EXTRA HEAVY								
III. DESCRIBE THE EXPOSURES AT THE VARIOUS INSURED LOCATIONS. IF NO EXPOSURE EXISTS, STATE "NONE."									
A. DWELLINGS OCCUPIED BY INSURED Number _____									
B. TOTAL NUMBER OF ACRES OPERATED (ALL LOCATIONS)									
C. DWELLINGS RENTED TO OTHERS Number _____									
D. RECREATIONAL MOTOR VEHICLES (NOT LICENSED FOR ROAD USE) Number _____									
E. WATERCRAFT – NUMBER AND TYPE OF OWNED, LEASED OR CHARTERED WATERCRAFT:									
NO.	TYPE	H.P.	SPEED (M.P.H.)	OVERALL LENGTH	WHERE USED				
CARRIER		POLICY NUMBER	POLICY PERIOD	COVERAGE	LIMITS OF LIABILITY	PREMIUM			
IV. DOES THE APPLICANT HAVE ANY OF THE FOLLOWING EXPOSURES? IF "YES," EXPLAIN BELOW. INCLUDE IN THE EXPLANATION A DESCRIPTION OF THE PRIMARY INSURANCE COVERAGE.									
				EXPOSURE		IS THERE PRIMARY COVERAGE?		IS UMBRELLA COVERAGE DESIRED?	
				YES	NO	YES	NO	YES	NO
A.	Custom farming receipts in excess of \$2,000/year								
B.	Office, professional, private school or studio occupancy								
C.	Farm employees								
D.	Farm operations includes "livestock"								
E.	Seed sales								

OTHER EXPOSURES

F. DOES THE APPLICANT EVER HIRE THE SERVICES OF OTHERS (INCLUDING CUSTOM FARMING OR CROP DUSTING)?
 Yes No If "Yes," Explain.
 ARE CERTIFICATES OF INSURANCE REQUIRED OF ALL SUB OR INDEPENDENT CONTRACTORS?
 Yes No If "Yes," describe required coverage and limits of liability

G. DOES THE APPLICANT HAVE ANY OWNED OR LEASED AIRCRAFT?
 Yes No

H. DOES THE APPLICANT LEASE, RENT OR USE ANY PROPERTY OF OTHERS?
 Yes No If "Yes," Explain.
 IF MORE THAN ONE ENTITY IS INCLUDED IN THIS APPLICATION, DOES ONE ENTITY LEASE, RENT OR USE PROPERTY TITLED IN THE NAME OF ANOTHER ENTITY?
 Yes No If "Yes," Explain.
 IS ANY PROPERTY LEASED, RENTED OR LOANED TO THE APPLICANT WHICH BELONGS TO DIRECTORS OR OFFICERS OF THE APPLICANT?
 Yes No If "Yes," Explain.

I. LOSSES OVER \$10,000 – IF NO LOSSES, STATE "NONE."

DATE OF LOSS	DESCRIPTION OF LOSS	B.I. OR P.D.	NUMBER OF CLAIMANTS	AMOUNT PAID	AMOUNT OUTSTANDING

V. DRIVER'S INFORMATION

NAME (AS IT APPEARS ON LICENSE)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE

VI. PRIMARY INSURANCE – LIST ALL PRIMARY LIABILITY AND WORKERS' COMPENSATION POLICIES BELOW. DESCRIBE COVERAGE ACCURATELY.

TYPE OF POLICY AND COVERAGE	INSURER	LIMITS OF LIABILITY
1. Standard Workers' Compensation and Employers' Liability	Insurer: _____ Policy Number: _____ Policy Period: _____	Statutory Workers' Compensation \$ _____
2. Automobile Liability <input type="checkbox"/> a. Personal Automobiles	Insurer: _____ Policy Number: _____ Policy Period: _____	Bodily Injury \$ _____ Each Person \$ _____ Each Occurrence Property Damage \$ _____ Each Occurrence Uninsured Motorists _____
<input type="checkbox"/> b. Commercial Automobiles <input type="checkbox"/> Basic Coverage <input type="checkbox"/> Comprehensive Coverage <input type="checkbox"/> Nonowned Automobiles <input type="checkbox"/> Hired Automobiles	Insurer: _____ Policy Number: _____ Policy Period: _____	Bodily Injury \$ _____ Each Person \$ _____ Each Occurrence Property Damage \$ _____ Each Occurrence Uninsured Motorists _____
3. General Liability <input type="checkbox"/> Farmer's Comp. Personal Liability <input type="checkbox"/> Comprehensive General Liability <input type="checkbox"/> Personal Injury <input type="checkbox"/> Recreational Motor Vehicles <input type="checkbox"/> Custom Farming <input type="checkbox"/> Injury to Farm Employees <input type="checkbox"/> Other (Describe)	Insurer: _____ Policy Number: _____ Policy Period: _____	\$ _____ Each Occurrence \$ _____ Aggregate

STANDARD FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and may subject such person to criminal and substantial civil penalties. (This wording does not apply in Oregon.)

- FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is guilty of insurance fraud and is subject to criminal and civil penalties.
- VIRGINIA:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to the best of his/her knowledge true.

THIS APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

DATE / /	APPLICANT X
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REMARKS

DATE / /	AGENT'S SIGNATURE X
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