

SERFF Tracking Number: ACPC-125758941 State: Arkansas
 Filing Company: ACORD Corporation State Tracking Number: EFT \$50
 Company Tracking Number: ACORD 2008-8 (AGRICULTURE)
 TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
 Product Name: Personal Farmowners
 Project Name/Number: AR FILING 08-04-08 ACORD:401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09); & ACORD 404 (2007/09) /AR 8:
 ACORD 2008-08 (Agriculture)

Filing at a Glance

Company: ACORD Corporation
 Product Name: Personal Farmowners SERFF Tr Num: ACPC-125758941 State: Arkansas
 TOI: 03.0 Personal Farmowners SERFF Status: Closed State Tr Num: EFT \$50
 Sub-TOI: 03.0000 Personal Farmowners Co Tr Num: ACORD 2008-8 State Status: Fees verified and received
 (AGRICULTURE)
 Filing Type: Form Co Status: Reviewer(s): Becky Harrington, Betty Montesi
 Author: Daneen L. Carroll Disposition Date: 08/13/2008
 Date Submitted: 08/05/2008 Disposition Status: Approved
 Effective Date Requested (New): 08/04/2008 Effective Date (New): 08/13/2008
 Effective Date Requested (Renewal): Effective Date (Renewal):
 State Filing Description:

General Information

Project Name: AR FILING 08-04-08 ACORD:401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09); & ACORD 404 (2007/09) Status of Filing in Domicile: Not Filed
 Project Number: AR 8: ACORD 2008-08 (Agriculture) Domicile Status Comments:
 Reference Organization: ACORD Reference Number: ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09); & ACORD 404 (2007/09)
 Reference Title: Agriculture Application; Agriculture Property Section; Agriculture Property Section - Sched. & Unshed. Farm Personal Property; & Agriculture Liability Section Advisory Org. Circular: ACORD 403; & ACORD 404
 Filing Status Changed: 08/13/2008 Deemer Date:
 State Status Changed: 08/06/2008
 Corresponding Filing Tracking Number: ACORD 2008-8 (Agriculture)
 Filing Description:
 August 4, 2008

SERFF Tracking Number: ACPC-125758941 *State:* Arkansas
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ACORD 2008-08 (Agriculture)

Ms. Alexa Grissom
Senior Rate and Forms Analyst
Property and Casualty Division
Arkansas Insurance Department
1200 West Third St.
Little Rock, Arkansas 72201-1904

Re: ACORD Forms Filing 2008-8 (Agriculture)
ACORD 401 Agriculture Application
ACORD 402 Agriculture Property Section
ACORD 403 Agriculture Property Section Sch and Unsched Farm Pers Prop
ACORD 404 Agriculture Liability Section

Dear Ms. Grissom:

As a licensed Advisory Organization (# 8977), we hereby file two (2) new forms.

Attached are the following:

1. Copies of Form PC TD-1, P&C Transmittal Document
2. Copies of Form PC FFS-1, Form Filing Synopsis
3. Arkansas Certificate of Compliance
4. One copy of each of the applications being filed
5. An explanation of the use of each form
6. One \$50.00 filing fee (four forms)

Please do not hesitate to call me at (800) 444-3341, extension 422 or e-mail jvolker@acord.org, if you need anything further.

Sincerely,

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ACORD 2008-08 (Agriculture)

Joel V. Volker
Staff Counsel

JVV:etb

Enclosures

Company and Contact

Filing Contact Information

Daneen L Carroll, Compliance Manager
Two Blue Hill Plaza
Pearl River , NY 10965-8529

dcarroll@acord.org
(845) 620-1700 [Phone]
(845) 620-3693[FAX]

Filing Company Information

ACORD Corporation
Two Blue Hill Plaza
3rd Floor
Pearl River, NY 10965-8529
(845) 620-1700 ext. [Phone]

CoCode: 44
Group Code:
Group Name:
FEIN Number: 13-2940919

State of Domicile: New York
Company Type: Non-profit
State ID Number:

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ACORD 2008-08 (Agriculture)

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACORD Corporation	\$50.00	08/05/2008	21789276

SERFF Tracking Number: ACPC-125758941 State: Arkansas
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 ACORD 2008-08 (Agriculture)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	08/13/2008	08/13/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	08/08/2008	08/08/2008			
Pending Industry Response	Becky Harrington	08/06/2008	08/06/2008	Daneen L. Carroll	08/07/2008	08/07/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Agriculture Application	Form	Daneen L. Carroll	08/11/2008	08/11/2008
Agriculture Property Section	Form	Daneen L. Carroll	08/11/2008	08/11/2008
Agriculture Property Section Scheduled and Unscheduled Farm	Form	Daneen L. Carroll	08/11/2008	08/11/2008

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Personal
Property

Agriculture Form
Liability
Section

Daneen L. Carroll 08/11/2008 08/11/2008

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ACORD 2008-08 (Agriculture)

Disposition

Disposition Date: 08/13/2008

Effective Date (New): 08/13/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ACPC-125758941 State: Arkansas
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 ACORD 2008-08 (Agriculture)

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09) ACORD Cover Letter: ACORD 2008-8 (Agriculture)	Approved	Yes
Supporting Document	ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09) Arkansas Certificate of Compliance: ACORD 2008-8 (Agriculture)	Approved	Yes
Supporting Document (revised)	ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09) Explanation of Changes: ACORD 2008-8 (Agriculture)	Approved	Yes
Supporting Document	ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09) Explanation of Changes: ACORD 2008-8 (Agriculture)		Yes
Supporting Document (revised)	ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09) ACORD Form(s): ACORD 2008-8 (Agriculture)	Approved	Yes
Supporting Document	ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09) ACORD Form(s): ACORD 2008-8 (Agriculture)		Yes
Form	Agriculture Application	Approved	Yes
Form	Agriculture Property Section	Approved	Yes
Form	Agriculture Property Section Scheduled and Unscheduled Farm Personal Property	Approved	Yes
Form	Agriculture Liability Section	Approved	Yes

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ACORD 2008-08 (Agriculture)

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/08/2008
Submitted Date 08/08/2008

Respond By Date

Dear Daneen L Carroll,

This will acknowledge receipt of your response.

The forms are still not listed under the form schedule tab.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

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ACORD 2008-08 (Agriculture)

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/06/2008
Submitted Date 08/06/2008

Respond By Date

Dear Daneen L Carroll,

This will acknowledge receipt of the captioned filing.

Objection 1

- ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09) ACORD
Form(s): ACORD 2008-8 (Agriculture) (Supporting Document)

Comment: Please attach the forms under the "forms tab".

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/07/2008
Submitted Date 08/07/2008

Dear Becky Harrington,

Comments:

Response 1

Comments: Resubmitting all forms as requested.

Related Objection 1

Applies To:

- ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09) ACORD
Form(s): ACORD 2008-8 (Agriculture) (Supporting Document)

Comment:

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ACORD 2008-08 (Agriculture)

Please attach the forms under the "forms tab".

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09)

Explanation of Changes: ACORD 2008-8 (Agriculture)

Comment: ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09)

Explanation of Changes: ACORD 2008-8 (Agriculture)

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments: Resending ACORD Forms

Related Objection 1

Applies To:

- ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09) ACORD Form(s): ACORD 2008-8 (Agriculture) (Supporting Document)

Comment:

Please attach the forms under the "forms tab".

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09)

ACORD Form(s): ACORD 2008-8 (Agriculture)

Comment: ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09) ACORD

Form(s): ACORD 2008-8 (Agriculture)

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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Sincerely,
Daneen L. Carroll

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 ACORD 2008-08 (Agriculture)

Amendment Letter

Amendment Date:
 Submitted Date: 08/11/2008

Comments:

Responding to Objection Letter 08/06/08 - Filing Forms under "Forms Tab".

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Agriculture Application	ACORD 401	(2007/09)	Application/Binder/Enrollment	New				401.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Agriculture Property Section	ACORD 402	(2007/09)	Application/Binder/Enrollment	New				402.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Agriculture Property Section Scheduled and Unscheduled Farm Personal Property	ACORD 403	(2007/09)	Application/Binder/Enrollment	New				403.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Agriculture Liability	ACORD 404	(2007/09)	Application/Binder	New				404.pdf

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ACORD 2008-08 (Agriculture)

Section r/Enrollm
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 ACORD 2008-08 (Agriculture)

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Agriculture Application	ACORD 401	(2007/09)	Application/ New Binder/Enrollment			401.pdf
Approved	Agriculture Property Section	ACORD 402	(2007/09)	Application/ New Binder/Enrollment			402.pdf
Approved	Agriculture Property Section Scheduled and Unscheduled Farm Personal Property	ACORD 403	(2007/09)	Application/ New Binder/Enrollment			403.pdf
Approved	Agriculture Liability Section	ACORD 404	(2007/09)	Application/ New Binder/Enrollment			404.pdf



AGRICULTURE APPLICATION APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY		CARRIER					NAIC CODE	
CONTACT NAME:		COMPANY POLICY OR PROGRAM NAME			PROGRAM CODE:			
PHONE (A/C, No, Ext):		NEW	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN		
FAX (A/C, No):		RNWL			AGENCY BILL			
E-MAIL ADDRESS:		QUOTE		POLICY TYPE		EST TOTAL PREMIUM	\$	
CODE:	SUBCODE:	BOUND (DATE):				DEPOSIT	\$	
AGENCY CUSTOMER ID:		ISSUE POLICY				BALANCE	\$	
INDICATE SECTIONS ATTACHED		LIVESTOCK MORTALITY		HOMEOWNERS		WATERCRAFT		
<input type="checkbox"/>	AGRICULTURE LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	AGRICULTURE PREMISES / LOCATION DIAGRAM	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	AG PROPERTY SECTION SCHED AND UNSCHED	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	PERSONAL PROPERTY	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	AG PROPERTY SECTION UNSCHED FARM	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	PERSONAL PROPERTY	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	COMMERCIAL AUTO	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	COMML GENERAL LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)					MAILING ADDRESS INCL ZIP+4 (of First Named Insured)		
FEIN OR SOC SEC # (of First Named Insured):					PHONE (A/C, No, Ext):		
E-MAIL ADDRESS(ES):					NUMBER OF YEARS FARMING EXPERIENCE BY THE INSURED:		
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/>	LLC
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NO. OF MEMBERS AND MANAGERS	<input type="checkbox"/>	CR BUREAU NAME
<input type="checkbox"/>	INSPECTION CONTACT:	<input type="checkbox"/>	PHONE (A/C, No, Ext):	<input type="checkbox"/>	ACCOUNTING REC CONTACT:	<input type="checkbox"/>	PHONE (A/C, No, Ext):
<input type="checkbox"/>	E-MAIL ADDRESS:	<input type="checkbox"/>		<input type="checkbox"/>	E-MAIL ADDRESS:	<input type="checkbox"/>	
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/>	LLC
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NO. OF MEMBERS AND MANAGERS	<input type="checkbox"/>	CR BUREAU NAME
<input type="checkbox"/>	INSPECTION CONTACT:	<input type="checkbox"/>	PHONE (A/C, No, Ext):	<input type="checkbox"/>	ACCOUNTING REC CONTACT:	<input type="checkbox"/>	PHONE (A/C, No, Ext):
<input type="checkbox"/>	E-MAIL ADDRESS:	<input type="checkbox"/>		<input type="checkbox"/>	E-MAIL ADDRESS:	<input type="checkbox"/>	

TYPE OF FARM / RANCH OPERATIONS (Mark and describe all that apply)

<input type="checkbox"/>	AQUACULTURE	<input type="checkbox"/>	FLOWERS	<input type="checkbox"/>	HOBBY / GENTLEMAN FARM	<input type="checkbox"/>	LIVESTOCK GRAZING	<input type="checkbox"/>	POULTRY
<input type="checkbox"/>	COTTON	<input type="checkbox"/>	FRUIT / CITRUS	<input type="checkbox"/>	HORSES	<input type="checkbox"/>	LIVESTOCK PROCESSING	<input type="checkbox"/>	TOBACCO
<input type="checkbox"/>	DAIRY	<input type="checkbox"/>	FUR BEARING ANIMALS	<input type="checkbox"/>	LIVESTOCK CONFINEMENT	<input type="checkbox"/>	NURSERY STOCK	<input type="checkbox"/>	VEGETABLES
<input type="checkbox"/>	FIELD CROPS	<input type="checkbox"/>	GREENHOUSES	<input type="checkbox"/>	LIVESTOCK FEEDLOT	<input type="checkbox"/>	NUTS	<input type="checkbox"/>	VINEYARDS

DESCRIBE FARM/RANCH OPERATIONS AND ANY INCIDENTAL BUSINESS ACTIVITIES. DESCRIBE ADDITIONAL ITEMS IN OPTIONAL CHECK BOXES.

LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES FOR THE PAST FIVE YEARS			
DATE OF OCCURRENCE	TYPE OF LOSS	DESCRIPTION OF OCCURRENCE	AMOUNT PAID

PRIOR INSURANCE INFORMATION

PRIOR CARRIER	TYPE OF INSURANCE	POLICY #	AMOUNT OF COVERAGE

OTHER RELATED POLICIES

INSURED NAME	TYPE OF INSURANCE	POLICY #

REMARKS (Attach additional sheets if more space is required)

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LOCATION / SUBLOCATION SCHEDULE

LOC #	ADDRESS (Street / Route, City, State, Zip)	SUBLOCATION TYPE	RANGE	
BLDG / SUBLOC #		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	LATITUDE	LONGITUDE
SUBLOCATION DESCRIPTION:				

LOC #	ADDRESS (Street / Route, City, State, Zip)	SUBLOCATION TYPE	RANGE	
BLDG / SUBLOC #		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	LATITUDE	LONGITUDE
SUBLOCATION DESCRIPTION:				

LOC #	ADDRESS (Street / Route, City, State, Zip)	SUBLOCATION TYPE	RANGE	
BLDG / SUBLOC #		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	LATITUDE	LONGITUDE
SUBLOCATION DESCRIPTION:				

LOC #	ADDRESS (Street / Route, City, State, Zip)	SUBLOCATION TYPE	RANGE	
BLDG / SUBLOC #		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	LATITUDE	LONGITUDE
SUBLOCATION DESCRIPTION:				

PREMISES INFORMATION

LOC #	COUNTY	SECTION	TOWNSHIP	FARM NAME	# ACRES	
IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION?				PROT CLASS	FIRE DISTRICT CODE	FIRE DISTRICT NAME
<input type="checkbox"/> YES	IF YES, (A) SOURCE =		(B) QUANTITY =	OPERATED BY	OWNED BY APPLICANT	DISTANCE TO
<input type="checkbox"/> NO	<input type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS	<input type="checkbox"/> 1,000-3,000 GALLONS	<input type="checkbox"/> APPLICANT	<input type="checkbox"/> YES	PUBLIC HYDRANT
	<input type="checkbox"/> POND / LAKE	<input type="checkbox"/> OVER 3,000 GALLONS		<input type="checkbox"/> TENANT	<input type="checkbox"/> NO	FIRE STAT
	<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.					FT
						MI

LOC #	COUNTY	SECTION	TOWNSHIP	FARM NAME	# ACRES	
IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION?				PROT CLASS	FIRE DISTRICT CODE	FIRE DISTRICT NAME
<input type="checkbox"/> YES	IF YES, (A) SOURCE =		(B) QUANTITY =	OPERATED BY	OWNED BY APPLICANT	DISTANCE TO
<input type="checkbox"/> NO	<input type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS	<input type="checkbox"/> 1,000-3,000 GALLONS	<input type="checkbox"/> APPLICANT	<input type="checkbox"/> YES	PUBLIC HYDRANT
	<input type="checkbox"/> POND / LAKE	<input type="checkbox"/> OVER 3,000 GALLONS		<input type="checkbox"/> TENANT	<input type="checkbox"/> NO	FIRE STAT
	<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.					FT
						MI

LOC #	COUNTY	SECTION	TOWNSHIP	FARM NAME	# ACRES	
IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION?				PROT CLASS	FIRE DISTRICT CODE	FIRE DISTRICT NAME
<input type="checkbox"/> YES	IF YES, (A) SOURCE =		(B) QUANTITY =	OPERATED BY	OWNED BY APPLICANT	DISTANCE TO
<input type="checkbox"/> NO	<input type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS	<input type="checkbox"/> 1,000-3,000 GALLONS	<input type="checkbox"/> APPLICANT	<input type="checkbox"/> YES	PUBLIC HYDRANT
	<input type="checkbox"/> POND / LAKE	<input type="checkbox"/> OVER 3,000 GALLONS		<input type="checkbox"/> TENANT	<input type="checkbox"/> NO	FIRE STAT
	<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.					FT
						MI

LOC #	COUNTY	SECTION	TOWNSHIP	FARM NAME	# ACRES	
IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION?				PROT CLASS	FIRE DISTRICT CODE	FIRE DISTRICT NAME
<input type="checkbox"/> YES	IF YES, (A) SOURCE =		(B) QUANTITY =	OPERATED BY	OWNED BY APPLICANT	DISTANCE TO
<input type="checkbox"/> NO	<input type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS	<input type="checkbox"/> 1,000-3,000 GALLONS	<input type="checkbox"/> APPLICANT	<input type="checkbox"/> YES	PUBLIC HYDRANT
	<input type="checkbox"/> POND / LAKE	<input type="checkbox"/> OVER 3,000 GALLONS		<input type="checkbox"/> TENANT	<input type="checkbox"/> NO	FIRE STAT
	<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.					FT
						MI

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES APPLICANT HAVE ANY OTHER BUSINESS OR OTHER NON-FARM ACTIVITIES ON OR OFF PREMISES, SUCH AS DUDE RANCH, BED & BREAKFAST OR RESORT FACILITY? IF SO, INCLUDE RECEIPTS: \$	<input type="checkbox"/>
2. IS FARMING THE PRIMARY SOURCE OF THE INSURED'S INCOME?	<input type="checkbox"/>
3. IS THIS BUSINESS NEW TO THE AGENCY?	<input type="checkbox"/>
4. HAS ANY POLICY BEEN CANCELLED OR NONRENEWED IN THE PAST 5 YEARS? (NOT APPLICABLE IN MO)	<input type="checkbox"/>
5. HAVE YOU INSPECTED THIS PROPERTY IN THE LAST TWELVE (12) MONTHS?	<input type="checkbox"/>
6. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	<input type="checkbox"/>
7. ARE INDEPENDENT CONTRACTORS HIRED TO PERFORM ANY FARMING OPERATIONS?	<input type="checkbox"/>
8. IS ANY PART OF THE FARM RENTED OR LEASED FOR RECREATIONAL USE?	<input type="checkbox"/>
9. ARE THE FARM PREMISES OPEN TO THE PUBLIC FOR ACTIVITIES SUCH AS ROADSIDE STANDS, "U-PICK", RECREATIONAL, CAMPING, "RENT-A-GARDEN", AUCTION, SALES, SHOWS, RODEOS, HAY RIDES, FISHING, KENNELS, ANIMAL BOARDING, OR CHRISTMAS TREE SALES?	<input type="checkbox"/>
10. ARE ANY PORTIONS OF THE FARM OR STRUCTURES RENTED OR LEASED OR USED BY ANY OTHER INDIVIDUAL, CORPORATION OR INTEREST FOR OTHER THAN FARMING?	<input type="checkbox"/>
11. DOES THE APPLICANT OR SPOUSE OWN, RENT OR OPERATE AS A FARM, RANCH OR RESIDENCE ANY PREMISES OTHER THAN THOSE DESCRIBED IN THE PREMISES INFORMATION SECTION?	<input type="checkbox"/>
12. IS ANY LAND HELD FOR REAL ESTATE DEVELOPMENT OR SPECULATION?	<input type="checkbox"/>
13. DOES APPLICANT MAINTAIN ANY VACATION OR SEASONAL PREMISES?	<input type="checkbox"/>
14. IS THE APPLICANT A SUBSIDIARY OF ANOTHER?	<input type="checkbox"/>
15. DOES THE APPLICANT HAVE SUBSIDIARIES?	<input type="checkbox"/>
16. DOES THE INSURED PLAN ANY CONSTRUCTION OR RENOVATION WORK TO BE DONE ON THE PREMISES IN THE NEXT 12 MONTHS?	<input type="checkbox"/>
17. IS A FORMAL SAFETY PROGRAM IN EXISTENCE?	<input type="checkbox"/>
18. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?	<input type="checkbox"/>

REMARKS

ATTACHMENTS

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">APPRAISALS</td></tr> <tr><td style="text-align: center;">BILL OF SALE</td></tr> <tr><td style="text-align: center;">COST ESTIMATOR</td></tr> <tr><td style="text-align: center;">INVENTORIES</td></tr> <tr><td style="text-align: center;">PHOTOS</td></tr> <tr><td style="text-align: center;">PREMISES DIAGRAM</td></tr> <tr><td style="text-align: center;">STATE SUPPLEMENT(S) (if applicable)</td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td></tr> </table>	APPRAISALS	BILL OF SALE	COST ESTIMATOR	INVENTORIES	PHOTOS	PREMISES DIAGRAM	STATE SUPPLEMENT(S) (if applicable)			
APPRAISALS											
BILL OF SALE											
COST ESTIMATOR											
INVENTORIES											
PHOTOS											
PREMISES DIAGRAM											
STATE SUPPLEMENT(S) (if applicable)											

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

BUILDING OR PERSONAL PROPERTY INFORMATION

LOC #	BLDG #	BLANKET BUILDING DESCRIPTION										
SUBJECT OF INSURANCE					LIMIT OF INSURANCE	COINS %	VALUATION RC/ACV	CAUSES OF LOSS			DEDUCTIBLE	PREMIUM
TOTAL												
BLDG TYPE	RATE GROUP	DIAG #	CONST TYPE	YR BUILT	HEAT TYPE	ROOF YEAR	ROOF TYPE	TOTAL AREA	LENGTH	WIDTH	HEIGHT	
ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION												
EXPLAIN ALL "YES" RESPONSES												Y/N
1. ARE ANY WOOD OR COAL FIRED STOVES USED?												<input type="checkbox"/>
2. ARE THERE ANY BURGLARY AND/OR FIRE ALARMS? (If "YES", indicate the type of alarm and floors protected)												<input type="checkbox"/>
<input type="checkbox"/> BURGLARY FLOORS PROTECTED BY ALARM: <input type="checkbox"/> FIRE FLOORS PROTECTED BY ALARM:												<input type="checkbox"/>
3. ARE THERE ANY OTHER PROTECTIVE DEVICES?												<input type="checkbox"/>
ADDITIONAL INTEREST												
RANK:		NAME AND ADDRESS:			REFERENCE #:		CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER			
INTEREST		ITEM DESCRIPTION:							LOCATION:		BUILDING:	
<input type="checkbox"/> LOSS PAYEE									SCHEDULED ITEM NUMBER:			
<input type="checkbox"/> MORT-GAGEE									OTHER:			
<input type="checkbox"/> GAGEE												

BUILDING OR PERSONAL PROPERTY INFORMATION

LOC #	BLDG #	BLANKET BUILDING DESCRIPTION										
SUBJECT OF INSURANCE					LIMIT OF INSURANCE	COINS %	VALUATION RC/ACV	CAUSES OF LOSS			DEDUCTIBLE	PREMIUM
TOTAL												
BLDG TYPE	RATE GROUP	DIAG #	CONST TYPE	YR BUILT	HEAT TYPE	ROOF YEAR	ROOF TYPE	TOTAL AREA	LENGTH	WIDTH	HEIGHT	
ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION												
EXPLAIN ALL "YES" RESPONSES												Y/N
1. ARE ANY WOOD OR COAL FIRED STOVES USED?												<input type="checkbox"/>
2. ARE THERE ANY BURGLARY AND/OR FIRE ALARMS? (If "YES", indicate the type of alarm and floors protected)												<input type="checkbox"/>
<input type="checkbox"/> BURGLARY FLOORS PROTECTED BY ALARM: <input type="checkbox"/> FIRE FLOORS PROTECTED BY ALARM:												<input type="checkbox"/>
3. ARE THERE ANY OTHER PROTECTIVE DEVICES?												<input type="checkbox"/>
ADDITIONAL INTEREST												
RANK:		NAME AND ADDRESS:			REFERENCE #:		CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER			
INTEREST		ITEM DESCRIPTION:							LOCATION:		BUILDING:	
<input type="checkbox"/> LOSS PAYEE									SCHEDULED ITEM NUMBER:			
<input type="checkbox"/> MORT-GAGEE									OTHER:			
<input type="checkbox"/> GAGEE												

BUILDING OR PERSONAL PROPERTY INFORMATION

LOC #	BLDG #	BLANKET BUILDING DESCRIPTION										
SUBJECT OF INSURANCE					LIMIT OF INSURANCE	COINS %	VALUATION RC/ACV	CAUSES OF LOSS			DEDUCTIBLE	PREMIUM
TOTAL												
BLDG TYPE	RATE GROUP	DIAG #	CONST TYPE	YR BUILT	HEAT TYPE	ROOF YEAR	ROOF TYPE	TOTAL AREA	LENGTH	WIDTH	HEIGHT	
ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION												
EXPLAIN ALL "YES" RESPONSES											Y/N	
1. ARE ANY WOOD OR COAL FIRED STOVES USED?											<input type="checkbox"/>	
2. ARE THERE ANY BURGLARY AND/OR FIRE ALARMS? (If "YES", indicate the type of alarm and floors protected)											<input type="checkbox"/>	
<input type="checkbox"/> BURGLARY FLOORS PROTECTED BY ALARM: <input type="checkbox"/> FIRE FLOORS PROTECTED BY ALARM:												
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ADDITIONAL INTEREST												
RANK:		NAME AND ADDRESS:			REFERENCE #:		CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER			
INTEREST		ITEM DESCRIPTION:							LOCATION:		BUILDING:	
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORT-GAGEE									SCHEDULED ITEM NUMBER:			
									OTHER:			

BUILDING OR PERSONAL PROPERTY INFORMATION

LOC #	BLDG #	BLANKET BUILDING DESCRIPTION										
SUBJECT OF INSURANCE					LIMIT OF INSURANCE	COINS %	VALUATION RC/ACV	CAUSES OF LOSS			DEDUCTIBLE	PREMIUM
TOTAL												
BLDG TYPE	RATE GROUP	DIAG #	CONST TYPE	YR BUILT	HEAT TYPE	ROOF YEAR	ROOF TYPE	TOTAL AREA	LENGTH	WIDTH	HEIGHT	
ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION												
EXPLAIN ALL "YES" RESPONSES											Y/N	
1. ARE ANY WOOD OR COAL FIRED STOVES USED?											<input type="checkbox"/>	
2. ARE THERE ANY BURGLARY AND/OR FIRE ALARMS? (If "YES", indicate the type of alarm and floors protected)											<input type="checkbox"/>	
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RANK:		NAME AND ADDRESS:			REFERENCE #:		CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER			
INTEREST		ITEM DESCRIPTION:							LOCATION:		BUILDING:	
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORT-GAGEE									SCHEDULED ITEM NUMBER:			
									OTHER:			

AGENCY CUSTOMER ID: _____

LOC #: _____



AGRICULTURE PROPERTY SECTION
SCHEDULED AND UNSCHEDULED FARM PERSONAL PROPERTY

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED			
POLICY NUMBER	CARRIER			NAIC CODE
ACCOUNT NUMBER		NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE

GENERAL INFORMATION

1. IS ANY PROPERTY KEPT ON A LOCATION(S) OTHER THAN AN INSURED LOCATION? (Y / N)

IF YES, WHERE IS IT KEPT? (A) DURING FARMING SEASON? _____
 (B) DURING OFF SEASON? _____

2. WHAT IS MAXIMUM VALUE OF EQUIPMENT AT ANY ONE LOCATION?

	INSIDE	IN OPEN
(A) DURING FARMING SEASON?	\$ _____	\$ _____
(B) DURING OFF SEASON?	\$ _____	\$ _____

3. IS THERE ANY EQUIPMENT LOANED OR RENTED TO/FROM OTHERS? (Y / N) IF YES, VALUE FOR BORROWED OR RENTED EQUIPMENT: \$ _____

4. WHAT IS RADIUS OF OPERATIONS OF EQUIPMENT? _____ MILES

5. IS EQUIPMENT WELL MAINTAINED? (Y / N)

TRANSIT

	LIMIT OF INSURANCE	COINS %	CAUSES OF LOSS (PERILS)	DEDUCTIBLE	PREMIUM
TRANSIT					

PEAK SEASON

DESCRIPTION	TIME PERIOD (MM/DD/YYYY)		APPLIES TO SCHD / UNSCHD	LIMIT OF INSURANCE	PREMIUM
	FROM	TO			
TOTAL					

ADDITIONAL INTEREST

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

INTEREST	NAME AND ADDRESS	REFERENCE # / LOAN #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
				LOCATION:	BUILDING:
<input type="checkbox"/> ADDITIONAL INSURED				<input type="checkbox"/> VEHICLE:	<input type="checkbox"/> BOAT:
<input type="checkbox"/> LOSS PAYEE					
<input type="checkbox"/> MORTGAGEE					
<input type="checkbox"/> LIENHOLDER					
<input type="checkbox"/> EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

INTEREST	NAME AND ADDRESS	REFERENCE # / LOAN #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
				LOCATION:	BUILDING:
<input type="checkbox"/> ADDITIONAL INSURED				<input type="checkbox"/> VEHICLE:	<input type="checkbox"/> BOAT:
<input type="checkbox"/> LOSS PAYEE					
<input type="checkbox"/> MORTGAGEE					
<input type="checkbox"/> LIENHOLDER					
<input type="checkbox"/> EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES APPLICANT BUILD, REPAIR OR DESIGN MACHINERY, EQUIPMENT OR SYSTEMS FOR ANYONE AT A CHARGE?	<input type="checkbox"/>
2. DOES APPLICANT RENT OR LEASE EQUIPMENT TO OTHERS?	<input type="checkbox"/>
3. DOES ANY MACHINERY OR EQUIPMENT OWNED OR OPERATED BY THE APPLICANT NOT CONFORM TO APPLICABLE SAFETY REGULATIONS?	<input type="checkbox"/>
4. DOES APPLICANT MIX, PROCESS, SLAUGHTER, BUTCHER OR OTHERWISE PREPARE FOR ANY "END CONSUMER" HIS OR ANY OTHER GROWER'S PRODUCT?	<input type="checkbox"/>
5. DOES APPLICANT HANDLE ANY PRODUCT, SUCH AS SEED, FERTILIZER, SPRAYS, ETC. FOR RESALE?	<input type="checkbox"/>
6. ARE ANY CONTRACT OR SERVICE OPERATIONS PERFORMED FOR OTHERS SUCH AS SNOW REMOVAL, TILING (e.g., FIELD/DRAIN TILE), EXCAVATING OR DITCHING?	<input type="checkbox"/>
7. ARE THERE ANY UNUSUAL HAZARDS SUCH AS (BUT NOT LIMITED TO) OPEN DUMP PITS, MANURE PITS, SUMP HOLES, PONDS, LAKES OR RESERVOIRS?	<input type="checkbox"/>
8. IS THERE AN AIRSTRIP ON THE PREMISES?	<input type="checkbox"/>
9. ARE ANY "HOLD HARMLESS" OR "INDEMNIFYING" AGREEMENTS IN EFFECT?	<input type="checkbox"/>
10. IS THERE A SWIMMING POOL ON PREMISES? IF "YES": IN GROUND (Y/N): <input type="checkbox"/> FENCED (Y/N): <input type="checkbox"/> DIVING BOARD (Y/N): <input type="checkbox"/> SLIDE (Y/N): <input type="checkbox"/> DEPTH: _____ FEET	<input type="checkbox"/>
11. IS THERE ANY WATERCRAFT EXPOSURE?	<input type="checkbox"/>
12. IS THERE ANY SNOWMOBILE EXPOSURE?	<input type="checkbox"/>
13. IS THERE ANY ATV OR DIRT BIKE EXPOSURE?	<input type="checkbox"/>

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y/N
14. IS THERE A TRAMPOLINE ON THE PREMISES?	<input type="checkbox"/>
15. DOES APPLICANT SERVE ON ANY BOARDS FOR REMUNERATION?	<input type="checkbox"/>
16. ARE ANY PREMISES USED BY OTHERS FOR HUNTING, FISHING OR OTHER RECREATIONAL ACTIVITIES?	<input type="checkbox"/>
17. DOES APPLICANT HAVE ANY POTENTIALLY DANGEROUS ANIMALS OR EXOTIC PETS?	<input type="checkbox"/>

LIVESTOCK / DAIRY INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
18. ARE ANY LIVESTOCK PRESENT ON PREMISES OR ARE ANY LIVESTOCK ANTICIPATED DURING THE YEAR?	<input type="checkbox"/>
19. ARE LIVESTOCK KEPT IN AREAS THAT ARE NOT ADEQUATELY FENCED AND MAINTAINED IN A GOOD STATE OF REPAIR? <div style="float: right; margin-top: 5px;"> PREMISES IS IN: <input type="checkbox"/> OPEN RANGE AREA <input type="checkbox"/> CLOSED RANGE AREA </div>	<input type="checkbox"/>
20. ARE LIVESTOCK NEAR ANY PUBLIC ROAD OR HIGHWAY?	<input type="checkbox"/>
21. DOES INSURED OWN, BOARD, RACE, BREED OR RENT HORSES?	<input type="checkbox"/>
22. ANY NON-OWNED HORSES ON ANY INSURED PREMISES?	<input type="checkbox"/>
23. IF CATTLE ARE PRESENT ON PREMISES, DO YOU NOW OR HAVE YOU IN THE PAST SUPPLEMENTED CATTLE FEED WITH BONE MEAL, PROTEIN SUPPLEMENTS OR ANIMAL BY-PRODUCTS?	<input type="checkbox"/>
24. NUMBER OF ANIMALS MILKED:	
25. IS THERE ANY PROCESSING OF MILK?	<input type="checkbox"/>
26. ARE THERE ANY RETAIL SALES OF MILK PRODUCTS TO PUBLIC? <div style="text-align: right; margin-top: 5px;">RECEIPTS: \$ _____</div>	<input type="checkbox"/>

REMARKS

SERFF Tracking Number: ACPC-125758941 *State:* Arkansas
Filing Company: ACORD Corporation *State Tracking Number:* EFT \$50
Company Tracking Number: ACORD 2008-8 (AGRICULTURE)
TOI: 03.0 Personal Farmowners *Sub-TOI:* 03.0000 Personal Farmowners
Product Name: Personal Farmowners
Project Name/Number: AR FILING 08-04-08 ACORD:401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09); & ACORD 404 (2007/09) /AR 8:
ACORD 2008-08 (Agriculture)

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ACPC-125758941 State: Arkansas
Filing Company: ACORD Corporation State Tracking Number: EFT \$50
Company Tracking Number: ACORD 2008-8 (AGRICULTURE)
TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
Product Name: Personal Farmowners
Project Name/Number: AR FILING 08-04-08 ACORD:401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09); & ACORD 404 (2007/09) /AR 8:
ACORD 2008-08 (Agriculture)

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/13/2008

Comments:

ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09)
Property & Casualty Transmittal Document PC TD-1 and Form Filing Schedule FFS-1: ACORD 2008-8 (Agriculture)

Attachment:

P&C Transmittal 2008-8 (Agriculture).pdf

Satisfied -Name: ACORD 401 (2007/09); ACORD
402 (2007/09); ACORD 403
(2007/09) & ACORD 404 (2007/09)
Arkansas Certificate of Compliance:
ACORD 2008-8 (Agriculture) **Review Status:** Approved 08/13/2008

Comments:

ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09) Arkansas Certificate
of Compliance: ACORD 2008-8 (Agriculture)

Attachment:

Certification 2008-8 (Agriculture).pdf

Satisfied -Name: ACORD 401 (2007/09); ACORD
402 (2007/09); ACORD 403
(2007/09) & ACORD 404 (2007/09)
Explanation of Changes: ACORD
2008-8 (Agriculture) **Review Status:** Approved 08/13/2008

Comments:

ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09) Explanation of
Changes: ACORD 2008-8 (Agriculture)

Attachments:

401.pdf

402.pdf

SERFF Tracking Number: ACPC-125758941 State: Arkansas
Filing Company: ACORD Corporation State Tracking Number: EFT \$50
Company Tracking Number: ACORD 2008-8 (AGRICULTURE)
TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
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ACORD 2008-08 (Agriculture)

Review Status:

Satisfied -Name: ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09)
ACORD Form(s): ACORD 2008-8 (Agriculture)
Approved 08/13/2008

Comments:

ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09) ACORD Form(s):
ACORD 2008-8 (Agriculture)

Attachments:

401.pdf
402.pdf
403.pdf
404.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
------------	--	--

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
------------	---

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

**ACORD 401 (2007/09), AGRICULTURE APPLICATION,
NEW FORM**

EXPLANATION OF USE

ACORD 401, Agriculture Application, Applicant Information Section, is the foundation on which the ACORD Agriculture application program is built. This form contains information that is not duplicated on other ACORD agricultural application forms. The Applicant Information Section is a required part of every Agriculture submission, and no such application is complete without it.

**ACORD 402 (2007/09), AGRICULTURE PROPERTY SECTION,
NEW FORM**

EXPLANATION OF USE

ACORD 402, Agriculture Property Section, has been designed to handle the basic underwriting and rating needs for Agriculture property exposures.

The Property Section accommodates five separate premises.

This form was designed to be used in conjunction with the Agriculture Application - Applicant Information Section, ACORD 401.

**ACORD 403 (2007/09), AGRICULTURE PROPERTY SECTION,
Scheduled and Unscheduled Farm Personal Property
NEW FORM**

EXPLANATION OF USE

ACORD 403, Agriculture Property Section, Scheduled and Unscheduled Personal Property, has been designed to handle the basic underwriting needs for Agriculture personal property exposures.

The form was designed to be used in conjunction with Agriculture Application - Applicant Information Section, ACORD 401.

**ACORD 404 (2007/09), AGRICULTURE LIABILITY SECTION,
NEW FORM**

EXPLANATION OF USE

ACORD 404, Agriculture Liability Section, was designed to handle the basic underwriting needs for agriculture liability exposures. If the risk is to be provided with commercial general liability rather than farm liability coverage, use ACORD 125, Commercial Insurance Application, and ACORD 126, Commercial General Liability Section. For umbrella or excess liability coverage, use either ACORD 83, Personal Umbrella Application, or ACORD 131, Umbrella Section.

This form was designed to be used in conjunction with Agriculture Application - Applicant Information Section, ACORD 401.

Much of the information for the Identification Section should match the data found within the Applicant Information Section of ACORD 401; it is still important to complete it. Many companies separate the applications by sub ACORD 404, Agriculture Liability Section. This form was designed to handle the basic underwriting needs for agriculture liability exposures. If the risk is to be provided with commercial general liability rather than farm liability coverage, use ACORD 125, Commercial Insurance Application, and ACORD 126, Commercial General Liability Section. For umbrella or excess liability coverage, use either ACORD 83, Personal Umbrella Application, or ACORD 131, Umbrella Section.

This form was designed to be used in conjunction with Agriculture Application - Applicant Information Section, ACORD 401.

Much of the information for the Identification Section should match the data found within the Applicant Information Section of ACORD 401; it is still important to complete it. Many companies separate the applications by subline of business for rating purposes. Not completing this portion of the application makes it difficult to keep track of the full account line of business for rating purposes.



AGRICULTURE APPLICATION APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY		CARRIER					NAIC CODE	
CONTACT NAME:		COMPANY POLICY OR PROGRAM NAME			PROGRAM CODE:			
PHONE (A/C. No. Ext):		NEW	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN		
FAX (A/C. No.):		RNWL			AGENCY BILL			
E-MAIL ADDRESS:		QUOTE		POLICY TYPE		EST TOTAL PREMIUM	\$	
CODE:	SUBCODE:	BOUND (DATE):				DEPOSIT	\$	
AGENCY CUSTOMER ID:		ISSUE POLICY				BALANCE	\$	
INDICATE SECTIONS ATTACHED		LIVESTOCK MORTALITY		HOMEOWNERS		WATERCRAFT		
<input type="checkbox"/>	AGRICULTURE LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	AGRICULTURE PREMISES / LOCATION DIAGRAM	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	AG PROPERTY SECTION SCHED AND UNSCHED	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	PERSONAL PROPERTY	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	AG PROPERTY SECTION UNSCHED FARM	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	PERSONAL PROPERTY	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	COMMERCIAL AUTO	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	COMML GENERAL LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)				MAILING ADDRESS INCL ZIP+4 (of First Named Insured)			
FEIN OR SOC SEC # (of First Named Insured):				PHONE (A/C. No. Ext):			
E-MAIL ADDRESS(ES):				NUMBER OF YEARS FARMING EXPERIENCE BY THE INSURED:			
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/>	LLC
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NO. OF MEMBERS AND MANAGERS	<input type="checkbox"/>	CR BUREAU NAME
<input type="checkbox"/>	INSPECTION CONTACT:	<input type="checkbox"/>	PHONE (A/C. No. Ext):	<input type="checkbox"/>	ACCOUNTING REC CONTACT:	<input type="checkbox"/>	PHONE (A/C. No. Ext):
<input type="checkbox"/>	E-MAIL ADDRESS:	<input type="checkbox"/>		<input type="checkbox"/>	E-MAIL ADDRESS:	<input type="checkbox"/>	
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/>	LLC
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NO. OF MEMBERS AND MANAGERS	<input type="checkbox"/>	CR BUREAU NAME
<input type="checkbox"/>	INSPECTION CONTACT:	<input type="checkbox"/>	PHONE (A/C. No. Ext):	<input type="checkbox"/>	ACCOUNTING REC CONTACT:	<input type="checkbox"/>	PHONE (A/C. No. Ext):
<input type="checkbox"/>	E-MAIL ADDRESS:	<input type="checkbox"/>		<input type="checkbox"/>	E-MAIL ADDRESS:	<input type="checkbox"/>	

TYPE OF FARM / RANCH OPERATIONS (Mark and describe all that apply)

<input type="checkbox"/>	AQUACULTURE	<input type="checkbox"/>	FLOWERS	<input type="checkbox"/>	HOBBY / GENTLEMAN FARM	<input type="checkbox"/>	LIVESTOCK GRAZING	<input type="checkbox"/>	POULTRY
<input type="checkbox"/>	COTTON	<input type="checkbox"/>	FRUIT / CITRUS	<input type="checkbox"/>	HORSES	<input type="checkbox"/>	LIVESTOCK PROCESSING	<input type="checkbox"/>	TOBACCO
<input type="checkbox"/>	DAIRY	<input type="checkbox"/>	FUR BEARING ANIMALS	<input type="checkbox"/>	LIVESTOCK CONFINEMENT	<input type="checkbox"/>	NURSERY STOCK	<input type="checkbox"/>	VEGETABLES
<input type="checkbox"/>	FIELD CROPS	<input type="checkbox"/>	GREENHOUSES	<input type="checkbox"/>	LIVESTOCK FEEDLOT	<input type="checkbox"/>	NUTS	<input type="checkbox"/>	VINEYARDS

DESCRIBE FARM/RANCH OPERATIONS AND ANY INCIDENTAL BUSINESS ACTIVITIES. DESCRIBE ADDITIONAL ITEMS IN OPTIONAL CHECK BOXES.

LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES FOR THE PAST FIVE YEARS			
DATE OF OCCURRENCE	TYPE OF LOSS	DESCRIPTION OF OCCURRENCE	AMOUNT PAID

PRIOR INSURANCE INFORMATION

PRIOR CARRIER	TYPE OF INSURANCE	POLICY #	AMOUNT OF COVERAGE

OTHER RELATED POLICIES

INSURED NAME	TYPE OF INSURANCE	POLICY #

REMARKS (Attach additional sheets if more space is required)

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LOCATION / SUBLOCATION SCHEDULE

LOC #	ADDRESS (Street / Route, City, State, Zip)	SUBLOCATION TYPE	RANGE	
BLDG / SUBLOC #		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	LATITUDE	LONGITUDE
SUBLOCATION DESCRIPTION:				

LOC #	ADDRESS (Street / Route, City, State, Zip)	SUBLOCATION TYPE	RANGE	
BLDG / SUBLOC #		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	LATITUDE	LONGITUDE
SUBLOCATION DESCRIPTION:				

LOC #	ADDRESS (Street / Route, City, State, Zip)	SUBLOCATION TYPE	RANGE	
BLDG / SUBLOC #		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	LATITUDE	LONGITUDE
SUBLOCATION DESCRIPTION:				

LOC #	ADDRESS (Street / Route, City, State, Zip)	SUBLOCATION TYPE	RANGE	
BLDG / SUBLOC #		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	LATITUDE	LONGITUDE
SUBLOCATION DESCRIPTION:				

PREMISES INFORMATION

LOC #	COUNTY	SECTION	TOWNSHIP	FARM NAME	# ACRES	
IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION?				PROT CLASS	FIRE DISTRICT CODE	FIRE DISTRICT NAME
<input type="checkbox"/> YES	IF YES, (A) SOURCE =		(B) QUANTITY =			
<input type="checkbox"/> NO	<input type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS	OPERATED BY		OWNED BY APPLICANT	DISTANCE TO
	<input type="checkbox"/> POND / LAKE	<input type="checkbox"/> 1,000-3,000 GALLONS	<input type="checkbox"/> APPLICANT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PUBLIC HYDRANT
	<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.	<input type="checkbox"/> OVER 3,000 GALLONS	<input type="checkbox"/> TENANT			FIRE STAT
						FT MI

LOC #	COUNTY	SECTION	TOWNSHIP	FARM NAME	# ACRES	
IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION?				PROT CLASS	FIRE DISTRICT CODE	FIRE DISTRICT NAME
<input type="checkbox"/> YES	IF YES, (A) SOURCE =		(B) QUANTITY =			
<input type="checkbox"/> NO	<input type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS	OPERATED BY		OWNED BY APPLICANT	DISTANCE TO
	<input type="checkbox"/> POND / LAKE	<input type="checkbox"/> 1,000-3,000 GALLONS	<input type="checkbox"/> APPLICANT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PUBLIC HYDRANT
	<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.	<input type="checkbox"/> OVER 3,000 GALLONS	<input type="checkbox"/> TENANT			FIRE STAT
						FT MI

LOC #	COUNTY	SECTION	TOWNSHIP	FARM NAME	# ACRES	
IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION?				PROT CLASS	FIRE DISTRICT CODE	FIRE DISTRICT NAME
<input type="checkbox"/> YES	IF YES, (A) SOURCE =		(B) QUANTITY =			
<input type="checkbox"/> NO	<input type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS	OPERATED BY		OWNED BY APPLICANT	DISTANCE TO
	<input type="checkbox"/> POND / LAKE	<input type="checkbox"/> 1,000-3,000 GALLONS	<input type="checkbox"/> APPLICANT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PUBLIC HYDRANT
	<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.	<input type="checkbox"/> OVER 3,000 GALLONS	<input type="checkbox"/> TENANT			FIRE STAT
						FT MI

LOC #	COUNTY	SECTION	TOWNSHIP	FARM NAME	# ACRES	
IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION?				PROT CLASS	FIRE DISTRICT CODE	FIRE DISTRICT NAME
<input type="checkbox"/> YES	IF YES, (A) SOURCE =		(B) QUANTITY =			
<input type="checkbox"/> NO	<input type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS	OPERATED BY		OWNED BY APPLICANT	DISTANCE TO
	<input type="checkbox"/> POND / LAKE	<input type="checkbox"/> 1,000-3,000 GALLONS	<input type="checkbox"/> APPLICANT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PUBLIC HYDRANT
	<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.	<input type="checkbox"/> OVER 3,000 GALLONS	<input type="checkbox"/> TENANT			FIRE STAT
						FT MI

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES APPLICANT HAVE ANY OTHER BUSINESS OR OTHER NON-FARM ACTIVITIES ON OR OFF PREMISES, SUCH AS DUDE RANCH, BED & BREAKFAST OR RESORT FACILITY? IF SO, INCLUDE RECEIPTS: \$	<input type="checkbox"/>
2. IS FARMING THE PRIMARY SOURCE OF THE INSURED'S INCOME?	<input type="checkbox"/>
3. IS THIS BUSINESS NEW TO THE AGENCY?	<input type="checkbox"/>
4. HAS ANY POLICY BEEN CANCELLED OR NONRENEWED IN THE PAST 5 YEARS? (NOT APPLICABLE IN MO)	<input type="checkbox"/>
5. HAVE YOU INSPECTED THIS PROPERTY IN THE LAST TWELVE (12) MONTHS?	<input type="checkbox"/>
6. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	<input type="checkbox"/>
7. ARE INDEPENDENT CONTRACTORS HIRED TO PERFORM ANY FARMING OPERATIONS?	<input type="checkbox"/>
8. IS ANY PART OF THE FARM RENTED OR LEASED FOR RECREATIONAL USE?	<input type="checkbox"/>
9. ARE THE FARM PREMISES OPEN TO THE PUBLIC FOR ACTIVITIES SUCH AS ROADSIDE STANDS, "U-PICK", RECREATIONAL, CAMPING, "RENT-A-GARDEN", AUCTION, SALES, SHOWS, RODEOS, HAY RIDES, FISHING, KENNELS, ANIMAL BOARDING, OR CHRISTMAS TREE SALES?	<input type="checkbox"/>
10. ARE ANY PORTIONS OF THE FARM OR STRUCTURES RENTED OR LEASED OR USED BY ANY OTHER INDIVIDUAL, CORPORATION OR INTEREST FOR OTHER THAN FARMING?	<input type="checkbox"/>
11. DOES THE APPLICANT OR SPOUSE OWN, RENT OR OPERATE AS A FARM, RANCH OR RESIDENCE ANY PREMISES OTHER THAN THOSE DESCRIBED IN THE PREMISES INFORMATION SECTION?	<input type="checkbox"/>
12. IS ANY LAND HELD FOR REAL ESTATE DEVELOPMENT OR SPECULATION?	<input type="checkbox"/>
13. DOES APPLICANT MAINTAIN ANY VACATION OR SEASONAL PREMISES?	<input type="checkbox"/>
14. IS THE APPLICANT A SUBSIDIARY OF ANOTHER?	<input type="checkbox"/>
15. DOES THE APPLICANT HAVE SUBSIDIARIES?	<input type="checkbox"/>
16. DOES THE INSURED PLAN ANY CONSTRUCTION OR RENOVATION WORK TO BE DONE ON THE PREMISES IN THE NEXT 12 MONTHS?	<input type="checkbox"/>
17. IS A FORMAL SAFETY PROGRAM IN EXISTENCE?	<input type="checkbox"/>
18. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?	<input type="checkbox"/>

REMARKS

ATTACHMENTS

APPRAISALS
BILL OF SALE
COST ESTIMATOR
INVENTORIES
PHOTOS
PREMISES DIAGRAM
STATE SUPPLEMENT(S) (if applicable)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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BUILDING OR PERSONAL PROPERTY INFORMATION

LOC #	BLDG #	BLANKET BUILDING DESCRIPTION										
SUBJECT OF INSURANCE					LIMIT OF INSURANCE	COINS %	VALUATION RC/ACV	CAUSES OF LOSS			DEDUCTIBLE	PREMIUM
TOTAL												
BLDG TYPE	RATE GROUP	DIAG #	CONST TYPE	YR BUILT	HEAT TYPE	ROOF YEAR	ROOF TYPE	TOTAL AREA	LENGTH	WIDTH	HEIGHT	
ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION												
EXPLAIN ALL "YES" RESPONSES												Y/N
1. ARE ANY WOOD OR COAL FIRED STOVES USED?												<input type="checkbox"/>
2. ARE THERE ANY BURGLARY AND/OR FIRE ALARMS? (If "YES", indicate the type of alarm and floors protected)												<input type="checkbox"/>
<input type="checkbox"/> BURGLARY FLOORS PROTECTED BY ALARM: <input type="checkbox"/> FIRE FLOORS PROTECTED BY ALARM:												<input type="checkbox"/>
3. ARE THERE ANY OTHER PROTECTIVE DEVICES?												<input type="checkbox"/>
ADDITIONAL INTEREST												
RANK:		NAME AND ADDRESS:			REFERENCE #:		CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER			
INTEREST		ITEM DESCRIPTION:							LOCATION:		BUILDING:	
<input type="checkbox"/> LOSS PAYEE									SCHEDULED ITEM NUMBER:			
<input type="checkbox"/> MORT-GAGEE									OTHER:			
<input type="checkbox"/> GAGEE												

BUILDING OR PERSONAL PROPERTY INFORMATION

LOC #	BLDG #	BLANKET BUILDING DESCRIPTION										
SUBJECT OF INSURANCE					LIMIT OF INSURANCE	COINS %	VALUATION RC/ACV	CAUSES OF LOSS			DEDUCTIBLE	PREMIUM
TOTAL												
BLDG TYPE	RATE GROUP	DIAG #	CONST TYPE	YR BUILT	HEAT TYPE	ROOF YEAR	ROOF TYPE	TOTAL AREA	LENGTH	WIDTH	HEIGHT	
ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION												
EXPLAIN ALL "YES" RESPONSES												Y/N
1. ARE ANY WOOD OR COAL FIRED STOVES USED?												<input type="checkbox"/>
2. ARE THERE ANY BURGLARY AND/OR FIRE ALARMS? (If "YES", indicate the type of alarm and floors protected)												<input type="checkbox"/>
<input type="checkbox"/> BURGLARY FLOORS PROTECTED BY ALARM: <input type="checkbox"/> FIRE FLOORS PROTECTED BY ALARM:												<input type="checkbox"/>
3. ARE THERE ANY OTHER PROTECTIVE DEVICES?												<input type="checkbox"/>
ADDITIONAL INTEREST												
RANK:		NAME AND ADDRESS:			REFERENCE #:		CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER			
INTEREST		ITEM DESCRIPTION:							LOCATION:		BUILDING:	
<input type="checkbox"/> LOSS PAYEE									SCHEDULED ITEM NUMBER:			
<input type="checkbox"/> MORT-GAGEE									OTHER:			
<input type="checkbox"/> GAGEE												

BUILDING OR PERSONAL PROPERTY INFORMATION

LOC #	BLDG #	BLANKET BUILDING DESCRIPTION										
SUBJECT OF INSURANCE				LIMIT OF INSURANCE	COINS %	VALUATION RC/ACV	CAUSES OF LOSS			DEDUCTIBLE	PREMIUM	
TOTAL												
BLDG TYPE	RATE GROUP	DIAG #	CONST TYPE	YR BUILT	HEAT TYPE	ROOF YEAR	ROOF TYPE	TOTAL AREA	LENGTH	WIDTH	HEIGHT	
ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION												
EXPLAIN ALL "YES" RESPONSES											Y/N	
1. ARE ANY WOOD OR COAL FIRED STOVES USED?											<input type="checkbox"/>	
2. ARE THERE ANY BURGLARY AND/OR FIRE ALARMS? (If "YES", indicate the type of alarm and floors protected)											<input type="checkbox"/>	
<input type="checkbox"/> BURGLARY FLOORS PROTECTED BY ALARM: <input type="checkbox"/> FIRE FLOORS PROTECTED BY ALARM:												
3. ARE THERE ANY OTHER PROTECTIVE DEVICES?											<input type="checkbox"/>	
ADDITIONAL INTEREST												
RANK:		NAME AND ADDRESS:			REFERENCE #:		CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER			
INTEREST		ITEM DESCRIPTION:							LOCATION:		BUILDING:	
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORT-GAGEE									SCHEDULED ITEM NUMBER:			
									OTHER:			

BUILDING OR PERSONAL PROPERTY INFORMATION

LOC #	BLDG #	BLANKET BUILDING DESCRIPTION										
SUBJECT OF INSURANCE				LIMIT OF INSURANCE	COINS %	VALUATION RC/ACV	CAUSES OF LOSS			DEDUCTIBLE	PREMIUM	
TOTAL												
BLDG TYPE	RATE GROUP	DIAG #	CONST TYPE	YR BUILT	HEAT TYPE	ROOF YEAR	ROOF TYPE	TOTAL AREA	LENGTH	WIDTH	HEIGHT	
ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION												
EXPLAIN ALL "YES" RESPONSES											Y/N	
1. ARE ANY WOOD OR COAL FIRED STOVES USED?											<input type="checkbox"/>	
2. ARE THERE ANY BURGLARY AND/OR FIRE ALARMS? (If "YES", indicate the type of alarm and floors protected)											<input type="checkbox"/>	
<input type="checkbox"/> BURGLARY FLOORS PROTECTED BY ALARM: <input type="checkbox"/> FIRE FLOORS PROTECTED BY ALARM:												
3. ARE THERE ANY OTHER PROTECTIVE DEVICES?											<input type="checkbox"/>	
ADDITIONAL INTEREST												
RANK:		NAME AND ADDRESS:			REFERENCE #:		CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER			
INTEREST		ITEM DESCRIPTION:							LOCATION:		BUILDING:	
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORT-GAGEE									SCHEDULED ITEM NUMBER:			
									OTHER:			



AGRICULTURE PROPERTY SECTION
SCHEDULED AND UNSCHEDULED FARM PERSONAL PROPERTY

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED			
POLICY NUMBER	CARRIER		NAIC CODE	
ACCOUNT NUMBER	NEW	EFFECTIVE DATE	EXPIRATION DATE	
	RNWL			

GENERAL INFORMATION

1. IS ANY PROPERTY KEPT ON A LOCATION(S) OTHER THAN AN INSURED LOCATION? (Y / N)

IF YES, WHERE IS IT KEPT? (A) DURING FARMING SEASON? _____
 (B) DURING OFF SEASON? _____

2. WHAT IS MAXIMUM VALUE OF EQUIPMENT AT ANY ONE LOCATION?

	INSIDE	IN OPEN
(A) DURING FARMING SEASON?	\$ _____	\$ _____
(B) DURING OFF SEASON?	\$ _____	\$ _____

3. IS THERE ANY EQUIPMENT LOANED OR RENTED TO/FROM OTHERS? (Y / N) IF YES, VALUE FOR BORROWED OR RENTED EQUIPMENT: \$ _____

4. WHAT IS RADIUS OF OPERATIONS OF EQUIPMENT? _____ MILES

5. IS EQUIPMENT WELL MAINTAINED? (Y / N)

TRANSIT

TRANSIT	LIMIT OF INSURANCE	COINS %	CAUSES OF LOSS (PERILS)	DEDUCTIBLE	PREMIUM

PEAK SEASON

DESCRIPTION	TIME PERIOD (MM/DD/YYYY)		APPLIES TO SCHD / UNSCHD	LIMIT OF INSURANCE	PREMIUM
	FROM	TO			
TOTAL					

ADDITIONAL INTEREST

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> EMPLOYEE AS LESSOR					LOCATION:	BUILDING:
					VEHICLE:	BOAT:
					SCHEDULED ITEM NUMBER:	
					OTHER	
ITEM DESCRIPTION:						
ITEM DESCRIPTION:						
ITEM DESCRIPTION:						



AGRICULTURE LIABILITY SECTION

AGENCY CUSTOMER ID: _____

LOC #: _____

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED			
POLICY NUMBER	CARRIER			NAIC CODE
ACCOUNT NUMBER	<input type="checkbox"/> NEW <input type="checkbox"/> RNWL	EFFECTIVE DATE	EXPIRATION DATE	

COVERAGES	LIMITS OF LIABILITY
BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$ EACH "OCCURRENCE" LIMIT
	\$ GENERAL AGGREGATE LIMIT
PERSONAL AND ADVERTISING INJURY LIABILITY	\$ EACH "OCCURRENCE" LIMIT
	\$ GENERAL AGGREGATE LIMIT
MEDICAL PAYMENTS	\$ ANY ONE PERSON LIMIT
PROPERTY DAMAGE LIABILITY FIRE DAMAGE LIMIT	\$ EACH "OCCURRENCE" LIMIT
ADDITIONAL COVERAGE - DAMAGE TO PROPERTY OF OTHERS	\$ ANY ONE FIRE
	\$
	\$
	\$

FARM PERSONAL LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO	FARM COMMERCIAL LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO
PERSONAL LIABILITY COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND ADDRESS OF INSURED(S) (Attach additional sheets if necessary)
	NAME AND ADDRESS OF INSURED(S)

COVERAGE	BASIS/RATE	PREMIUM
INITIAL FARM PREMISES ACRES:		
TOTAL ACREAGE FOR ALL LOCATIONS, INCLUDING INITIAL FARM PREMISES:		
ADDITIONAL FARM PREMISES MAINTAINED BY NAMED INSURED	LOC #	
ADDITIONAL NON-FARM PREMISES OCCUPIED BY INSURED <input type="checkbox"/> SEASONAL <input type="checkbox"/> PERMANENT	LOC #	
ADDITIONAL RESIDENCE RENTED TO OTHERS	# FAMILIES LOC #	
CUSTOM FARMING RECEIPTS	RECEIPTS \$	
INCIDENTAL BUSINESS ACTIVITIES (i.e., ROADSIDE STANDS, DAY CARE, HUNTING AND FISHING)		
ACTIVITY	RECEIPTS	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
LIMITED FARM POLLUTION LIABILITY	LIMIT \$	
CONTINGENT LIABILITY FOR CROP DUSTING BY INDEPENDENT AIRCRAFT	COST \$	LIMIT \$
ANIMAL COLLISION	LIMIT PER HEAD \$	# OF HEAD
EMPLOYERS LIABILITY	# OF PERSON MONTHS # FULL TIME EMPLOYEES # PART TIME EMPLOYEES	TOTAL PAYROLL \$
TOTAL PREMIUM:		

ATTACH TO ACORD 401

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

INTEREST	NAME AND ADDRESS	REFERENCE # / LOAN #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
				LOCATION:	BUILDING:
<input type="checkbox"/> ADDITIONAL INSURED				<input type="checkbox"/> VEHICLE:	<input type="checkbox"/> BOAT:
<input type="checkbox"/> LOSS PAYEE				<input type="checkbox"/> SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> MORTGAGEE				OTHER	
<input type="checkbox"/> LIENHOLDER					
<input type="checkbox"/> EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

INTEREST	NAME AND ADDRESS	REFERENCE # / LOAN #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
				LOCATION:	BUILDING:
<input type="checkbox"/> ADDITIONAL INSURED				<input type="checkbox"/> VEHICLE:	<input type="checkbox"/> BOAT:
<input type="checkbox"/> LOSS PAYEE				<input type="checkbox"/> SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> MORTGAGEE				OTHER	
<input type="checkbox"/> LIENHOLDER					
<input type="checkbox"/> EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES APPLICANT BUILD, REPAIR OR DESIGN MACHINERY, EQUIPMENT OR SYSTEMS FOR ANYONE AT A CHARGE?	<input type="checkbox"/>
2. DOES APPLICANT RENT OR LEASE EQUIPMENT TO OTHERS?	<input type="checkbox"/>
3. DOES ANY MACHINERY OR EQUIPMENT OWNED OR OPERATED BY THE APPLICANT NOT CONFORM TO APPLICABLE SAFETY REGULATIONS?	<input type="checkbox"/>
4. DOES APPLICANT MIX, PROCESS, SLAUGHTER, BUTCHER OR OTHERWISE PREPARE FOR ANY "END CONSUMER" HIS OR ANY OTHER GROWER'S PRODUCT?	<input type="checkbox"/>
5. DOES APPLICANT HANDLE ANY PRODUCT, SUCH AS SEED, FERTILIZER, SPRAYS, ETC. FOR RESALE?	<input type="checkbox"/>
6. ARE ANY CONTRACT OR SERVICE OPERATIONS PERFORMED FOR OTHERS SUCH AS SNOW REMOVAL, TILING (e.g., FIELD/DRAIN TILE), EXCAVATING OR DITCHING?	<input type="checkbox"/>
7. ARE THERE ANY UNUSUAL HAZARDS SUCH AS (BUT NOT LIMITED TO) OPEN DUMP PITS, MANURE PITS, SUMP HOLES, PONDS, LAKES OR RESERVOIRS?	<input type="checkbox"/>
8. IS THERE AN AIRSTRIP ON THE PREMISES?	<input type="checkbox"/>
9. ARE ANY "HOLD HARMLESS" OR "INDEMNIFYING" AGREEMENTS IN EFFECT?	<input type="checkbox"/>
10. IS THERE A SWIMMING POOL ON PREMISES? IF "YES": IN GROUND (Y/N): <input type="checkbox"/> FENCED (Y/N): <input type="checkbox"/> DIVING BOARD (Y/N): <input type="checkbox"/> SLIDE (Y/N): <input type="checkbox"/> DEPTH: _____ FEET	<input type="checkbox"/>
11. IS THERE ANY WATERCRAFT EXPOSURE?	<input type="checkbox"/>
12. IS THERE ANY SNOWMOBILE EXPOSURE?	<input type="checkbox"/>
13. IS THERE ANY ATV OR DIRT BIKE EXPOSURE?	<input type="checkbox"/>

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y/N
14. IS THERE A TRAMPOLINE ON THE PREMISES?	<input type="checkbox"/>
15. DOES APPLICANT SERVE ON ANY BOARDS FOR REMUNERATION?	<input type="checkbox"/>
16. ARE ANY PREMISES USED BY OTHERS FOR HUNTING, FISHING OR OTHER RECREATIONAL ACTIVITIES?	<input type="checkbox"/>
17. DOES APPLICANT HAVE ANY POTENTIALLY DANGEROUS ANIMALS OR EXOTIC PETS?	<input type="checkbox"/>

LIVESTOCK / DAIRY INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
18. ARE ANY LIVESTOCK PRESENT ON PREMISES OR ARE ANY LIVESTOCK ANTICIPATED DURING THE YEAR?	<input type="checkbox"/>
19. ARE LIVESTOCK KEPT IN AREAS THAT ARE NOT ADEQUATELY FENCED AND MAINTAINED IN A GOOD STATE OF REPAIR? <div style="float: right; margin-top: 5px;"> PREMISES IS IN: <input type="checkbox"/> OPEN RANGE AREA <input type="checkbox"/> CLOSED RANGE AREA </div>	<input type="checkbox"/>
20. ARE LIVESTOCK NEAR ANY PUBLIC ROAD OR HIGHWAY?	<input type="checkbox"/>
21. DOES INSURED OWN, BOARD, RACE, BREED OR RENT HORSES?	<input type="checkbox"/>
22. ANY NON-OWNED HORSES ON ANY INSURED PREMISES?	<input type="checkbox"/>
23. IF CATTLE ARE PRESENT ON PREMISES, DO YOU NOW OR HAVE YOU IN THE PAST SUPPLEMENTED CATTLE FEED WITH BONE MEAL, PROTEIN SUPPLEMENTS OR ANIMAL BY-PRODUCTS?	<input type="checkbox"/>
24. NUMBER OF ANIMALS MILKED:	
25. IS THERE ANY PROCESSING OF MILK?	<input type="checkbox"/>
26. ARE THERE ANY RETAIL SALES OF MILK PRODUCTS TO PUBLIC? <div style="text-align: right; margin-top: 5px;">RECEIPTS: \$ _____</div>	<input type="checkbox"/>

REMARKS

SERFF Tracking Number: ACPC-125758941 *State:* Arkansas
Filing Company: ACORD Corporation *State Tracking Number:* EFT \$50
Company Tracking Number: ACORD 2008-8 (AGRICULTURE)
TOI: 03.0 Personal Farmowners *Sub-TOI:* 03.0000 Personal Farmowners
Product Name: Personal Farmowners
Project Name/Number: AR FILING 08-04-08 ACORD:401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09); & ACORD 404 (2007/09) /AR 8:
ACORD 2008-08 (Agriculture)

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09) Explanation of Changes: ACORD 2008-8 (Agriculture)	08/01/2008	401.pdf 402.pdf 403.pdf 404.pdf
No original date	Supporting Document	ACORD 401 (2007/09); ACORD 402 (2007/09); ACORD 403 (2007/09) & ACORD 404 (2007/09) ACORD Form(s): ACORD 2008-8 (Agriculture)	08/01/2008	401.pdf 402.pdf 403.pdf 404.pdf

**ACORD 401 (2007/09), AGRICULTURE APPLICATION,
NEW FORM**

EXPLANATION OF USE

ACORD 401, Agriculture Application, Applicant Information Section, is the foundation on which the ACORD Agriculture application program is built. This form contains information that is not duplicated on other ACORD agricultural application forms. The Applicant Information Section is a required part of every Agriculture submission, and no such application is complete without it.

**ACORD 402 (2007/09), AGRICULTURE PROPERTY SECTION,
NEW FORM**

EXPLANATION OF USE

ACORD 402, Agriculture Property Section, has been designed to handle the basic underwriting and rating needs for Agriculture property exposures.

The Property Section accommodates five separate premises.

This form was designed to be used in conjunction with the Agriculture Application - Applicant Information Section, ACORD 401.

**ACORD 403 (2007/09), AGRICULTURE PROPERTY SECTION,
Scheduled and Unscheduled Farm Personal Property
NEW FORM**

EXPLANATION OF USE

ACORD 403, Agriculture Property Section, Scheduled and Unscheduled Personal Property, has been designed to handle the basic underwriting needs for Agriculture personal property exposures.

The form was designed to be used in conjunction with Agriculture Application - Applicant Information Section, ACORD 401.

**ACORD 404 (2007/09), AGRICULTURE LIABILITY SECTION,
NEW FORM**

EXPLANATION OF USE

ACORD 404, Agriculture Liability Section, was designed to handle the basic underwriting needs for agriculture liability exposures. If the risk is to be provided with commercial general liability rather than farm liability coverage, use ACORD 125, Commercial Insurance Application, and ACORD 126, Commercial General Liability Section. For umbrella or excess liability coverage, use either ACORD 83, Personal Umbrella Application, or ACORD 131, Umbrella Section.

This form was designed to be used in conjunction with Agriculture Application - Applicant Information Section, ACORD 401.

Much of the information for the Identification Section should match the data found within the Applicant Information Section of ACORD 401; it is still important to complete it. Many companies separate the applications by sub ACORD 404, Agriculture Liability Section. This form was designed to handle the basic underwriting needs for agriculture liability exposures. If the risk is to be provided with commercial general liability rather than farm liability coverage, use ACORD 125, Commercial Insurance Application, and ACORD 126, Commercial General Liability Section. For umbrella or excess liability coverage, use either ACORD 83, Personal Umbrella Application, or ACORD 131, Umbrella Section.

This form was designed to be used in conjunction with Agriculture Application - Applicant Information Section, ACORD 401.

Much of the information for the Identification Section should match the data found within the Applicant Information Section of ACORD 401; it is still important to complete it. Many companies separate the applications by subline of business for rating purposes. Not completing this portion of the application makes it difficult to keep track of the full account line of business for rating purposes.



AGRICULTURE APPLICATION APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY		CARRIER					NAIC CODE	
CONTACT NAME:		COMPANY POLICY OR PROGRAM NAME			PROGRAM CODE:			
PHONE (A/C. No. Ext):		NEW	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN		
FAX (A/C. No.):		RNWL			AGENCY BILL			
E-MAIL ADDRESS:		QUOTE		POLICY TYPE		EST TOTAL PREMIUM	\$	
CODE:	SUBCODE:	BOUND (DATE):				DEPOSIT	\$	
AGENCY CUSTOMER ID:		ISSUE POLICY				BALANCE	\$	
INDICATE SECTIONS ATTACHED		LIVESTOCK MORTALITY		HOMEOWNERS		WATERCRAFT		
<input type="checkbox"/>	AGRICULTURE LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	AGRICULTURE PREMISES / LOCATION DIAGRAM	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	AG PROPERTY SECTION SCHED AND UNSCHED	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	PERSONAL PROPERTY	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	AG PROPERTY SECTION UNSCHED FARM	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	PERSONAL PROPERTY	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	COMMERCIAL AUTO	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	COMML GENERAL LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)					MAILING ADDRESS INCL ZIP+4 (of First Named Insured)		
FEIN OR SOC SEC # (of First Named Insured):					PHONE (A/C. No. Ext):		
E-MAIL ADDRESS(ES):					NUMBER OF YEARS FARMING EXPERIENCE BY THE INSURED:		
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/>	LLC
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NO. OF MEMBERS AND MANAGERS	<input type="checkbox"/>	CR BUREAU NAME
<input type="checkbox"/>	INSPECTION CONTACT:	<input type="checkbox"/>	PHONE (A/C. No. Ext):	<input type="checkbox"/>	ACCOUNTING REC CONTACT:	<input type="checkbox"/>	PHONE (A/C. No. Ext):
<input type="checkbox"/>	E-MAIL ADDRESS:	<input type="checkbox"/>		<input type="checkbox"/>	E-MAIL ADDRESS:	<input type="checkbox"/>	

TYPE OF FARM / RANCH OPERATIONS (Mark and describe all that apply)

<input type="checkbox"/>	AQUACULTURE	<input type="checkbox"/>	FLOWERS	<input type="checkbox"/>	HOBBY / GENTLEMAN FARM	<input type="checkbox"/>	LIVESTOCK GRAZING	<input type="checkbox"/>	POULTRY
<input type="checkbox"/>	COTTON	<input type="checkbox"/>	FRUIT / CITRUS	<input type="checkbox"/>	HORSES	<input type="checkbox"/>	LIVESTOCK PROCESSING	<input type="checkbox"/>	TOBACCO
<input type="checkbox"/>	DAIRY	<input type="checkbox"/>	FUR BEARING ANIMALS	<input type="checkbox"/>	LIVESTOCK CONFINEMENT	<input type="checkbox"/>	NURSERY STOCK	<input type="checkbox"/>	VEGETABLES
<input type="checkbox"/>	FIELD CROPS	<input type="checkbox"/>	GREENHOUSES	<input type="checkbox"/>	LIVESTOCK FEEDLOT	<input type="checkbox"/>	NUTS	<input type="checkbox"/>	VINEYARDS

DESCRIBE FARM/RANCH OPERATIONS AND ANY INCIDENTAL BUSINESS ACTIVITIES. DESCRIBE ADDITIONAL ITEMS IN OPTIONAL CHECK BOXES.

LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES FOR THE PAST FIVE YEARS

DATE OF OCCURRENCE	TYPE OF LOSS	DESCRIPTION OF OCCURRENCE	AMOUNT PAID

PRIOR INSURANCE INFORMATION

PRIOR CARRIER	TYPE OF INSURANCE	POLICY #	AMOUNT OF COVERAGE

OTHER RELATED POLICIES

INSURED NAME	TYPE OF INSURANCE	POLICY #

REMARKS (Attach additional sheets if more space is required)

--

LOCATION / SUBLOCATION SCHEDULE

LOC #	ADDRESS (Street / Route, City, State, Zip)	SUBLOCATION TYPE	RANGE	
BLDG / SUBLOC #		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	LATITUDE	LONGITUDE
SUBLOCATION DESCRIPTION:				

LOC #	ADDRESS (Street / Route, City, State, Zip)	SUBLOCATION TYPE	RANGE	
BLDG / SUBLOC #		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	LATITUDE	LONGITUDE
SUBLOCATION DESCRIPTION:				

LOC #	ADDRESS (Street / Route, City, State, Zip)	SUBLOCATION TYPE	RANGE	
BLDG / SUBLOC #		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	LATITUDE	LONGITUDE
SUBLOCATION DESCRIPTION:				

LOC #	ADDRESS (Street / Route, City, State, Zip)	SUBLOCATION TYPE	RANGE	
BLDG / SUBLOC #		<input type="checkbox"/> DWELLING <input type="checkbox"/> STRUCTURE	LATITUDE	LONGITUDE
SUBLOCATION DESCRIPTION:				

PREMISES INFORMATION

LOC #	COUNTY	SECTION	TOWNSHIP	FARM NAME	# ACRES		
IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, (A) SOURCE = <input type="checkbox"/> WELL <input type="checkbox"/> POND / LAKE <input type="checkbox"/> HYDRANT WITHIN 1,000 FT.				(B) QUANTITY = <input type="checkbox"/> LESS THAN 1,000 GALLONS <input type="checkbox"/> 1,000-3,000 GALLONS <input type="checkbox"/> OVER 3,000 GALLONS	PROT CLASS OPERATED BY <input type="checkbox"/> APPLICANT <input type="checkbox"/> TENANT	FIRE DISTRICT CODE OWNED BY APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE DISTRICT NAME DISTANCE TO PUBLIC HYDRANT FIRE STAT FT MI

LOC #	COUNTY	SECTION	TOWNSHIP	FARM NAME	# ACRES		
IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, (A) SOURCE = <input type="checkbox"/> WELL <input type="checkbox"/> POND / LAKE <input type="checkbox"/> HYDRANT WITHIN 1,000 FT.				(B) QUANTITY = <input type="checkbox"/> LESS THAN 1,000 GALLONS <input type="checkbox"/> 1,000-3,000 GALLONS <input type="checkbox"/> OVER 3,000 GALLONS	PROT CLASS OPERATED BY <input type="checkbox"/> APPLICANT <input type="checkbox"/> TENANT	FIRE DISTRICT CODE OWNED BY APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE DISTRICT NAME DISTANCE TO PUBLIC HYDRANT FIRE STAT FT MI

LOC #	COUNTY	SECTION	TOWNSHIP	FARM NAME	# ACRES		
IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, (A) SOURCE = <input type="checkbox"/> WELL <input type="checkbox"/> POND / LAKE <input type="checkbox"/> HYDRANT WITHIN 1,000 FT.				(B) QUANTITY = <input type="checkbox"/> LESS THAN 1,000 GALLONS <input type="checkbox"/> 1,000-3,000 GALLONS <input type="checkbox"/> OVER 3,000 GALLONS	PROT CLASS OPERATED BY <input type="checkbox"/> APPLICANT <input type="checkbox"/> TENANT	FIRE DISTRICT CODE OWNED BY APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE DISTRICT NAME DISTANCE TO PUBLIC HYDRANT FIRE STAT FT MI

LOC #	COUNTY	SECTION	TOWNSHIP	FARM NAME	# ACRES		
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GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES APPLICANT HAVE ANY OTHER BUSINESS OR OTHER NON-FARM ACTIVITIES ON OR OFF PREMISES, SUCH AS DUDE RANCH, BED & BREAKFAST OR RESORT FACILITY? IF SO, INCLUDE RECEIPTS: \$	<input type="checkbox"/>
2. IS FARMING THE PRIMARY SOURCE OF THE INSURED'S INCOME?	<input type="checkbox"/>
3. IS THIS BUSINESS NEW TO THE AGENCY?	<input type="checkbox"/>
4. HAS ANY POLICY BEEN CANCELLED OR NONRENEWED IN THE PAST 5 YEARS? (NOT APPLICABLE IN MO)	<input type="checkbox"/>
5. HAVE YOU INSPECTED THIS PROPERTY IN THE LAST TWELVE (12) MONTHS?	<input type="checkbox"/>
6. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	<input type="checkbox"/>
7. ARE INDEPENDENT CONTRACTORS HIRED TO PERFORM ANY FARMING OPERATIONS?	<input type="checkbox"/>
8. IS ANY PART OF THE FARM RENTED OR LEASED FOR RECREATIONAL USE?	<input type="checkbox"/>
9. ARE THE FARM PREMISES OPEN TO THE PUBLIC FOR ACTIVITIES SUCH AS ROADSIDE STANDS, "U-PICK", RECREATIONAL, CAMPING, "RENT-A-GARDEN", AUCTION, SALES, SHOWS, RODEOS, HAY RIDES, FISHING, KENNELS, ANIMAL BOARDING, OR CHRISTMAS TREE SALES?	<input type="checkbox"/>
10. ARE ANY PORTIONS OF THE FARM OR STRUCTURES RENTED OR LEASED OR USED BY ANY OTHER INDIVIDUAL, CORPORATION OR INTEREST FOR OTHER THAN FARMING?	<input type="checkbox"/>
11. DOES THE APPLICANT OR SPOUSE OWN, RENT OR OPERATE AS A FARM, RANCH OR RESIDENCE ANY PREMISES OTHER THAN THOSE DESCRIBED IN THE PREMISES INFORMATION SECTION?	<input type="checkbox"/>
12. IS ANY LAND HELD FOR REAL ESTATE DEVELOPMENT OR SPECULATION?	<input type="checkbox"/>
13. DOES APPLICANT MAINTAIN ANY VACATION OR SEASONAL PREMISES?	<input type="checkbox"/>
14. IS THE APPLICANT A SUBSIDIARY OF ANOTHER?	<input type="checkbox"/>
15. DOES THE APPLICANT HAVE SUBSIDIARIES?	<input type="checkbox"/>
16. DOES THE INSURED PLAN ANY CONSTRUCTION OR RENOVATION WORK TO BE DONE ON THE PREMISES IN THE NEXT 12 MONTHS?	<input type="checkbox"/>
17. IS A FORMAL SAFETY PROGRAM IN EXISTENCE?	<input type="checkbox"/>
18. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?	<input type="checkbox"/>

REMARKS

ATTACHMENTS

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">APPRAISALS</td></tr> <tr><td style="text-align: center;">BILL OF SALE</td></tr> <tr><td style="text-align: center;">COST ESTIMATOR</td></tr> <tr><td style="text-align: center;">INVENTORIES</td></tr> <tr><td style="text-align: center;">PHOTOS</td></tr> <tr><td style="text-align: center;">PREMISES DIAGRAM</td></tr> <tr><td style="text-align: center;">STATE SUPPLEMENT(S) (if applicable)</td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td></tr> </table>	APPRAISALS	BILL OF SALE	COST ESTIMATOR	INVENTORIES	PHOTOS	PREMISES DIAGRAM	STATE SUPPLEMENT(S) (if applicable)			
APPRAISALS											
BILL OF SALE											
COST ESTIMATOR											
INVENTORIES											
PHOTOS											
PREMISES DIAGRAM											
STATE SUPPLEMENT(S) (if applicable)											

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

BUILDING OR PERSONAL PROPERTY INFORMATION

LOC #	BLDG #	BLANKET BUILDING DESCRIPTION																					
SUBJECT OF INSURANCE					LIMIT OF INSURANCE	COINS %	VALUATION RC/ACV	CAUSES OF LOSS			DEDUCTIBLE	PREMIUM											
TOTAL																							
BLDG TYPE	RATE GROUP	DIAG #	CONST TYPE	YR BUILT	HEAT TYPE	ROOF YEAR	ROOF TYPE	TOTAL AREA	LENGTH	WIDTH	HEIGHT												
ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION																							
EXPLAIN ALL "YES" RESPONSES												Y/N											
1. ARE ANY WOOD OR COAL FIRED STOVES USED?												<input type="checkbox"/>											
2. ARE THERE ANY BURGLARY AND/OR FIRE ALARMS? (If "YES", indicate the type of alarm and floors protected)												<input type="checkbox"/>											
<input type="checkbox"/> BURGLARY FLOORS PROTECTED BY ALARM: <input type="checkbox"/> FIRE FLOORS PROTECTED BY ALARM:												<input type="checkbox"/>											
3. ARE THERE ANY OTHER PROTECTIVE DEVICES?												<input type="checkbox"/>											
ADDITIONAL INTEREST																							
RANK:		NAME AND ADDRESS:			REFERENCE #:		CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER														
INTEREST		ITEM DESCRIPTION:										LOCATION:	BUILDING:										
<input type="checkbox"/> LOSS PAYEE																						SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> MORT-GAGEE																						OTHER:	
<input type="checkbox"/>																							

BUILDING OR PERSONAL PROPERTY INFORMATION

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INTEREST		ITEM DESCRIPTION:										LOCATION:	BUILDING:										
<input type="checkbox"/> LOSS PAYEE																						SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> MORT-GAGEE																						OTHER:	
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SUBJECT OF INSURANCE					LIMIT OF INSURANCE	COINS %	VALUATION RC/ACV	CAUSES OF LOSS			DEDUCTIBLE	PREMIUM	
TOTAL													
BLDG TYPE	RATE GROUP	DIAG #	CONST TYPE	YR BUILT	HEAT TYPE	ROOF YEAR	ROOF TYPE	TOTAL AREA	LENGTH	WIDTH	HEIGHT		
ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION													
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1. ARE ANY WOOD OR COAL FIRED STOVES USED?												<input type="checkbox"/>	
2. ARE THERE ANY BURGLARY AND/OR FIRE ALARMS? (If "YES", indicate the type of alarm and floors protected)												<input type="checkbox"/>	
<input type="checkbox"/> BURGLARY FLOORS PROTECTED BY ALARM: _____ <input type="checkbox"/> FIRE FLOORS PROTECTED BY ALARM: _____												<input type="checkbox"/>	
3. ARE THERE ANY OTHER PROTECTIVE DEVICES?												<input type="checkbox"/>	
ADDITIONAL INTEREST													
RANK:		NAME AND ADDRESS:			REFERENCE #:			CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER			
INTEREST		ITEM DESCRIPTION:								LOCATION:		BUILDING:	
<input type="checkbox"/> LOSS PAYEE										SCHEDULED ITEM NUMBER:		OTHER:	
<input type="checkbox"/> MORT-GAGEE													
<input type="checkbox"/> GAGEE													

BUILDING OR PERSONAL PROPERTY INFORMATION

LOC #	BLDG #	BLANKET BUILDING DESCRIPTION											
SUBJECT OF INSURANCE					LIMIT OF INSURANCE	COINS %	VALUATION RC/ACV	CAUSES OF LOSS			DEDUCTIBLE	PREMIUM	
TOTAL													
BLDG TYPE	RATE GROUP	DIAG #	CONST TYPE	YR BUILT	HEAT TYPE	ROOF YEAR	ROOF TYPE	TOTAL AREA	LENGTH	WIDTH	HEIGHT		
ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION													
EXPLAIN ALL "YES" RESPONSES												Y/N	
1. ARE ANY WOOD OR COAL FIRED STOVES USED?												<input type="checkbox"/>	
2. ARE THERE ANY BURGLARY AND/OR FIRE ALARMS? (If "YES", indicate the type of alarm and floors protected)												<input type="checkbox"/>	
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3. ARE THERE ANY OTHER PROTECTIVE DEVICES?												<input type="checkbox"/>	
ADDITIONAL INTEREST													
RANK:		NAME AND ADDRESS:			REFERENCE #:			CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER			
INTEREST		ITEM DESCRIPTION:								LOCATION:		BUILDING:	
<input type="checkbox"/> LOSS PAYEE										SCHEDULED ITEM NUMBER:		OTHER:	
<input type="checkbox"/> MORT-GAGEE													
<input type="checkbox"/> GAGEE													



AGRICULTURE PROPERTY SECTION
SCHEDULED AND UNSCHEDULED FARM PERSONAL PROPERTY

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED			
POLICY NUMBER	CARRIER		NAIC CODE	
ACCOUNT NUMBER	NEW	EFFECTIVE DATE	EXPIRATION DATE	
	RNWL			

GENERAL INFORMATION

1. IS ANY PROPERTY KEPT ON A LOCATION(S) OTHER THAN AN INSURED LOCATION? (Y / N)

IF YES, WHERE IS IT KEPT? (A) DURING FARMING SEASON? _____
 (B) DURING OFF SEASON? _____

2. WHAT IS MAXIMUM VALUE OF EQUIPMENT AT ANY ONE LOCATION?

	INSIDE	IN OPEN
(A) DURING FARMING SEASON?	\$ _____	\$ _____
(B) DURING OFF SEASON?	\$ _____	\$ _____

3. IS THERE ANY EQUIPMENT LOANED OR RENTED TO/FROM OTHERS? (Y / N) IF YES, VALUE FOR BORROWED OR RENTED EQUIPMENT: \$ _____

4. WHAT IS RADIUS OF OPERATIONS OF EQUIPMENT? _____ MILES

5. IS EQUIPMENT WELL MAINTAINED? (Y / N)

TRANSIT

	LIMIT OF INSURANCE	COINS %	CAUSES OF LOSS (PERILS)	DEDUCTIBLE	PREMIUM
TRANSIT					

PEAK SEASON

DESCRIPTION	TIME PERIOD (MM/DD/YYYY)		APPLIES TO SCHD / UNSCHD	LIMIT OF INSURANCE	PREMIUM
	FROM	TO			
TOTAL					

ADDITIONAL INTEREST

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	



AGENCY CUSTOMER ID: _____

LOC #: _____

AGRICULTURE LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED			
POLICY NUMBER	CARRIER			NAIC CODE
ACCOUNT NUMBER		NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE

COVERAGES	LIMITS OF LIABILITY
BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$ EACH "OCCURRENCE" LIMIT
	\$ GENERAL AGGREGATE LIMIT
PERSONAL AND ADVERTISING INJURY LIABILITY	\$ EACH "OCCURRENCE" LIMIT
	\$ GENERAL AGGREGATE LIMIT
MEDICAL PAYMENTS	\$ ANY ONE PERSON LIMIT
PROPERTY DAMAGE LIABILITY FIRE DAMAGE LIMIT	\$ EACH "OCCURRENCE" LIMIT
ADDITIONAL COVERAGE - DAMAGE TO PROPERTY OF OTHERS	\$ ANY ONE FIRE
	\$
	\$
	\$

FARM PERSONAL LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO	FARM COMMERCIAL LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO
PERSONAL LIABILITY COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND ADDRESS OF INSURED(S) (Attach additional sheets if necessary)
	NAME AND ADDRESS OF INSURED(S)

COVERAGE	BASIS/RATE	PREMIUM
INITIAL FARM PREMISES ACRES:		
TOTAL ACREAGE FOR ALL LOCATIONS, INCLUDING INITIAL FARM PREMISES:		
ADDITIONAL FARM PREMISES MAINTAINED BY NAMED INSURED	LOC #	
ADDITIONAL NON-FARM PREMISES OCCUPIED BY INSURED <input type="checkbox"/> SEASONAL <input type="checkbox"/> PERMANENT	LOC #	
ADDITIONAL RESIDENCE RENTED TO OTHERS	# FAMILIES LOC #	
CUSTOM FARMING RECEIPTS	RECEIPTS \$	
INCIDENTAL BUSINESS ACTIVITIES (i.e., ROADSIDE STANDS, DAY CARE, HUNTING AND FISHING)		
ACTIVITY	RECEIPTS	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
LIMITED FARM POLLUTION LIABILITY	LIMIT \$	
CONTINGENT LIABILITY FOR CROP DUSTING BY INDEPENDENT AIRCRAFT	COST \$	LIMIT \$
ANIMAL COLLISION	LIMIT PER HEAD \$	# OF HEAD
EMPLOYERS LIABILITY	# OF PERSON MONTHS # FULL TIME EMPLOYEES # PART TIME EMPLOYEES	TOTAL PAYROLL \$
TOTAL PREMIUM:		

ATTACH TO ACORD 401

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

INTEREST	NAME AND ADDRESS	REFERENCE # / LOAN #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
				LOCATION:	BUILDING:
<input type="checkbox"/> ADDITIONAL INSURED				<input type="checkbox"/> VEHICLE:	<input type="checkbox"/> BOAT:
<input type="checkbox"/> LOSS PAYEE				<input type="checkbox"/> SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> MORTGAGEE				OTHER	
<input type="checkbox"/> LIENHOLDER					
<input type="checkbox"/> EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

INTEREST	NAME AND ADDRESS	REFERENCE # / LOAN #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
				LOCATION:	BUILDING:
<input type="checkbox"/> ADDITIONAL INSURED				<input type="checkbox"/> VEHICLE:	<input type="checkbox"/> BOAT:
<input type="checkbox"/> LOSS PAYEE				<input type="checkbox"/> SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> MORTGAGEE				OTHER	
<input type="checkbox"/> LIENHOLDER					
<input type="checkbox"/> EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
1. DOES APPLICANT BUILD, REPAIR OR DESIGN MACHINERY, EQUIPMENT OR SYSTEMS FOR ANYONE AT A CHARGE?	<input type="checkbox"/>
2. DOES APPLICANT RENT OR LEASE EQUIPMENT TO OTHERS?	<input type="checkbox"/>
3. DOES ANY MACHINERY OR EQUIPMENT OWNED OR OPERATED BY THE APPLICANT NOT CONFORM TO APPLICABLE SAFETY REGULATIONS?	<input type="checkbox"/>
4. DOES APPLICANT MIX, PROCESS, SLAUGHTER, BUTCHER OR OTHERWISE PREPARE FOR ANY "END CONSUMER" HIS OR ANY OTHER GROWER'S PRODUCT?	<input type="checkbox"/>
5. DOES APPLICANT HANDLE ANY PRODUCT, SUCH AS SEED, FERTILIZER, SPRAYS, ETC. FOR RESALE?	<input type="checkbox"/>
6. ARE ANY CONTRACT OR SERVICE OPERATIONS PERFORMED FOR OTHERS SUCH AS SNOW REMOVAL, TILING (e.g., FIELD/DRAIN TILE), EXCAVATING OR DITCHING?	<input type="checkbox"/>
7. ARE THERE ANY UNUSUAL HAZARDS SUCH AS (BUT NOT LIMITED TO) OPEN DUMP PITS, MANURE PITS, SUMP HOLES, PONDS, LAKES OR RESERVOIRS?	<input type="checkbox"/>
8. IS THERE AN AIRSTRIP ON THE PREMISES?	<input type="checkbox"/>
9. ARE ANY "HOLD HARMLESS" OR "INDEMNIFYING" AGREEMENTS IN EFFECT?	<input type="checkbox"/>
10. IS THERE A SWIMMING POOL ON PREMISES? IF "YES": IN GROUND (Y/N): <input type="checkbox"/> FENCED (Y/N): <input type="checkbox"/> DIVING BOARD (Y/N): <input type="checkbox"/> SLIDE (Y/N): <input type="checkbox"/> DEPTH: _____ FEET	<input type="checkbox"/>
11. IS THERE ANY WATERCRAFT EXPOSURE?	<input type="checkbox"/>
12. IS THERE ANY SNOWMOBILE EXPOSURE?	<input type="checkbox"/>
13. IS THERE ANY ATV OR DIRT BIKE EXPOSURE?	<input type="checkbox"/>

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y/N
14. IS THERE A TRAMPOLINE ON THE PREMISES?	<input type="checkbox"/>
15. DOES APPLICANT SERVE ON ANY BOARDS FOR REMUNERATION?	<input type="checkbox"/>
16. ARE ANY PREMISES USED BY OTHERS FOR HUNTING, FISHING OR OTHER RECREATIONAL ACTIVITIES?	<input type="checkbox"/>
17. DOES APPLICANT HAVE ANY POTENTIALLY DANGEROUS ANIMALS OR EXOTIC PETS?	<input type="checkbox"/>

LIVESTOCK / DAIRY INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
18. ARE ANY LIVESTOCK PRESENT ON PREMISES OR ARE ANY LIVESTOCK ANTICIPATED DURING THE YEAR?	<input type="checkbox"/>
19. ARE LIVESTOCK KEPT IN AREAS THAT ARE NOT ADEQUATELY FENCED AND MAINTAINED IN A GOOD STATE OF REPAIR? <div style="float: right; margin-top: 5px;"> PREMISES IS IN: <input type="checkbox"/> OPEN RANGE AREA <input type="checkbox"/> CLOSED RANGE AREA </div>	<input type="checkbox"/>
20. ARE LIVESTOCK NEAR ANY PUBLIC ROAD OR HIGHWAY?	<input type="checkbox"/>
21. DOES INSURED OWN, BOARD, RACE, BREED OR RENT HORSES?	<input type="checkbox"/>
22. ANY NON-OWNED HORSES ON ANY INSURED PREMISES?	<input type="checkbox"/>
23. IF CATTLE ARE PRESENT ON PREMISES, DO YOU NOW OR HAVE YOU IN THE PAST SUPPLEMENTED CATTLE FEED WITH BONE MEAL, PROTEIN SUPPLEMENTS OR ANIMAL BY-PRODUCTS?	<input type="checkbox"/>
24. NUMBER OF ANIMALS MILKED:	
25. IS THERE ANY PROCESSING OF MILK?	<input type="checkbox"/>
26. ARE THERE ANY RETAIL SALES OF MILK PRODUCTS TO PUBLIC? <div style="text-align: right; margin-top: 5px;">RECEIPTS: \$ _____</div>	<input type="checkbox"/>

REMARKS