



FARM AND RANCH APPLICATION

				Date:			
Agency Name/Address: Phone: Fax: E-mail:			Applicant's Name: Mailing Address: City: ST: Zip: County:				
Code:	Subcode:	Phone No.:			Bus. Phone No.:		
Agency Customer ID:		Effective Date:			Expiration Date:		
		E-mail:			Web Site Address:		

APPLICANT INFORMATION

Previous Address (if less than three years) Years at Previous Address: Street: City: ST: Zip:			Location of property if different from above: Street: City: ST: Zip: County:				
Applicant's Occupation (State nature of business if self-employed):		Marital Status	DOB	Applicant's Employer Name and Address:			
Co-Applicant's Occupation (State nature of business if self-employed):		Marital Status	DOB	Co-Applicant's Employer Name and Address:			

COVERAGES/LIMITS OF INSURANCE—PRIMARY LOCATION (Complete Additional Farm Dwelling Supplemental Application for additional locations)

Location 1 Building 1	Dwelling (Coverage A)	Other Private Structures (Coverage B)	Personal Property (Coverage C)	Loss of Use (Coverage D)	Barns & Farm Personal Property (Coverage E&G)	Bodily Injury and Property Damage (Coverage H)	Medical Payments (Coverage J)
Limit	\$	\$	\$	\$	Complete Supplemental Application	\$	\$
Cause Of Loss	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad				
Loss Settlement	<input type="checkbox"/> ACV <input type="checkbox"/> RC <input type="checkbox"/> FRC	Same as Coverage A	<input type="checkbox"/> ACV <input type="checkbox"/> RC				
Deductible Type & Amount (%/\$)		<input type="checkbox"/> All perils: _____ <input type="checkbox"/> Wind & Hail: _____ <input type="checkbox"/> Other: _____					

RATING/UNDERWRITING—PRIMARY LOCATION

Year Built	Purchase Date	Construction Type				Usage Type	Occupancy	Windstorm Loss Mitigation Features
		<input type="checkbox"/> Frame	<input type="checkbox"/> Modular Home	<input type="checkbox"/> Masonry	<input type="checkbox"/> EIFS	<input type="checkbox"/> Primary	<input type="checkbox"/> Owner	<input type="checkbox"/> Hurricane Straps
Square Feet	Replacement Cost \$	<input type="checkbox"/> Masonry Veneer	<input type="checkbox"/> Log Home	<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Hand-hewn	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tenant	<input type="checkbox"/> Wind Shutters
No. Families	Market Value \$	<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Milled	<input type="checkbox"/> MFG/Mobile Home	<input type="checkbox"/> Kit	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Farm Renter (Tenant Package)	<input type="checkbox"/> HIP Roof
		<input type="checkbox"/> Tied Down	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Portable		<input type="checkbox"/> COC/Reno	<input type="checkbox"/> Vacant	<input type="checkbox"/> Impact Resistant Glass
		<input type="checkbox"/> Skirted					No. of Months: _____	
Territory Code	Protection Class	Distance To		Protection Device Type			Visible to Neighbors: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Hydrant	Fire Station	System	Smoke	Temperature	Burglar	Foundation: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Stilts
		FT	MI	Central	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial
Fire District / Code No.: /			Local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Updates	Partial	Complete	Year	Details	
Wiring	<input type="checkbox"/>	<input type="checkbox"/>		Circuit Breakers: <input type="checkbox"/> Yes <input type="checkbox"/> No Aluminum: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fuses: <input type="checkbox"/> Yes <input type="checkbox"/> No No. of Amps _____ Knob & Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>		Type: <input type="checkbox"/> Copper <input type="checkbox"/> PVC Other: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating	<input type="checkbox"/>	<input type="checkbox"/>		Primary: _____ Secondary: _____ <input type="checkbox"/> None Wood Stove? <input type="checkbox"/> Yes <input type="checkbox"/> No Portable Space Heaters? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," attach photo and mandatory Woodstove questionnaire If "yes," are they thermostatically controlled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Roofing	<input type="checkbox"/>	<input type="checkbox"/>		Roof Type/Material: _____ Condition of Roof: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FARM PREMISES INFORMATION

Loc. No.	Address	Total No. of Acres	Farmed By	Gross Receipts

LOSS HISTORY

Any losses, whether or **not** paid by insurance, in the last three years, at **this** or **any** other location?
 Yes No If "yes," indicate below:

DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT PAID/RESERVED	OPEN/ CLOSED
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

PRIOR/CURRENT COVERAGE

Prior carrier/Current carrier: _____	Policy number: _____	Expiration date: _____
If lapse or no prior coverage, provide explanation: _____		

UNDERWRITING QUESTIONS

Type of Farm/Ranch Operation			Number of Employees	
<input type="checkbox"/> Field crops	Number of acres _____	Gross Receipts _____	<input type="checkbox"/> Full-time _____	
<input type="checkbox"/> Horses	Number of head _____	Gross Receipts _____	<input type="checkbox"/> Part-time _____	
<input type="checkbox"/> Dairy	Number of head _____	Gross Receipts _____	<input type="checkbox"/> Seasonal _____	
<input type="checkbox"/> Livestock	Number of head _____	Gross Receipts _____	<input type="checkbox"/> None	
<input type="checkbox"/> Exotic/Racing	Number of head _____	Gross Receipts _____		
<input type="checkbox"/> Other _____		Gross Receipts _____		

Describe farm/ranch, principal type of farming and any incidental for-profit activities:

FARM AND RANCH UNDERWRITING QUESTIONS

GENERAL QUESTIONS

1. Select any of the following exposures that exist:

- Airstrips, Open Dump/Landfill Pits, Silage Pits, Dams/Lakes/Ponds, Timber Operations, LPG/Gas/Fuel Storage Tanks, Hunting, Show ring, rodeo ring/chute, Chemical Application (Ground / Air)

List type and nature of Chemicals:
Other:

2. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years? Yes No

If "yes," what was the reason?

Is it open? Yes No

If "no" what is the date closed/discharged:

3. Any coverage declined, cancelled or non-renewed during last three years? (Not applicable in MO or CA) Yes No

If "yes," what was the reason?

4. Is applicant delinquent on mortgage or tax payments? Yes No

PROPERTY QUESTIONS

5. Distance to coast: Feet: Miles:

6. Is property for sale? Yes No

7. Has any structure been converted to a private residence? Yes No

If "yes," explain:

8. Is there any existing fire, water or structural damage? Yes No

If "yes," explain:

9. Complete if any building(s) is/are undergoing renovation or reconstruction during the applied for policy period. Attach list for additional buildings.

Location Number Contractor Name:
Building Number Is Contractor licensed? Yes No
Starting Date: Completion Date:
Starting Value: \$ Completed Value: \$

10. Are there any buildings on premises which are unused? Yes No

If "yes," describe:

11. List other insurance with this company:

Policy No.:

LIABILITY QUESTIONS

12. Are there any animals (excluding Horses, Dairy and Livestock) kept on the premises? Yes No

If "yes," list type of animal: Bite History? Yes No

If "yes," list type of animal: Bite History? Yes No

13. Is there a Swimming Pool? Yes No
 If "yes," check applicable boxes: Fenced Diving Board Slide
14. Is there a Trampoline? Yes No
15. Is any land held for real estate development or speculation? Yes No
 If "yes," explain: _____

16. Any other locations owned by or rented to the applicant not listed on the application? Yes No
 If "yes," explain: _____

17. How many acres are leased to others? _____
 What is the land used for? _____
 Who is it rented to? _____
 Do the lessees carry liability insurance for their operations? Yes No

GENERAL BUSINESS QUESTIONS

18. Are there any contract or service operations performed for others such as snow removal, tilling, excavating or ditching? Yes No
 If "yes," describe: _____
19. Are independent contractors hired to perform any farming operations? Yes No
 If "yes," describe: _____
 Do they carry liability insurance for their operations Yes No
20. Are any "hold harmless" or "indemnification" agreements in effect? Yes No
 If "yes," describe: _____
21. Is the applicant a subsidiary of another or does the applicant have subsidiaries? Yes No
 If "yes," list related companies: _____
22. Are there other business activities other than farm related operations? Yes No
 If "yes," describe: _____

FARMING OPERATIONS QUESTIONS

23. Is there any Custom Farming? Yes No
 If "yes," describe: _____
24. Does applicant:
- a. Engage in any retail activity on or off the premises other than roadside stands? Yes No
 If "yes," describe: _____
 - b. Mix, process, slaughter, butcher or otherwise prepare his or any other grower's product? Yes No
 If "yes," provide GL Carrier Name: _____ Limit: _____
 - c. Handle any product, such as seed, fertilizer, sprays, etc. for resale? Yes No
 If "yes," provide GL Carrier Name: _____ Limit: _____
25. Are the farm premises available to the public for special events such as, but not limited to, "u-pick," weddings, show or hay rides? Yes No
 If "yes," describe: _____
26. Does insured raise, board, race, breed or rent horses or ponies? Yes No
 If "yes," provide GL or Stable Carrier Name: _____ Limit: _____

REMARKS (Attach additional sheets if more space is required):

ADDITIONAL INTEREST AND INSURED

INT No.:	Type Of Interest	Information	Loan Number and Type of Property
	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Interest Relationship: <input type="checkbox"/> Additional Insured Relationship: <input type="checkbox"/> Trust	Name: Address: City: State: Zip Code:	
	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Interest Relationship: <input type="checkbox"/> Additional Insured Relationship: <input type="checkbox"/> Trust	Name: Address: City: State: Zip Code:	

ADDITIONAL REQUIREMENTS/ATTACHMENTS

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Inspection | <input type="checkbox"/> Photographs | <input type="checkbox"/> Protection Class 9/10 Questionnaire |
| <input type="checkbox"/> Woodstove Questionnaire/Photos (2) | | <input type="checkbox"/> Replacement Cost Estimator |

PAYMENT PLAN

- Billing: Insured Mortgagee Agency Bill

ADDITIONAL FARM/RANCH INFORMATION

A DIAGRAM OF THE PROPERTY IS MANDATORY. IDENTIFY ALL BUILDINGS, LAKES, PONDS AND STORAGE TANKS.

Show distance between structures.

NOTICES, FRAUD WARNINGS AND ATTESTATION

PRIVACY POLICY:

I have received and read a copy of the “Scottsdale Insurance Company Privacy Statement and Procedures.” By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE:

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)



**ADDITIONAL FARM DWELLINGS
SUPPLEMENTAL APPLICATION**

Location No.: _____ Dwelling No.: _____

Location of Property: _____

Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

COVERAGES/LIMITS OF INSURANCE

	Dwelling (Coverage A)	Other Private Structures (Coverage B)	Personal Property (Coverage C)	Loss of Use (Coverage D)
Limit	\$ _____	\$ _____	\$ _____	\$ _____
Cause Of Loss	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad	
Loss Settlement	<input type="checkbox"/> ACV <input type="checkbox"/> RC <input type="checkbox"/> FRC	Same as Coverage A	<input type="checkbox"/> ACV <input type="checkbox"/> RC	
Deductible Type & Amount (%/\$) <input type="checkbox"/> All perils: _____ <input type="checkbox"/> Wind & Hail: _____ <input type="checkbox"/> Other: _____				

RATING/UNDERWRITING

Year Built	Purchase Date	Construction Type		Usage Type	Occupancy	Windstorm Loss Mitigation Features		
		<input type="checkbox"/> Frame	<input type="checkbox"/> Modular Home	<input type="checkbox"/> Primary	<input type="checkbox"/> Owner	<input type="checkbox"/> Hurricane Straps		
		<input type="checkbox"/> Masonry	<input type="checkbox"/> EIFS	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tenant	<input type="checkbox"/> Wind Shutters		
Square Feet	Replacement Cost \$	<input type="checkbox"/> Masonry Veneer	<input type="checkbox"/> Log Home	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Farm Renter (Tenant Package)	<input type="checkbox"/> HIP Roof		
		<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Hand-hewn	<input type="checkbox"/> COC/Reno	<input type="checkbox"/> Vacant	<input type="checkbox"/> Impact Resistant Glass		
		<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Milled		No. of Months: ____			
No. Families	Market Value \$	<input type="checkbox"/> MFG/Mobile Home	<input type="checkbox"/> Kit					
		<input type="checkbox"/> Tied Down	<input type="checkbox"/> Other: _____					
		<input type="checkbox"/> Portable						
		<input type="checkbox"/> Skirted						
Territory Code	Protection Class	Distance To		Protection Device Type			Visible to Neighbors: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Hydrant	Fire Station	System	Smoke	Temperature	Burglar	Foundation: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Stilts
		FT	MI	Central	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial
Fire District / Code No.: _____ / _____		Local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Updates	Partial	Complete	Year	Details
Wiring	<input type="checkbox"/>	<input type="checkbox"/>		Circuit Breakers: <input type="checkbox"/> Yes <input type="checkbox"/> No Fuses: <input type="checkbox"/> Yes <input type="checkbox"/> No No. of Amps _____ Aluminum: <input type="checkbox"/> Yes <input type="checkbox"/> No Knob & Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>		Type: <input type="checkbox"/> Copper <input type="checkbox"/> PVC Other: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating	<input type="checkbox"/>	<input type="checkbox"/>		Primary: _____ Secondary: _____ <input type="checkbox"/> None Wood Stove? <input type="checkbox"/> Yes <input type="checkbox"/> No Portable Space Heaters? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," attach photo and mandatory Woodstove questionnaire If "yes," are they thermostatically controlled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Roofing	<input type="checkbox"/>	<input type="checkbox"/>		Roof Type/Material: _____ Condition of Roof: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No



**COVERAGE E—SCHEDULED FARM PERSONAL PROPERTY
SUPPLEMENTAL APPLICATION**

Deductible Type & Amount (%/\$) All perils: _____ Wind & Hail: _____ Other: _____

Item No.	Item Description	Cause of Loss	Limit of Insurance
1.	Grain, threshed seeds, beans, ground feed, silage, "livestock" feed, all in buildings, structures, sacks, wagons or trucks	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
2.	Grain in stacks, shocks, swaths or piles in the open	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
3.	Hay, straw, fodder in buildings or structures	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
4.	Hay, straw, fodder in the open in stacks, windrows or bales (\$10,000 per stack sublimit applies)	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
5.	Farm products, materials and supplies	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
6.	Trays, boxes, box shooK	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
7.	Computers and related software	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
8.	Miscellaneous equipment (machinery, vehicles, tools, supplies usual or incidental to farm operations) (\$3,000 per item sublimit applies)	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
9.	Borrowed or rented, whether or not under a written contract: farm machinery, vehicles, equipment	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
		<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
		<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
		<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
		<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
		<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	

Farm machinery or equipment on or away from the "insured location":

Item No.	Item Description (include year, make and model)	Cause of Loss	Limit of Insurance



COVERAGE G—BARNs, OUTBUILDINGS AND OTHER FARM STRUCTURES SUPPLEMENTAL APPLICATION

Loc. No.	Bldg. No.	Cause of Loss (Basic, Broad, Special)	Limit of Insurance	Description (e.g., Barn, Silo, Grainary)	Loss Settlement	Construction	Deductible	Year of Construction	Year Roof Updated	Meets Cause of Loss Eligibility Below?
		<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$		<input type="checkbox"/> RC <input type="checkbox"/> ACV					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$		<input type="checkbox"/> RC <input type="checkbox"/> ACV					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$		<input type="checkbox"/> RC <input type="checkbox"/> ACV					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$		<input type="checkbox"/> RC <input type="checkbox"/> ACV					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$		<input type="checkbox"/> RC <input type="checkbox"/> ACV					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$		<input type="checkbox"/> RC <input type="checkbox"/> ACV					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$		<input type="checkbox"/> RC <input type="checkbox"/> ACV					<input type="checkbox"/> Yes <input type="checkbox"/> No

Cause of Loss	Coverage G—Barns, Outbuildings and Other Structures—Minimum Requirements
Special	<p>Farm Structures that are in <u>excellent</u> condition with the following superior characteristics:</p> <ul style="list-style-type: none"> a) No floor or loft above the ground level unless for residential use b) Continuous masonry or concrete foundation c) Ground floor must be incombustible throughout d) Fully enclosed—additions are subject to approval by UW e) No exposed insulation f) Used for its original purpose—submit for exception g) Does not contain hay or straw h) Metal grain storage bins (without heat) used <u>exclusively</u> for bulk storage of grain
Broad	<p>Farm structures that are in <u>very good</u> condition and have the following characteristics:</p> <ul style="list-style-type: none"> a) Characteristics a) through c) above b) Hay storage at ground level c) Enclosed on at least three sides d) Metal ground storage bins (with heat) used <u>exclusively</u> for bulk storage of grain e) Cement or steel silos
Basic	<p>Farm Structures that are in <u>good</u> condition and have the following characteristics:</p> <ul style="list-style-type: none"> a) Structures not eligible for Special or Broad b) All fabric covered structures, hoop buildings, portable buildings and greenhouses <ul style="list-style-type: none"> 1. Replacement cost available for covers or structures that are 10 years old or less 2. ACV must be used on all buildings with covers or structures more than 10 years old 3. Personal greenhouses not used in farming are Coverage B property



PROTECTION CLASS 9 & 10 QUESTIONNAIRE

Named Insured: _____

Location Address: _____

1. Protection Class: _____

2. Central Station Fire and Burglar alarm system installed and monitored? Yes No

3. Name of responding Fire Department: _____

Paid Volunteer

Response Time: _____

Number of pumpers: _____ Tank Capacity (gallons): _____ Pump Capacity (gallons per minute): _____

Number of tankers: _____ Tank Capacity (gallons): _____ Pump Capacity (gallons per minute): _____

4. Are roads paved and accessible year-round? _____

5. Any physical barriers? _____

6. Is there a public hydrant within 1,000 feet from the dwelling? _____

If not, describe the water source: _____

Distance from dwelling: _____

Accessible by the Fire Department year-round? _____

7. Any full-time or live-in employees? Yes No

If yes, explain: _____

8. Is dwelling occupied year-round? Yes No

If no, explain when not occupied: _____

Comments: _____
