

Address: Gity State Zip EFFECTIVE DATE: EXPIRAT PROGRAM: Standard Select Dity State Standard Select Standard Select Standard Standard Standard Standard Select Standard S							CHUBB AGRIBUSINESS FARM CARRIER: GENCY INFORMATION:											
Farm			CODE:	AGENCY C						ON:	FORMATI	NCY INF	AGE					
Phone: (A/C, No., Ext) Fax: (A/C, No.) Email: Phone (A/C, No., Ext): Phone	☐ Renewal ☐ Rewrite		CORD	☐ Farm ☐ Auto-ACO								А						
PROGRAM: Standard Select Dither	EXPIRATION DATE:	EX	VE DATE:	EFFECTIVE	<u> </u>													
Phone (A/C, No, Ext): E-mail Address(es): Website Address(es):	Select Select Plus			PROGRAM														
NAMED INSURED IS: Individual Corporation Ranching Experience FARMING OPERATION: (Please check one main farming type of Equine Livestock (excl. Equine) Dairy Dairy		sured)	t Named Insured	G ADDRESS: (of First N	MAILING AI		Other Named Insureds)	APPLICANT NAME: (First Named Insured & Other Named Insured & Other Named Insured & Other Named Insured Insured & Other Named Insured Insured Insured Insured & Other Named Insured Insured Insured Insured Insured Insured Insured Insured & Other Named Insured Insured Insured Insured & Other Named Insured & Oth										
BILLING: Annual	ddress(es):	Website Address		ddress(es):	E-mail Addre		Phone (A/C, No, Ext):											
2 Pay (60% down)		☐ Dairy	(excl. Equine)	☐ Equine ☐ Livestock (ex	ence	Years Farmin Ranching Experi	☐ Joint Venture		LC		URED IS:	IED INSU	NAM					
Loc # Of Acres Hail Coa Tun Doc 911 Address City, State, Zip Code County Fire Distriction		T:	RECIPIENT:	DRESS OF BILLING RE	AND ADDRES		12 Pay* (15% down) Requires Prior Approval	*	n))% dow	☐ 2 Pay (60 ☐ 4 Pay (30							
Loc # Of Acres Hail Coa Tun Doc 911 Address City, State, Zip Code County Fire Distriction						<u>'</u>				TION	NFORMA	ATION II	LOC					
LOC # OT Hail 911 Address City, State, Zip Code County Only Name	Distance To	Liah			1			otion	Descri		i i		100					
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COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states. Consult your agent or broker for your s NOTICE OF INSURANCE INFORMATION PRACTICES Personal information about you, including information from a credit report, may be collected from persons other than you this application for insurance and subsequent policy renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more de	s other than you in connection with may in certain circumstances be	cted from persons other us or our agents may in of any inaccuracies. A m a request to us.	nay be collected f collected by us or t correction of an w to submit a req	on from a credit report, may d privileged information coll our files and can request co er for instructions on how to	g information fro ersonal and privi rmation in our fil ent or broker for	n about you, including on as well as other pe ew your personal info est. Contact your ag	CTICES Personal information icy renewals. Such information. You have the right to revienation is available upon requirements.	N PRA uent po horizati ch infor	RMATIO subsect your au rding su	E INFO nce and without es rega	ISURANCE of for insural ird parties our practic	CE OF IN pplication osed to this right and continuous c	NOTION this application discloped your results.					
your right 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. The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application.	s application. He/she represents that	• •			•			the answers are true, correct, and complete to the best of his/her kno Applicant's Signature										

DWE	LLING	G (ISO C	OVERA	GE A	A, B, C, & D))														* At	tach o	ost estimator f	or <u>each</u> dwelling
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Item					Perils	* D	eductible	Lin	nit of Ins	surance	Τ	Exclu	ded Pro	perty/	Items From	Coverage	F:					
Lives	tock (B	asic and	Broad on	nly)				\$				CAB	GLASS	- ISC	O COVERA	GE F						
Other	Other than Livestock \$							1		Model			Serial #		Туре	e			Year			
* Perils: B=Basic BR=Broad S=Special TOTAL \$							1							, ,,								
PEA	PEAK SEASON - FARM PERSONAL PROPERTY (ISO COVERAGE F)									ĺ												
	Months Property Type Limit of Insurance							urance	1													
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FARM B	ARNS, B	UILDIN	GS ANI	D STRUCTUR	ES (ISO COVI	ERAGE G)					*	Attach (cost es	timator for	each repla	cement cost structure
Loc#	Bldg#			Descri	ption		Year Built	Squa	I	Type of nstruction	Roof	Туре	Roof Age	Type of Heat		r to Farm Quote for examples)
FARM B	FARM BARNS, BUILDINGS AND STRUCTURES (ISO COVERAGE G) - continued															
	Replacement Cost Protection Open Building Valuation* Reductible Parilet* Limit of Insurance															
Loc#	Loc # Bldg # IG% [†] (Y/N) Subsidence A B C Sides Type Valuation* Deductible Perils** Limit of Insurance															
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[†] Available I ** Perils: B		ıard %: BR=Broa		10 ^{††} EQ=Earth Special	nquake * Val	uation: RC=Re	placement (Cost; A	CV=Actual (Cash Value; F	BV=Fur	nctional	Buildin	g Valuation.		
MORTG	AGEE INI	FORM/	ATION													
Bldg #	☐ Mortga	agee Payee		Name and Ad	dress					Mortgagee Loss Payee		Nar	ne and	l Address		

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MORTG	AGEE INFORMATION				
Bldg#	☐ Mortgagee ☐ Loss Payee	Name and Address	Bldg #	☐ Mortgagee ☐ Loss Payee	Name and Address
	☐ Lender's Loss Payee ☐ Contract for Sale			☐ Lender's Loss Payee ☐ Contract for Sale	

MISCELLANEOUS COVERAGES			* Refer to FarmQuote for	applicable included limits and addi	itional information
Additional Coverages	Provided Limit	New Limit	Additional Coverages - continued	Provided Limit	New Limit
Pollutant Cleanup and Removal	\$10,000	\$	Assisted Living	N/A	See Addendum
Computer	N/A	See Addendum	Unit Owners	N/A	See Addendum
Modified Seeds, Plants, Grains, Crops	N/A	\$	Spoilage	N/A	See Addendum
Credit Fraud	\$1,000	\$	Tenant's Improvements/Alterations	10% of Coverage C Tenant Limit	\$
Custom Farming	Varies by Product	See Addendum	Cost of Restoring Farm Records	\$2,000	\$
Golf Cart	N/A	See Addendum	Extra Expense	\$1,000	\$
Debris Removal *	See Footnote	See Addendum	Power and Light Poles	Varies by Product	See Coverage G
Transit	N/A	See Addendum	Borrowed Farm Equipment	\$25,000 (if E or F is provided)	\$
Standard Equine Endorsement	N/A	□Y□N	Other	N/A	\$
Dairymen's Endorsement	N/A	□Y□N	Comments:	'	
Disruption of Farming Operations	N/A	See Addendum			

^{* 25%} of the loss to covered property plus 5% of the limit of that covered property

FARM L	IABILIT	Y 🗆				COMMERCIAL	GENERAL LIABILITY			
Cover	ages	Occurrence	Aggregate	Fire Damage Limit	Medical Payment	Coverages	Occurrence	Aggregate	Fire Damage Limit	Medical Payment
Limit of L	iability	\$	\$	\$	\$5,000	Limit of Liability	\$	\$	\$	\$5,000
□Exclud	le Person	al and Advertising Injury	,			☐ Include Product	s/Completed Operations			
☐ Exclud	le Advertis	sing Injury				☐ Exclude Person	al and Advertising Injury			
LIABILI	ΓY									
Loc#	Cod	e			Cover	age			Exposure	e Basis
LINDED	A/DITIN/	NEODMATION				* 15 (1		S		(
		S INFORMATION	Number of years:			^ If the	answer to any question	is yes, please explain u	T .	nts section □ NO
		nt know the applicant? I	number of years ne premises and property	/2 Date of last insc	ection:				☐ YES	
		been transferred within		r: Date of last map					☐ YES	□NO
			perform any farming ope	ration?					□ YES	□NO
5. Are f	there any	custom farming operation	ons? Receipts \$						☐ YES	□NO
6. Are t	there any	custom feeding operation	ons? Type:	Numbe	er of Head:				☐ YES	□NO
7. Is an	y part of	the farm used or leased	for organized recreation	al use?					☐ YES	□NO
8. Does	s applicar	t build, repair or design	machinery, equipment o	r systems for anyo	one for a charg	ge or fee? Receipts	\$ \$		☐ YES	□NO
9. Does	s applicar	t mix, process, slaughte	er, butcher or otherwise p	prepare for any "en	nd" consumer l	his or any other growe	er's product?		☐ YES	□NO
			uch as seed, fertilizer, sp	•					☐ YES	□NO
			s performed for others su				the Control of the control	and the second second second	☐ YES	□NO
		remises open to the pub n mazes or Christmas tre		'U-PICK," recreation	nai, "rent-a-ga	rden," auction, sales, s	show, food or beverage so	ervice, animai boarding,	☐ YES	□NO
			leased or used by any o	other individual, co	rporation or in	terest for other than fa	arming?		☐ YES	□NO
14. Does	s applicar	t prepare and sell anima	al feed?						☐ YES	□NO
15. Are t	there any	unusual hazards such a	s but not limited to: oper	n dump pits, silage	pits, sump ho	oles, lakes, reservoirs	and/or airstips on premise	es?	☐ YES	□NO
16. Does	s the appl	icant have any potential	lly dangerous animals or	exotic pets?					☐ YES	□ NO
	-	ld for real estate develop							☐ YES	□NO
			business, profession or t						☐ YES	□NO
		kept, are all areas well-fe ∶ □ open range area	enced? If no, please exp ☐ closed range area	lain.					☐ YES	□NO
		bed insured premises the property? If no, explain.	* *	the applicant or sp	ouse owns, re	ents or operates as a f	arm or ranch, or maintair	ns as a residence, other	□ YES	□NO
	•		so, use and number of a						□ YES	□NO
		ed horses on any insured							☐ YES	□NO
			uestionnaire and provide							
23. Are a	any of the	insured farm dwellings	or buildings unoccupied	for more than 30 o	consecutive da	ays during the policy p	eriod?		☐ YES	□ NO

☐ YES

 \square NO

 ${\it 24. \ \ Does\ applicant\ \underline{maintain\ any\ vacation,\ seasonal,\ or\ additional\ primary\ residence?}}$

UN	DERWRITING INFORMATION - continued		
	If dairy farm, is there any processing of milk?	☐ YES	□NO
	If dairy farm, is there any retail sales of milk products to the public? Receipts \$	□ YES	□NO
_	Number of cows milked?		
	Are any premises used for hunting purposes? □ By owners □ Rented to others: □ no charge □ fee Receipts \$	□ YES	□NO
29	Does applicant maintain a non-farm office, private school, and/or daycare in an insured building?	☐ YES	□NO
_	Is there a swimming pool on the premises?	□ YES	□NO
	If yes, please complete the swimming pool/trampoline questionnaire and attach photo.		
31.	Do you own a trampoline? If yes, please complete the swimming pool/trampoline questionnaire and attach photo.	☐ YES	□ NO
32	Does applicant serve on any boards for remuneration?	☐ YES	□NO
_	Is the applicant a subsidiary of another or does the applicant have subsidiaries?	□ YES	□NO
_	Please list the names of all officers/owners of the farming entity (Corporation, Partnership, Joint Venture, LLC):	<u> </u>	Пио
35.	Is a formal safety program in existence?	☐ YES	□ NO
36.	Are there any packing or cold storage operations for others?	☐ YES	□NO
37.	Do you own dogs? If yes, how many and what breed? Number Breed	☐ YES	□NO
	Is property kept at any location other than an insured location?	☐ YES	□NO
_	What is the maximum value of equipment at any one location? \$		
	What is the radius of operation of equipment? Miles:		
_	How far away from structures is gasoline or fuel stored? Distance:(ft)		
42.	What are the annual gross farming receipts? \$		
AP	PLICATION UNDERWRITING INFORMATION/NATURE OF BUSINESS DESCRIPTION		
Con	mments or Other Instructions:		

DIAGRAM Show all building	s on the premis	ses whether insured	d or not and dis	stance in feet between them. Labe	el all buildings and attach date	d photographs of ev	very building.		
(Indicate "NC" if I									
See Example Be	low:	l L	_oc #1		L	oc #2			
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☐ Farm ☐ Au				Prior Carrier		Effective/Exp	iration Dates	\$	nual Premium
□ Farm □ Au								\$	
□ Farm □ Au								\$	
LOSS HISTOR	Y	☐ Check Here if	f None	☐ See Attached Loss Summary	* Please provid	le hard copy loss r	uns for a minimu	m of the previo	ous three years
Date of				·	·	Date of		Amount	Claim
Occurrence	Line			/Description of Occurrence or C	Jam	Claim	Amount Paid	Reserved	Status
									Open Closed
									Open Closed
									Open Closed
Have you been (I	Not Applicable i	n Missouri):	☐ Canceled	☐ Non-Renewed	Please explain:	<u>'</u>			
			☐ Declined	☐ None of the above					
Inspection Contact Phone (A/C, No, Ext):					Accounting Records Conta	Accou	Inting Records Color, Ext):	ontact	
		(<u>,</u>			(12)	-, ,		
ADDITIONAL F	PESOLIBOES				* Visit Agent Services	at www PainHail c	om for a complet	te list of addition	nal resources
Addendum Nam				Form #	Questionnaire Name	at www.ivaiiii iaii.c	om for a complet		orm #
Additional Insured				AM 28 15	Care Custody and Contro				-8S51a
Miscellaneous Co				AM 28 16	Combine and Cotton Pick				85 24
Unscheduled Far	-	nerty Inventory (C		AM 28 17	Equine Liability				85 15
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Swimming Pool/Trampoline

AQ 85 26