

NOTE: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any material thereto commits a fraudulent insurance act, which is a crime.



FARM LIABILITY APPLICATION

Insured Name: _____

Insured Mailing Address: _____

Year Insured Started Farm: _____

Number of Employees: _____

Physical Location 911 Address: _____

Estimated Annual Income: _____

Insured Phone Number: _____

Insured Email Address: _____

Effective Date: _____

| COVERAGES | | LIMITS OF LIABILITY | |
|---|-------------------|------------------------------------|-----------------|
| Comprehensive Farm Personal Liability | | \$ _____ | Each Occurrence |
| Medical Payments | | \$ _____ | Each Occurrence |
| | | \$ 1,000 unless other amount shown | |
| Custom Farming | Type of Operation | Estimated Annual Receipts | \$ _____ |
| Employers' Liability & Employees Medical Payments | | Full-time Employees | _____ |
| | | Part-time Employees | _____ |
| | | Estimated Payroll | \$ _____ |
| Additional Named Insured | | Insurable Interest | |

| No. of Acres | Legal Description and County | No. of Dwellings | Does Insured Occupy Dwelling? Y/N |
|--------------|------------------------------|------------------|-----------------------------------|
| | | | |

AGENT'S STATEMENT - ALL QUESTIONS MUST BE ANSWERED

Applicant known to the agent? Yes No Years: _____

Type of farming: _____

Who is operating the farm? Applicant Tenant

If any livestock are present on an insured location, describe the type of livestock and the number of head: _____

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

Describe the supervision (where the animals are located and who supervises) _____

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

Is there any horse drawn conveyance used as a regular means of transportation? Yes No If yes, describe. _____

Will insured premises be used in whole or in part for any business, development, professional or recreational use, other than farming? Yes No If yes, describe. _____

Are there any farm stands on the premises? Y N

Are dryers or kilns used to dry crops? Y N

Are farm labor contractors, leased employees or seasonal employees used? Y / N

Is there hunting, fishing or swimming allowed on the premises? Yes No If yes, is there a fee or charge? Yes No If yes, what are the annual receipts? \$ _____

Does Insured have a homeowner's policy that provides personal liability? Yes No If yes, what limit is provided and who is the carrier? _____

Do the rental dwellings have:
Smoke Detectors Yes No
Wood burning stoves Yes No

Have there been any losses in the last 3 years? Yes No If yes, give date, description of loss, amount paid, and insurer. _____

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

(Not Applicable in Missouri)

Who was the prior carrier? _____

Is any farm premises used privately or by the public or any of the following - fee hunting, fishing, petting zoos, animal exhibitions, animal boarding/auctions, roadside stands, U-pick operations, rent-a-garden, food/beverages services, hay rides, Christmas tree sales, Agritainment or any other not previously listed recreational activity? Y N If Yes Describe: _____

AGENT'S SIGNATURE & DATE: _____

** Please remember to attach loss runs