



# FARM LIABILITY APPLICATION

**A** \_\_\_\_\_  
**G** \_\_\_\_\_  
**E** \_\_\_\_\_  
**N** \_\_\_\_\_  
**C** \_\_\_\_\_  
**Y** \_\_\_\_\_

NAME  
 SBI AGENCY NUMBER  
 CITY

**I** \_\_\_\_\_  
**N** \_\_\_\_\_  
**S** \_\_\_\_\_  
**U** \_\_\_\_\_  
**R** \_\_\_\_\_  
**E** \_\_\_\_\_  
**D** \_\_\_\_\_

NAME  
 MAILING ADDRESS  
 Phone#

**INCEPTION DATE:** \_\_\_\_\_

COVERAGES	LIMITS OF LIABILITY	PREMIUM
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	
Fire Legal Liability	<input type="checkbox"/> \$50,000 limit	

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. \_\_\_\_\_

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? \_\_\_\_\_  
 Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**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.