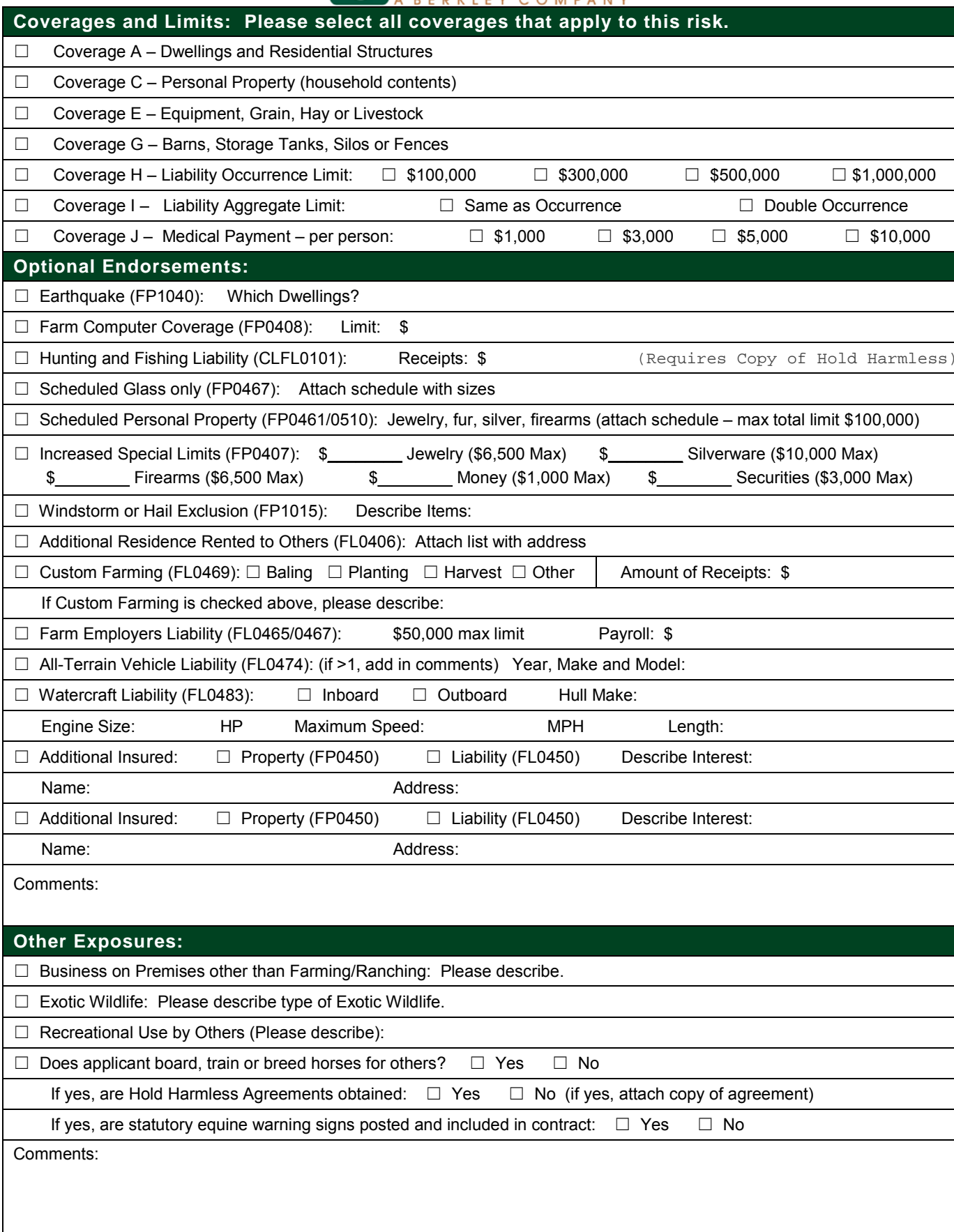




## Farm and Ranch Owners Application

Agency Information:								
Agency Name:						Agency Code:		
Producer Name:						Producer Phone:		
Producer Email:						Producer Fax:		
Applicant Information:								
Applicant Name:								
Mailing Address:						City:		
Address Line 2						State:		Zip:
Legal Entity: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other						Yr. Business Started:		
Effective Date:			Date Purchased:			FEIN#:		
Phone Number:				Web Address:				
Description of Operations:								
# of Cattle:		# of Horses:		Type of Crop or Ranch:				
Primary Location # 1:								
Number of Acres:					Is this location rented or leased to others? <input type="checkbox"/> Y <input type="checkbox"/> N			
Address (911 address or nearest road/intersection):								
City:		State:		Zip:		County:		
Is location outside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No					Miles from Nearest Fire Station:			
<b>If no 911 address available, please complete the next two lines.</b>								
Number of miles from closest town:					Direction from closest town: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W			
Section:			Range:			Township:		
Comments:								
Additional Locations:								
Loc #	# of Acres	911 Address or Section/Range/Township	Miles from Town	Direction	City	Zip Code	Rented to Others Y/N	Buildings Y/N
2								
3								
4								
5								




**Dwelling #1: if more than two dwellings, please describe on last page.**

Location Number:	Occupancy:	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant/Employee	<input type="checkbox"/> Vacant
Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", is there a full time Caretaker or employee on premise? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If fulltime Caretaker, please describe exactly where they live:				
Dwelling Limit: \$		Appurtenant Structures Limit: \$		
Personal Property Limit: \$		Additional Living Expenses: \$		
Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special		Year Built:	Square Footage:	
Dwelling Valuation: <input type="checkbox"/> Actual Cash Value (FP1210) <input type="checkbox"/> Replacement Cost		Contents Valuation: <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Replacement Cost (FP0436)		
Dwelling Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		Wind/Hail Deductible: <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5% <input type="checkbox"/> N/A		
Construction Type: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Mobile Home				
Roof Type: <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Concrete Tile/Clay <input type="checkbox"/> Metal* <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Wood <input type="checkbox"/> Other				
*If metal roof is selected, the Cosmetic Roof Limitation will automatically be included.				Roof Age:
Number of smoke alarms in dwelling?		Enclosed Foundation: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Central Heat/AC: <input type="checkbox"/> Yes <input type="checkbox"/> No		Secondary Heating System: <input type="checkbox"/> Portable <input type="checkbox"/> Other		
If dwelling is greater than 40 years old, what year was the last update: Electrical Plumbing				
Comments:				

**Dwelling #2: if more than two dwellings, please describe on last page.**

Location Number:	Occupancy:	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant/Employee	<input type="checkbox"/> Vacant
Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", is there a full time Caretaker or employee on premise? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If fulltime Caretaker, please describe exactly where they live:				
Dwelling Limit: \$		Appurtenant Structures Limit: \$		
Personal Property Limit: \$		Additional Living Expenses: \$		
Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special		Year Built:	Square Footage:	
Dwelling Valuation: <input type="checkbox"/> Actual Cash Value (FP1210) <input type="checkbox"/> Replacement Cost		Contents Valuation: <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Replacement Cost (FP0436)		
Dwelling Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		Wind/Hail Deductible: <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5% <input type="checkbox"/> N/A		
Construction Type: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Mobile Home				
Roof Type: <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Concrete Tile/Clay <input type="checkbox"/> Metal* <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Wood <input type="checkbox"/> Other				
*If metal roof is selected, the Cosmetic Roof Limitation will automatically be included.				Roof Age:
Number of smoke alarms in dwelling?		Enclosed Foundation: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Central Heat/AC: <input type="checkbox"/> Yes <input type="checkbox"/> No		Secondary Heating System: <input type="checkbox"/> Portable <input type="checkbox"/> Other		
If dwelling is greater than 40 years old, what year was the last update: Electrical Plumbing				
Comments:				



## Equipment, Grain, Hay and Livestock

<input type="checkbox"/> Grain Limit in Metal Structures: \$ _____ Limit in Other Structures: \$ _____	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special
<input type="checkbox"/> Hay or Straw Limit in Structures: \$ _____ Limit in Open: \$ _____	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Perils: Basic Only
<input type="checkbox"/> Scheduled Livestock Head Count: _____ Value Per Head: \$ _____ Please describe: _____	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Broad
<input type="checkbox"/> Animal Collision Head Count: _____ Value Per Head: \$ _____	Deductible: N/A	Perils: Collision Only
<input type="checkbox"/> Miscellaneous Farm Equipment \$3,000 Max per item Limit: \$ _____	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special
<input type="checkbox"/> Borrowed/ Rented Farm Equipment Limit: \$ _____	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special

## Equipment Schedule: if more space is needed, please attach schedule

Location:	Equipment Type: <input type="checkbox"/> Standard Farm Equipment <input type="checkbox"/> Harvesting, Irrigation & Excavating Equipment		
Limit: \$	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		Serial #:
Year:	Make:	Model:	Item Description:

Location:	Equipment Type: <input type="checkbox"/> Standard Farm Equipment <input type="checkbox"/> Harvesting, Irrigation & Excavating Equipment		
Limit: \$	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		Serial #:
Year:	Make:	Model:	Item Description:

Location:	Equipment Type: <input type="checkbox"/> Standard Farm Equipment <input type="checkbox"/> Harvesting, Irrigation & Excavating Equipment		
Limit: \$	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		Serial #:
Year:	Make:	Model:	Item Description:

Location:	Equipment Type: <input type="checkbox"/> Standard Farm Equipment <input type="checkbox"/> Harvesting, Irrigation & Excavating Equipment		
Limit: \$	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		Serial #:
Year:	Make:	Model:	Item Description:

Location:	Equipment Type: <input type="checkbox"/> Standard Farm Equipment <input type="checkbox"/> Harvesting, Irrigation & Excavating Equipment		
Limit: \$	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		Serial #:
Year:	Make:	Model:	Item Description:

Comments:



### Barns, Tanks, Silos and Fences:

Location:	<input type="checkbox"/> Barns, Stables and Outbuildings <input type="checkbox"/> Tanks <input type="checkbox"/> Silos <input type="checkbox"/> Fences, Corrals/Chutes <input type="checkbox"/> Windmills				
Description:					
Limit:	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special		
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Fire Resistive			Yr. Blt:	Sq. Ft:	
Roof Type: <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Metal* <input type="checkbox"/> Wood <input type="checkbox"/> All Other				Roof Age:	
*If metal roof is selected, the Cosmetic Roof Limitation will automatically be included.					
Open Sides: <input type="checkbox"/> Yes <input type="checkbox"/> No		Hay Storage: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Exclude Vandalism	
<input type="checkbox"/> Windstorm or Hail Exclusion – Direct Damage AL only			<input type="checkbox"/> Exclude Wind/Hail – AL, TX, MS only		

Location:	<input type="checkbox"/> Barns, Stables and Outbuildings <input type="checkbox"/> Tanks <input type="checkbox"/> Silos <input type="checkbox"/> Fences, Corrals/Chutes <input type="checkbox"/> Windmills				
Description:					
Limit:	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special		
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Fire Resistive			Yr. Blt:	Sq. Ft:	
Roof Type: <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Metal* <input type="checkbox"/> Wood <input type="checkbox"/> All Other				Roof Age:	
*If metal roof is selected, the Cosmetic Roof Limitation will automatically be included.					
Open Sides: <input type="checkbox"/> Yes <input type="checkbox"/> No		Hay Storage: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Exclude Vandalism	
<input type="checkbox"/> Windstorm or Hail Exclusion – Direct Damage AL only			<input type="checkbox"/> Exclude Wind/Hail – AL, TX, MS only		

Location:	<input type="checkbox"/> Barns, Stables and Outbuildings <input type="checkbox"/> Tanks <input type="checkbox"/> Silos <input type="checkbox"/> Fences, Corrals/Chutes <input type="checkbox"/> Windmills				
Description:					
Limit:	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special		
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Fire Resistive			Yr. Blt:	Sq. Ft:	
Roof Type: <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Metal* <input type="checkbox"/> Wood <input type="checkbox"/> All Other				Roof Age:	
*If metal roof is selected, the Cosmetic Roof Limitation will automatically be included.					
Open Sides: <input type="checkbox"/> Yes <input type="checkbox"/> No		Hay Storage: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Exclude Vandalism	
<input type="checkbox"/> Windstorm or Hail Exclusion – Direct Damage AL only			<input type="checkbox"/> Exclude Wind/Hail – AL, TX, MS only		

Comments:					
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## Supplemental Heating Questionnaire

Dwelling #	Portable Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanently Installed? <input type="checkbox"/> Yes <input type="checkbox"/> No
What type of fuel? <input type="checkbox"/> Wood <input type="checkbox"/> Kerosene <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other		
Are proper clearances being maintained between the heating device and any combustible materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the stove and chimney pipe inspected and cleaned at least once a year? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## USIG General Underwriting Information

How long have you known the applicant: yrs.	Applicant is <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single
Agriculture is applicant's occupation.	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Only
What is applicant's primary occupation?	Is this new business to your agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Farmed/Ranched by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Manager <input type="checkbox"/> Other	
For locations leased or rented to others:	
What are tenant operations:	
Are Certifications of Liability provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Limit: \$
Has coverage ever been cancelled or non-renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason:
Does applicant have any other policies with USIG? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:
Comments:	

## USIG Property and Liability Information

When did the agent last see the property?	Are there fire extinguishers on site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are dwellings equipped with a monitored burglar or fire alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No Company?	
Are livestock fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a swimming pool? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is pool area adequately fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a pond or lake used for recreational activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Does the applicant own, rent or maintain any other property? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:	
Are any buildings located in a flood plane? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Are labor services, migrant workers or independent contractors used for labor on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe activities performed by those workers:	
If yes, are certificates of Workers Compensation required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does applicant provide housing for migrant labor or independent contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, does housing include smoke alarms and fire extinguishers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any unusual hazards present such as quarries, commercial wood lot, open dump pits, sump holes, vehicle trails, reservoirs, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Are Farm operations open to the public, such as U-Pick, Community Gardens, auction sales, swap meets, sales or food/beverage service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Does applicant sell any product (their own or anyone else's) such as seed, feed, fertilizers, herbicides, pesticides, chemicals, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Is applicant licensed for application of chemicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide license number and expiration date:	
Are there children in the household under the age of 25? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list age(s):
Comments:	



## USIG Property and Liability Information Continued

Are there any dogs on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list number of dogs and breeds: _____		
If yes, have the pets been involved in any prior claims: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any Arena, Roping or Rodeo practice facilities on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe: _____		
Any livestock provided to rodeo facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe: _____
Any ATVs or Recreational Equipment used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe usage: _____
Does applicant have crop maze, provide tours, offer hay rides or make premises available for trail rides?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe: _____		
Are any contract or service operations performed for others such as tilling, excavating, chemical spraying, trenching, custom farming, etc.? (If Custom Farming is desired, please select in Optional Endorsements section). <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe: _____		
If produce is grown, are precautions made to reduce food borne illnesses?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments: _____		

## Additional Interests:

Mortgagee:	Loss Payee:
Address:	Address:
Address:	Address:
City/State/Zip:	City/State/Zip:
Interest:	Interest:
Comments: _____	

## Prior Losses:

Claim Date:	Loss Amount: \$	Details:
Claim Date:	Loss Amount: \$	Details:
Claim Date:	Loss Amount: \$	Details:
Comments: _____		

## Prior Carriers:

Prior Carrier Name:	Expiring Premium:
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## Billing Information:

Billing Method:	<input type="checkbox"/> Agency Bill	<input type="checkbox"/> Direct Bill
Payment Plan:	<input type="checkbox"/> 1-Pay (100% down, no service fees) <input type="checkbox"/> 2-Pay (50% down + 1 installment) <input type="checkbox"/> 3-Pay (33% down + 2 installments) <input type="checkbox"/> 4-Pay (25% Down + 3 installments) <input type="checkbox"/> 9-Pay (25% down + 8 installments) <input type="checkbox"/> 10-Pay (10% down + 9 installments) <input type="checkbox"/> 10-Pay (20% down + 9 installments) <input type="checkbox"/> 11-Pay (20% down + 10 installments)	
Down Payment: \$		

**Additional Comments and Information:**