

Agency Information:													
Agency Name:						Agency Code:							
Producer Name:						Producer Phone:							
Producer Email:						Prod	ucer Fax:						
Applicant	nformatior	ո։											
Applicant Name:													
Mailing Addre	SS:						Ci	City:					
Address Line	2						St	ate:		Zip:			
Legal Entity:	☐ Individual	□ Partr	nership [Corpo	oration \square	Joint Venture		Other	Yr. Busine	ess Started:			
Effective Date	:			Date	Purchased			FE	EIN#:				
Phone Number	er:					Web Addres	ss:						
Description of	Operations:												
# of Cattle:	# of Ho	orses:		Тур	oe of Crop o	or Ranch:							
Primary Lo	cation # 1:	:											
Number of Ac	Number of Acres: Is this location rented or leased to others? □Y □N												
Address (911	address or ne	arest roa	d/intersect	tion):									
City: State:				Zip:		Co	unty:						
Is location ou	side city limits	? 🗆 Ye	es 🗆 No)	1	Miles from Ne	ares	t Fire S	Station:				
If no 911 add	ress availabl	e, please	complete	e the ne	ext two line	es.							
Number of mi	es from close	st town:				Direction fro	om c	losest	town: \square N	□S□E	\square W		
Section:				Range:				Township:					
Comments:													
Additional Locations:													
Loc # # of Acre	911 Addr Section/F		wnship		Miles from Town	Direction	Cit	у	Zip Code	Rented to Others Y/N	Buildings Y/N		
2													
3													
4													
5													



Со	verages and Limits: Please select all coverages that apply to this risk.
	Coverage A – Dwellings and Residential Structures
	Coverage C – Personal Property (household contents)
	Coverage E – Equipment, Grain, Hay or Livestock
	Coverage G – Barns, Storage Tanks, Silos or Fences
	Coverage H − Liability Occurrence Limit: ☐ \$100,000 ☐ \$300,000 ☐ \$500,000 ☐ \$1,000,000
	Coverage I – Liability Aggregate Limit:
	Coverage J – Medical Payment – per person: \square \$1,000 \square \$3,000 \square \$5,000 \square \$10,000
Op	tional Endorsements:
	Earthquake (FP1040): Which Dwellings?
	Farm Computer Coverage (FP0408): Limit: \$
	Hunting and Fishing Liability (CLFL0101): Receipts: \$ (Requires Copy of Hold Harmless)
	Scheduled Glass only (FP0467): Attach schedule with sizes
	Scheduled Personal Property (FP0461/0510): Jewelry, fur, silver, firearms (attach schedule – max total limit \$100,000)
	Increased Special Limits (FP0407): \$ Jewelry (\$6,500 Max) \$ Silverware (\$10,000 Max) \$ Silverware (\$3,000 Max)
	Windstorm or Hail Exclusion (FP1015): Describe Items:
	Additional Residence Rented to Others (FL0406): Attach list with address
	Custom Farming (FL0469): ☐ Baling ☐ Planting ☐ Harvest ☐ Other Amount of Receipts: \$
	If Custom Farming is checked above, please describe:
	Farm Employers Liability (FL0465/0467): \$50,000 max limit Payroll: \$
	All-Terrain Vehicle Liability (FL0474): (if >1, add in comments) Year, Make and Model:
	Watercraft Liability (FL0483): ☐ Inboard ☐ Outboard Hull Make:
	Engine Size: HP Maximum Speed: MPH Length:
	Additional Insured: Property (FP0450) Liability (FL0450) Describe Interest:
	Name: Address:
	Additional Insured: Property (FP0450) Liability (FL0450) Describe Interest:
	Name: Address:
Cor	mments:
	her Exposures:
	Business on Premises other than Farming/Ranching: Please describe.
	Exotic Wildlife: Please describe type of Exotic Wildlife.
	Recreational Use by Others (Please describe):
	Does applicant board, train or breed horses for others? Yes No
	If yes, are Hold Harmless Agreements obtained: Yes No (if yes, attach copy of agreement)
	If yes, are statutory equine warning signs posted and included in contract: Yes No
Cor	mments:



Dwelling #1: if more	than two dwellin	gs, please	describe on last pag	e.					
Location Number:	Occupancy:	Owner	☐ Tenant/Employ	yee 🗆 Vacant					
Primary Residence:	Yes □ No If "No	o", is there a fo	ull time Caretaker or emplo	yee on premise? ☐ Yes ☐ No					
If fulltime Caretaker, please describe exactly where they live:									
Dwelling Limit: \$			Appurtenant Structures Li	mit: \$					
Personal Property Limit: \$			Additional Living Expenses: \$						
Perils: □ Basic □ Broad □ Special Year Built: Square Footage:									
Dwelling Valuation: □A	ctual Cash Value (FP12 □Replacement Cost	210)	Contents Valuation:	□Actual Cash Value Replacement Cost (FP0436)					
Dwelling Deductible:	\$500 □\$1,000 □\$2	,500 □\$5,0	00 Wind/Hail Deductible	e: □1% □2% □5% □ N/A					
Construction Type:	Frame □ Masonry	y □Non-	Combustible □Fire R	Resistive					
Roof Type: ☐Asphalt	Shingles	e Tile/Clay	□Metal* □Tar & Gra	vel □Wood □Other					
*If metal roof is selecte	d, the Cosmetic Roof Li	imitation will a	utomatically be included.	Roof Age:					
Number of smoke alarms	n dwelling?		Enclosed Foundation:	□Yes □No					
Central Heat/AC: □Yes	□No		Secondary Heating Syste	m: □Portable □Other					
If dwelling is greater than	10 years old, what year	was the last u	ipdate: Electrical	Plumbing					
	Comments:								
			describe on last pag						
Location Number:	. ,	Owner	☐ Tenant/Employ	<u></u>					
,	Yes No If "No ease describe exactly was a second to the control of the control		ull time Caretaker or emplo	yee on premise? ☐ Yes ☐ No					
		mere mey nve	Appurtenant Structures Li	mit: ¢					
Dwelling Limit: \$	<u> </u>								
Personal Property Limit: \$		ol.	Additional Living Expense						
Perils: Basic	□Broad □Specia ctual Cash Value (FP12		Year Built: Contents Valuation:	Square Footage: □Actual Cash Value					
Dwelling Valuation: □A	□Replacement Cost	210)		Replacement Cost (FP0436)					
Dwelling Deductible:	5500 □\$1,000 □\$2	,500 □\$5,0	00 Wind/Hail Deductible	e: □1% □2% □5% □ N/A					
Construction Type:	Frame	y □Non-	Combustible □Fire R	Resistive					
Roof Type: □Asphalt Shingles □Concrete Tile/Clay □Metal* □Tar & Gravel □Wood □Other									
*If metal roof is selected, the Cosmetic Roof Limitation will automatically be included. Roof Age:									
Number of smoke alarms	n dwelling?		Enclosed Foundation: □Yes □No						
Central Heat/AC: □Yes	□No		Secondary Heating System: □Portable □Other						
If dwelling is greater than	If dwelling is greater than 40 years old, what year was the last update: Electrical Plumbing								
Comments:									



Equipment,	Grain, Hay a	nd Live	stock							
☐ Grain Limit in Metal Structures: \$ Limit in Other Structures: \$			Deductible: □	\$500	□\$1,000 □\$2,500) □\$5,000	Perils:	□Basic □Broad □Special		
☐ Hay or Straw Limit in Structures: \$ Limit in Open: \$			Deductible: □	\$500	□\$1,000 □\$2,500) □\$5,000	Perils:	Basic Only		
☐ Scheduled Livestock Head Count: Value Per Head: \$ Please describe:			Deductible: □	\$500	□\$1,000 □\$2,500) □\$5,000	Perils:	□Basic □Broad		
	ision t: Head: \$		Deductible: N	/A			Perils:	Perils: Collision Only		
\$3,000 Max	us Farm Equipm per item	ent	Deductible: □	\$500	□\$1,000 □\$2,500) □\$5,000	Perils:	□Basic □Broad □Special		
	Rented Farm Equ	•	Deductible: □	\$500	□\$1,000 □\$2,500) □\$5,000	Perils:	□Basic □Broad □Special		
Equipment Schedule: if more space is needed, please attach schedule										
Location:	Location: Equipment Type: Standard Farm Equipment Harvesting, Irrigation & Excavating Equipment									
Limit: \$ Deductible:			□\$500 □\$1,000 □ \$2,500 □\$5,000			Seri	al #:			
Year: N	Year: Make: Model: Item Description:									
Location:	Equipment Typ	pe: □S	Standard Farm E	quipm	nent □Har	esting, Irriga	ition & Ex	cavating Equipment		
Limit: \$	D	eductible:	□\$500 □\$1,0	00 🗆	\$2,500 🗆\$5,000		Seri	al #:		
Year: N	Make:	Model:		Item	Description:		•			
Location:	Equipment Typ	oe: □S	Standard Farm E	quipm	nent □Har	esting, Irriga	ition & Ex	cavating Equipment		
Limit: \$	D	eductible:	□\$500 □\$1,0	00 🗆	\$2,500 □\$5,000		Seri	al #:		
Year: N	Make:	Model:	Item Description:			II.				
Location:	Equipment Type	oe: □S	Standard Farm E	quipm	nent □Har	esting, Irriga	ation & Ex	xcavating Equipment		
Limit: \$ Deductible: □\$500 □\$1,000 □ \$2,500 □\$5,000 Serial #:										
Year: N	Make:	Model:		Item	Description:					
Location: Equipment Type: □Standard Farm Equipment □Harvesting, Irrigation & Excavating Equipment										
Limit: \$ Deductible:		□\$500 □\$1,000 □ \$2,500 □\$5,000			Seri	al #:				
Year: N	/lake:	Model:		Item	Description:		•			
Comments:										



Barns, Tanks, Silos and Fences:								
Location:	□Barns, Sta	bles and Outbuildings	□Tanks	□Silos	□Fences, Cor	rals/Cl	hutes	□Windmills
Description:								
Limit: Deductible: □\$500 □\$1,000 □\$2,500 □\$5,000 Perils: □Basic □Broad □Special								
Construction: □Frame □Masonry □Non-Combustible □Fire Resistive Yr. Blt: Sq. Ft:								
Roof Type: □As	phalt Shingles	☐Concrete Tile	□Metal*	□Wood	□All Other	Roof	Age:	
*If me	etal roof is sele	cted, the Cosmetic Roo	of Limitation	n will automa	atically be include	ed.		
Open Sides: □Yes	□No	Hay Storage: □Yes	□No]	☐ Exclude Vanda	alism		
☐ Windstorm or Ha	ail Exclusion –	Direct Damage AL only	,	Exclude Win	d/Hail – AL, TX, I	MS on	ly	
Location:	□Barns, Sta	bles and Outbuildings	□Tanks	□Silos	□Fences, Cor	rals/Cl	hutes	□Windmills
Description:								
Limit:	Deductil	ble: □\$500 □\$1,000	□ \$2,500	□\$5,000	Perils: □Basic		Broad	□Special
Construction: □Fra	ame □Masor	rry □Non-Combustibl	le □Fire	Resistive	Yr. Blt:		Sq. Ft	:
Roof Type: □As	Roof Type: □Asphalt Shingles □Concrete Tile □Metal* □Wood □All Other Roof Age:							
*If me	etal roof is sele	cted, the Cosmetic Roo	of Limitation	n will automa	atically be include	ed.		
Open Sides: □Yes □No Hay Storage: □Yes □No □ Exclude Vandalism								
☐ Windstorm or Hail Exclusion – Direct Damage AL only ☐ Exclude Wind/Hail – AL, TX, MS only								
Location:	□Barns, Sta	bles and Outbuildings	□Tanks	□Silos	□Fences, Cor	rals/Cl	hutes	□Windmills
Description:								
Limit:	Deductil	ble: □\$500 □\$1,000	□ \$2,500	□\$5,000	Perils: □Basic		Broad	□Special
Construction: □Fra	Construction: □Frame □Masonry □Non-Combustible □Fire Resistive Yr. Blt: Sq. Ft:						:	
Roof Type: □As	phalt Shingles	☐Concrete Tile	□Metal*	□Wood	□All Other	Roof	Age:	
*If metal roof is selected, the Cosmetic Roof Limitation will automatically be included.								
Open Sides: □Yes □No Hay Storage: □Yes □No □ Exclude Vandalism								
☐ Windstorm or Hail Exclusion – Direct Damage AL only ☐ Exclude Wind/Hail – AL, TX, MS only								
Comments:								



Supplemental Heating Questionnaire							
Dwelling # Portable Unit? □Yes □No Permanently Installed? □Yes □No							
What type of fuel? □Wood □Kerosene □Natural Gas □Oil □Electric □Other							
Are proper clearances being maintained between the heating device and any combustible materials?							
Is the stove and chimney pipe inspected and cleaned at least once a year? □Yes □No							
USIG General Underwriting Information							
How long have you known the applicant: yrs. Applicant is ☐Married ☐Divorced ☐Widowed ☐Single							
Agriculture is applicant's occupation. □Primary □Secondary □Only							
What is applicant's primary occupation?							
Farmed/Ranched by: □Owner □Tenant □Manager □Other							
For locations leased or rented to others:							
What are tenant operations:							
Are Certifications of Liability provided? □Yes □No Limit: \$							
Has coverage ever been cancelled or non-renewed? □Yes □No Reason:							
Does applicant have any other policies with USIG? □Yes □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? □Yes □No							
Are dwellings equipped with a monitored burglar or fire alarm? □Yes □No Company?							
Are livestock fenced? □Yes □No							
Is there a swimming pool? ☐Yes ☐No Is pool area adequately fenced? ☐Yes ☐No							
Is there a pond or lake used for recreational activities? □Yes □No If yes, please describe:							
Does the applicant own, rent or maintain any other property? □Yes □No If Yes, please describe:							
Are any buildings located in a flood plane? □Yes □No If yes, please describe:							
Are labor services, migrant workers or independent contractors used for labor on premises? □Yes □No							
If yes, describe activities performed by those workers:							
If yes, are certificates of Workers Compensation required? □Yes □No							
Does applicant provide housing for migrant labor or independent contractors? ☐Yes ☐No							
If yes, does housing include smoke alarms and fire extinguishers? □Yes □No							
Are there any unusual hazards present such as quarries, commercial wood lot, open dump pits, sump holes, vehicle trails, reservoirs, etc.? Yes 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? Yes 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.? —Yes —No If yes, please describe:							
Is applicant licensed for application of chemicals? ☐Yes ☐No If yes, provide license number and expiration date:							
Are there children in the household under the age of 25? Yes No If yes, please list age(s):							
Comments:							



USIG Property and Liability Info	ormation Continu	ied						
Are there any dogs on the premises?	□Yes	□No						
If yes, please list number of dogs and								
If yes, have the pets been involved in		□Yes	□No					
Are there any Arena, Roping or Rodeo p If yes, please describe:	ractice facilities on pre	mises?	□Yes	□No				
Any livestock provided to rodeo facilities	? □Yes □No If	yes, pleas	e describe:					
Any ATVs or Recreational Equipment us	ed? □Yes □No	If yes, d	lescribe usage:					
Does applicant have crop maze, provide If yes, please describe:	tours, offer hay rides of	or make pr	emises available for t	rail rides? □Yes □N	10			
	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). —Yes —No If yes, please describe:							
If produce is grown, are precautions made	le to reduce food borne	e illnesses	?: □Yes □No	□N/A				
Comments:								
Additional Interests:								
Mortgagee:		Loss Pay	/ee:					
Address:		Address:						
Address:		Address:						
City/State/Zip:		City/State	e/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:					
Billing Information:								
Billing Method: □Agency Bill	□Direct Bill							
Payment Plan: □1-Pay (100% do □3-Pay (33% down + 2 installments) □10-Pay (10% down + 9 installments)	own, no service fees) □4-Pay (25% Dow □10-Pay (20% dov	n + 3 insta		tallment) / (25% down + 8 installn ay (20% down + 10 insta	•			
Down Payment: \$	ay (20 /0 dov	vii · o iiiolo		27 (20 /0 down + 10 iii5te				



Additional Comments and Information:	