



# Farm and Ranch Owners Application

Today's date: \_\_\_\_\_

## Agency Information:

<b>Agency Name:</b>	<b>Agency Code:</b>
<b>Producer Name:</b>	<b>Producer Phone:</b>
<b>Producer Email:</b>	<b>Producer Fax:</b>

## 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			FEIN#:
Coverage Effective Date:	Date Purchased:	Yr. Business Started:	
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"/> No <input type="checkbox"/> Yes		
Address (911 address or nearest road/intersection):			
City:	State:	Zip:	County:
Is location outside city limits? <input type="checkbox"/> No <input type="checkbox"/> Yes		Miles from Nearest Fire Station: _____ <input type="checkbox"/> Manned <input type="checkbox"/> Volunteer	
<b>If no 911 address available, please also complete the next two lines.</b>			
Number of miles from closest town:		Direction from closest town: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	
Section:	Range:	Township:	
Comments:			

## Additional Locations:

Loc #	# of Acres	911 Address, GPS coordinates, or Section/Range/Township* (*if liab only)	Miles from Town	Direction	City	Zip Code	Rented to Others Y/N	Buildings Y/N
2								
3								
4								
5								

**Coverages and Limits: Please select all coverages that apply to this risk.**

- Coverage A – Dwellings and Residential Structures (complete page 3)
- Coverage C – Personal Property (household contents) (complete page 3)
- Coverage E – Equipment, Grain, Hay, or Livestock (complete page 4)
- Coverage G – Barns, Storage Tanks, Silos, or Fences (complete page 5)
- Coverage H – Liability Occurrence Limit:     \$100,000     \$300,000     \$500,000     \$1,000,000
- Coverage I – Liability Aggregate Limit:     Same as Occurrence     Double Occurrence
- Coverage J – Medical Payment – per person:     \$1,000     \$3,000     \$5,000     \$10,000

**Optional Endorsements:**

- Earthquake (FP1040): Which Dwellings?
- Farm Computer Coverage (FP0408/FP0458 TX): Limit: \$ \_\_\_\_\_
- Hunting and Fishing Liability (CLFL0101): Receipts: \$ \_\_\_\_\_ (Requires copy of hold harmless)
- 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)  
\$ \_\_\_\_\_ Firearms (\$6,500 Max)    \$ \_\_\_\_\_ Money (\$1,000 Max)    \$ \_\_\_\_\_ Securities (\$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 Name: \_\_\_\_\_
- Watercraft Liability (FL0483): Hull Year \_\_\_\_ Make: \_\_\_\_\_     Inboard     Outboard    Motor Make: \_\_\_\_\_  
Engine Size: \_\_\_\_\_ HP    Maximum Speed: \_\_\_\_\_ MPH    Length: \_\_\_\_\_
- Additional Insured:  Liability (FL0450)     Property (FP0450)    Describe Interest: \_\_\_\_\_
- Name: \_\_\_\_\_ Address: \_\_\_\_\_
- Additional Insured:  Liability (FL0450)     Property (FP0450)    Describe Interest: \_\_\_\_\_
- Name: \_\_\_\_\_ Address: \_\_\_\_\_

Comments:

**Other 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?     No     Yes
- If yes, are Hold Harmless Agreements obtained:     No     Yes (if yes, attach copy of agreement)
- If yes, are statutory equine warning signs posted and included in contract:     No     Yes – provide photos/contract

Comments:

**Dwelling: if more than two dwellings, please duplicate this page.**

Location Number:	Dwelling Number:	GPS coordinates to this dwelling:
Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Employee <input type="checkbox"/> Vacant		Is this their Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No*
*If "No", is there a full time Caretaker living on premises? <input type="checkbox"/> No <input type="checkbox"/> Yes: their distance to this dwelling is _____		
Dwelling Limit: \$		Other Private Structures Limit (typically 10%): \$
Household Personal Property Limit: \$		Loss of Use Limit (typically 10%): \$
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"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000		Wind/Hail Deductible: <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5%
Construction Type: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible <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		
Roof Age:	Number of Stories: <input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> _____	
Number of smoke alarms in dwelling?	Enclosed Foundation: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Central Heat/AC: <input type="checkbox"/> No <input type="checkbox"/> Yes	If Secondary Heating System, please complete Supplemental Heating Questionnaire on pg 6	
If dwelling is greater than 40 years old, what year was the last update: Electrical Plumbing		
Comments:		

**Dwelling: if more than two dwellings, please duplicate this page.**

Location Number:	Dwelling Number:	GPS coordinates to this dwelling:
Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Employee <input type="checkbox"/> Vacant		Is this their Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No*
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Dwelling Limit: \$		Other Private Structures Limit (typically 10%): \$
Household Personal Property Limit: \$		Loss of Use Limit (typically 10%): \$
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)	
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Construction Type: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible <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		
Roof Age:	Number of Stories: <input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> _____	
Number of smoke alarms in dwelling?	Enclosed Foundation: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Central Heat/AC: <input type="checkbox"/> No <input type="checkbox"/> Yes	If Secondary Heating System, please complete Supplemental Heating Questionnaire on pg 6	
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"/> \$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, Straw, and Fodder Limit in Structures: \$ _____ Limit in Open: \$ _____	Deductible: <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: \$ _____ Type of animal: _____	Deductible: <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"/> \$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"/> \$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, Recreational, or Excavating Equipment		
Limit: \$	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	Serial #:	
Year:	Make:	Model:	Item Description:
Location:	Equipment Type: <input type="checkbox"/> Standard Farm Equipment <input type="checkbox"/> Harvesting, Irrigation, Recreational, or Excavating Equipment		
Limit: \$	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	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"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	Serial #:	
Year:	Make:	Model:	Item Description:
Location:	Equipment Type: <input type="checkbox"/> Standard Farm Equipment <input type="checkbox"/> Harvesting, Irrigation, Recreational, or Excavating Equipment		
Limit: \$	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	Serial #:	
Year:	Make:	Model:	Item Description:
Location:	Equipment Type: <input type="checkbox"/> Standard Farm Equipment <input type="checkbox"/> Harvesting, Irrigation, Recreational, or Excavating Equipment		
Limit: \$	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	Serial #:	
Year:	Make:	Model:	Item Description:

Please describe maintenance protocols for farm equipment and describe storage and security of farm equipment:

**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/Use:			GPS coordinates:		
Limit: \$	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$_____		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			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:		
Open Sides: <input type="checkbox"/> No <input type="checkbox"/> Yes		Hay Storage: <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Exclude Wind/Hail – TX 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/Use:			GPS coordinates:		
Limit: \$	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$_____		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			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:		
Open Sides: <input type="checkbox"/> No <input type="checkbox"/> Yes		Hay Storage: <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Exclude Wind/Hail – TX 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/Use:			GPS coordinates:		
Limit: \$	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$_____		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			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:		
Open Sides: <input type="checkbox"/> No <input type="checkbox"/> Yes		Hay Storage: <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Exclude Wind/Hail – TX only	

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Description/Use:			GPS coordinates:		
Limit: \$	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$_____		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			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:		
Open Sides: <input type="checkbox"/> No <input type="checkbox"/> Yes		Hay Storage: <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Exclude Wind/Hail – TX only	

Comments:

<b>Supplemental Heating Questionnaire</b>		
Dwelling #	Portable Unit? <input type="checkbox"/> No <input type="checkbox"/> Yes	Permanently Installed? <input type="checkbox"/> No <input type="checkbox"/> Yes
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"/> No <input type="checkbox"/> Yes		
Is the stove and chimney pipe inspected and cleaned at least once a year? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>USIG General Underwriting Information (please complete for every risk)</b>		
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 <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Only occupation.		
What is applicant's primary occupation?	Is this new business to your agency? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Farmed/Ranched by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Manager/Employees <input type="checkbox"/> Other: _____		
For locations leased or rented to others:		
What are tenant operations:		
Are Certifications of Liability provided? <input type="checkbox"/> No <input type="checkbox"/> Yes: Tenant Liability Limit: \$ _____ Applicant named as AI? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Has coverage ever been cancelled or non-renewed? <input type="checkbox"/> No <input type="checkbox"/> Yes	Reason: _____	
Does applicant have any other policies with USIG? <input type="checkbox"/> No <input type="checkbox"/> Yes: please list: _____		
Comments:		
<b>USIG Property and Liability Information (please complete for every risk)</b>		
When did the agent last see the property?	Are there fire extinguishers on site? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are dwellings equipped with a monitored burglar or fire alarm? <input type="checkbox"/> No <input type="checkbox"/> Yes: Company?		
Are livestock fenced? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A (no livestock)		
Is there a swimming pool? <input type="checkbox"/> No <input type="checkbox"/> Yes: is there a Slide? <input type="checkbox"/> No <input type="checkbox"/> Yes Diving Board? <input type="checkbox"/> No <input type="checkbox"/> Yes Adequate fencing? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Are there any trampolines on premises? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Is there a pond or lake used for recreational activities? <input type="checkbox"/> No <input type="checkbox"/> Yes - please describe: _____		
Does the applicant own, rent, or maintain any other property not on this app? <input type="checkbox"/> No <input type="checkbox"/> Yes - please describe: _____		
Are any buildings located in a flood plain? <input type="checkbox"/> No <input type="checkbox"/> Yes - please describe: _____		
Are labor services, migrant workers or independent contractors used for labor on premises? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, describe activities performed by those workers: _____		
If yes, are certificates of Workers Compensation required? <input type="checkbox"/> No <input type="checkbox"/> Yes		Housing provided? <input type="checkbox"/> No <input type="checkbox"/> Yes
Are there any unusual hazards present such as quarries, commercial wood lot, open dump pits, sump holes, vehicle trails, reservoirs, waste lagoons, etc.? <input type="checkbox"/> No <input type="checkbox"/> 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"/> No <input type="checkbox"/> 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"/> No <input type="checkbox"/> Yes - please describe: _____		
Is applicant licensed for application of chemicals? <input type="checkbox"/> No <input type="checkbox"/> Yes - provide license # and expiration date: _____		
Are there children in the household under the age of 25? <input type="checkbox"/> No <input type="checkbox"/> Yes - please list age(s): _____		
Comments:		

### USIG Property and Liability Information (continued)

Are there any dogs on the premises?  No  Yes - please list number of dogs and breeds: \_\_\_\_\_  
 If yes, have the pets been involved in any prior claims:  No  Yes – describe:

Are there any Arena, Roping or Rodeo practice facilities on premises?  No  Yes  
 If yes, please describe: \_\_\_\_\_ Public participants or spectators?  No  Yes

Any livestock provided to rodeo facilities?  No  Yes - please describe:

Any ATVs or Recreational Equipment used?  No  Yes - describe usage: \_\_\_\_\_  
 If yes, are helmets required?  No  Yes Are minors allowed to ride/drive ATVs?  No  Yes

Does applicant have Agritainment exposures (such as crop maze, provide tours, offer hayrides), offer premises as a wedding/event venue, or make premises available for trail rides?  No  Yes – 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).  No  Yes  
 If yes, please describe:

If produce is grown, are precautions made to reduce food borne illnesses?  No  Yes  N/A

Comments:

### Additional Interests:

Mortgagee:	Loss Payee:
Address:	Address:
Address:	Address:
City/State/Zip:	City/State/Zip:
Loan Number:	Interest:

Comments:

### Prior Losses:

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

Comments:

### Prior Carrier:

Prior Carrier Name:	Expiring Premium: \$	Expiration Date:
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### Billing Information:

Billing Method:	<input type="checkbox"/> EFT Billed ( <i>form required</i> )	<input type="checkbox"/> Direct Bill – select pay plan below:
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"/> 10-Pay (10% down + 9 installments)	<input type="checkbox"/> 9-Pay (25% down + 8 installments)
		<input type="checkbox"/> 11-Pay (20% down + 10 installments)
Down Payment: \$		

**Additional Comments and Information:**

Empty space for additional comments and information.