

FARM AND RANCH COMPREHENSIVE PERSONAL LIABILITY APPLICATION

Please answer all questions below to your fullest and complete knowledge.

SECTION 1: INSURED INFORMATION

APPLICANT'S FULL NAME:		
LAST:	FIRST:	MIDDLE:
CO-APPLICANT'S FULL NAME:		
LAST:	FIRST:	MIDDLE:
EMPLOYMENT:		
APPLICANT'S OCCUPATION:		CO-APPLICANT'S OCCUPATION:
EMPLOYER (IF APPLICABLE):	EMPLOYER (IF APPLICABLE):	

SECTION 2. MAILING ADDRESS (MAILING ADDRESS MUST BE U.S. ADDRESS)

MAILING ADDRESS		
STREET:		
CITY:	STATE:	ZIP-CODE:

SECTION 3: LIMITS OF LIABILITY:

POLICY LIMIT:			
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1 MILLION
OPTIONAL COVERAGES:			
MEDICAL PAYMENTS:	<input type="checkbox"/> \$1,000 (INCLUDED)	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000
IDENTITY THEFT COVERAGE (ID THEFT):	<input type="checkbox"/> YES <input type="checkbox"/> NO \$25,000 COVERAGE		
LIMITED PRODUCTS LIABILITY COVERAGE:	<input type="checkbox"/> \$10,000 Each Occurrence/\$20,000 Aggregate		
	<input type="checkbox"/> \$25,000 Each Occurrence/\$50,000 Aggregate		
	<input type="checkbox"/> \$50,000 Each Occurrence/\$100,000 Aggregate		
	<input type="checkbox"/> \$100,000 Each Occurrence/\$200,000 Aggregate		

SECTION 4: PRIOR HISTORY AND LOSS EXPERIENCE

PRIOR CARRIER:		PRIOR POLICY LIMIT:		
WAS ANY COVERAGE CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS? (NOT APPLICABLE IN MO)				
<input type="checkbox"/> YES		<input type="checkbox"/> NO		
IF YES, PLEASE EXPLAIN:				
HAS ANY CLAIM OR LOSS OCCURRED ON ANY PRIMARY OR EXCESS POLICY DURING THE LAST FIVE (5) YEARS?				
<input type="checkbox"/> YES		<input type="checkbox"/> NO		
IF YES, COMPLETE BELOW: (Use Additional Sheet If Necessary)				
DATE	DESCRIPTION	AMOUNT PAID	AMOUNT RESERVED	CLAIM OPEN Y / N

SECTION 5: FARMING LOCATIONS

PRINCIPAL LOCATION:				
PRINCIPAL FARM ADDRESS:				
# OF ACRES:	CITY:	STATE:		
COUNTY:	DOES THE INSURED LIVE AT LOCATION FULL TIME?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
PRINCIPAL TYPE OF FARMING:	ACTIVITIES OTHER THAN FARMING DONE ON PREMISES:			
ADDITIONAL LOCATION:				
FARM ADDRESS:				
# OF ACRES:	CITY:	STATE:		
COUNTY:	DOES THE INSURED LIVE AT LOCATION FULL TIME?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
PRINCIPAL TYPE OF FARMING:	ACTIVITIES OTHER THAN FARMING DONE ON PREMISES:			

SECTION 6: OTHER LOCATIONS AS PART OF RISK

#	LOCATION ADDRESS:	DESCRIPTION:	# OF UNITS/ACRES:	OCCUPANCY:
1.				
2.				
3.				
4.				

SECTION 7: ADDITIONAL EXPOSURES

AS PART OF THIS POLICY, THERE MAY BE ADDITIONAL COVERAGE AVAILABLE FOR TRACTORS, ATV'S, MOPEDS, SNOWMOBILES, ETC WHILE USED ON THE PREMISES LISTED ABOVE AND BETWEEN ANY OF THE PREMISES LISTED ABOVE AS PART OF YOUR NORMAL FARMING OPERATIONS. PLEASE FILL THE APPROPRIATE SECTION BELOW OF ANY OWNED, HIRED, OR LEASED FARMING VEHICLES.

#	YEAR:	MAKE:	MODEL:
1.			
2.			
3.			
4.			
5.			

SECTION 8: UNDERWRITING QUESTIONS/REMARKS

PLEASE FURNISH THE FOLLOWING GENERAL INFORMATION:	
TOTAL ACREAGE OF ALL LOCATIONS :	
DO YOU BOARD/TRAIN ANY HORSES OR DOGS AT ANY LOCATION LISTED ABOVE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU OWN OR OPERATE ANY LICIT OR ILLICIT CONTROLLED SUBSTANCE FARMS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE ANY LIVESTOCK LOCATED ON THE MAIN OR ADDITIONAL PREMISES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE DESCRIBE TYPE, AMOUNT, AND MAIN USAGE:	
IS THE LOCATION(S) FENCING PROPERLY INSTALLED AND MAINTAINED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE DESCRIBE ANY UNUSUAL BUILDINGS OR OTHER STRUCTURES THAT ARE NOT INTENDED FOR USE IN THE MAIN FARMING OPERATION OR NORMAL RESIDENTIAL USE:	
ADDITIONAL REMARKS:	

FRAUD WARNINGS:

Various state regulations require us to inform you of the following information

FRAUD STATEMENT – FOR THE STATE(S) OF:**Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: Any person who knowingly and with 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 fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S STATEMENT:

Please read the following statement carefully and signed in appropriate area below

I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. * I UNDERSTAND THAT THIS IS AN APPLICATION FOR INSURANCE ONLY AND THAT COMPLETION AND SUBMISSION OF THIS APPLICATION DOES NOT BIND COVERAGE WITH ANY INSURER.

X _____
APPLICANTS SIGNATURE

X _____
AGENT'S SIGNATURE

X _____ / _____ / _____
DATE

X _____ / _____ / _____
DATE

*This does not constitute a warranty