

# FARM-GUARD™ APPLICATION

Policy No. \_\_\_\_\_

Named Insured: \_\_\_\_\_

**AGENCY NUMBER**

Mailing Address: \_\_\_\_\_

Code: _____	Subcode: _____
Agency Telephone # _____	

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Birth Date: \_\_\_\_\_

Individual  Corporation  Partnership  Other \_\_\_\_\_

Agency Name: \_\_\_\_\_

- Farm-Guard I  Farm-Guard II  
 Country Home  
 New  Renewal  Change of Coverage

Effective Date of Change \_\_\_\_\_

Billing Method (check one):  Agency Bill  Direct Bill

Direct Bill Frequency:  Monthly  Quarterly  
 Semi-Annual  Annual

12:01 A.M. Standard Time at the address of the Applicant as stated herein

Policy Period: From	Mo.	Day	Year	To	Mo.	Day	Year	Interest in Premises
								<input type="checkbox"/> Owner-Operator <input type="checkbox"/> Owner-Non-Operator <input type="checkbox"/> Tenant Farmer <input type="checkbox"/> Absentee Landlord <input type="checkbox"/> Other

**DESCRIPTION OF INSURED PREMISES (OWNED, RENTED, or LEASED)**

Acres	Sec.	Township	Range	County	St.	Acres	Sec.	Township	Range	County	St.

**FARM-GUARD COVERAGE**

**ADDITIONAL NAMED INSUREDS**

Name	Address	Interest in Farm Operation	Limited Form Yes or No

A Liability to Public (BI and PD)	B Medical Payments to Public	C Liability to Farm Employees (Bodily Injury Only)	D Medical Payments to Farm Employees	Additional Coverage 1. Damage to Property of Others	TOTAL ACRES (Owned, Rented, Leased, or Maintained)
\$ _____ Per Occurrence Combined Single Limits (CSL) (Thousands of Dollars)	\$ _____ Per Person	\$ _____ Per Occurrence Combined Single Limits (CSL) (Thousands of Dollars)	\$ _____ Per Person	\$ _____ Per Occurrence	_____ Acres Total Man-Months

\$ \_\_\_\_\_  
Annual Aggregate Limit (All coverages)

**ANNUAL AGGREGATE LIMITS** – The maximum amount payable in a single policy year for all coverage provided by this policy is two times the limits stated above for Coverage A and Coverage C.

\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
 Base Premium    Increased Acres Prem.    B    C    D    Additional Coverage 1.    Med Pay Insured Persons    Gross Premium  
 Deduct for  Owner Occupied Landlord's Liability  Non-Occupied Landlord's Liability  Livestock Exclusion    \$ \_\_\_\_\_  
 Adjusted Premium    \$ \_\_\_\_\_

Additional Coverages	Farm Premise Location or Street, Town, State	Gross Receipts
Additional Farm Residence (s)	_____	\$ _____
Additional Named Insured (s)	(As Named Above)	\$ _____
Additional Resort Residence (s)	_____	\$ _____
Additional Town Residence <input type="checkbox"/> Occupied by Insured <input type="checkbox"/> Rented to Others	_____	\$ _____
<input type="checkbox"/> 1 Family Address _____ <input type="checkbox"/> 2 Family Address _____	_____	\$ _____
Optional Coverages	Description	Gross Receipts
Custom Farming	_____	\$ _____
Business Activities	_____	\$ _____
Add'l Interest Insured (GMRC 1023)	_____	\$ _____
		\$ _____

Medical Payments Insured Persons (GMRC 2257)						Annual Premium
Name	Limit	Sex	Relationship	D.O.B.	Premium	Experience Rating _____ % Adjustment
						\$ _____
						\$ _____
						Total Annual Premium \$ _____

This policy will be continued to the expiration date above if you pay the required premium for each successive year or premium payment period. Required premiums will be based on our rates then in effect.

# UNDERWRITING QUESTIONS

(ALL QUESTIONS MUST BE ANSWERED)

- Yes    No
1. Do all the named insureds reside on the premises described?  Yes  No  
If no, use the remarks section.
  2. Name of current or last liability insurance carrier? \_\_\_\_\_
  3. Has similar insurance been cancelled or refused by another company? .....  Yes  No  
(Not applicable in Missouri) If yes, use the remarks section.
  4. Have the fences and premises been inspected? .....  Yes  No  
If no, use the remarks section.  
Type of fence \_\_\_\_\_  
Are there any gaps in fences? .....  Yes  No

Condition of:

	Excellent	Good	Fair	Poor
Premises				
Fences				
Buildings				
Machinery				

List breed of all animals on premises:

	Avg. No.	Description (Breed)
Livestock		
Dogs		
Horses		

- Yes    No
5. Does the named insured have interest in livestock or operational control of the premises?.....  Yes  No
  6. Does the applicant do custom farming, custom spraying or any farm work for others? .....  Yes  No  
Type \_\_\_\_\_ Receipts \$ \_\_\_\_\_
  7. Does the applicant raise or board horses, dogs, or livestock for others?.....  Yes  No  
For self?.....  Yes  No  
If yes, use the remarks section.
  8. Any history of dog bites? .....  Yes  No  
If yes, use the remarks section.
  9. Does the premises contain any of the following?  
Public access Swimming? .....  Yes  No  
Motorcycle or Go Kart trail/track? .....  Yes  No  
Camping Areas? .....  Yes  No  
Trampolines .....  Yes  No  
If yes to any of the foregoing, describe and explain in the Remarks section.
  10. Have you ever had any complaints regarding pollution, overspray, waste run-off or similar damages?.....  Yes  No
  11. What condition are steps, sidewalks, handrails?  
 Excellent     Fair     Poor
  12. Have any protective guards been removed from machinery? ...  Yes  No
  13. Does machinery have SMV signs?.....  Yes  No  
Proper Lighting?.....  Yes  No  
Rear View Mirrors? .....  Yes  No

- Yes    No
14. Has there ever been an incidence of escape of livestock? .....  Yes  No
  15. Does the applicant allow hunting/fishing on the premises? .....  Yes  No  
Does the applicant charge for hunting/fishing on premises? .....  Yes  No
  16. Does the applicant rent out equipment or machinery? .....  Yes  No
  17. Has the applicant entered into any contracts or hold harmless agreements? If yes, attach a copy.....  Yes  No
  18. Are there any manure lagoons on the property? .....  Yes  No  
How is manure disposed of? Use the remarks section.
  19. Does the Named Insured/Add'l. Named Insured have any other personal liability coverages?.....  Yes  No  
If yes, what company & policy numbers: Please use the remarks section.
  20. Are all farm premises, which are owned or rented by the Named Insureds, included under the description of insured premises? .....  Yes  No
  21. Are there any gravel pits or rock quarries on the premises? ....  Yes  No
  22. Have there been any claims for milk contamination? .....  Yes  No
  23. Are there any other businesses or professions conducted on the insured premises that are not listed on the front of this application?.....  Yes  No
  24. Are there any incidental business activities on the premises (such as orchards/gardens, tree farms, antique/craft shops)? If yes, explain type and Receipts \$. Use the remarks section. ...  Yes  No
  25. Does the applicant process or manufacture any of their own products? If yes, use the remarks section. ....  Yes  No
  26. Does the applicant own any watercraft? .....  Yes  No  
If yes, type & size of motor. Use the remarks section.
  27. Does the applicant own any RV's/ATV's? .....  Yes  No  
If yes, type & size of motor. Use the remarks section.
  28. Does the Named Insured carry worker's compensation insurance? If yes, with what Insurance Company? Use the remarks section. ....  Yes  No
  29. What was the total employee remuneration for the Named Insured for the previous calendar year? \$ \_\_\_\_\_  
Number of employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
Do you employ any migrant workers or children? \_\_\_\_\_
  30. Does the Insured have any rental properties?.....  Yes  No  
If yes, do the properties contain smoke detectors? .....  Yes  No
  31. Is there any other information that would be helpful in underwriting this risk?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LIABILITY LOSS HISTORY INFORMATION

Dates	Type of Loss (LIST ALL LOSSES FOR PAST 5 YEARS)	Amount Paid

**AGENT MUST COMPLETE**

- 1. How long have you personally known the applicant? \_\_\_\_\_
- 2. Previously insured through your Agency?  Yes  No If yes, how long? \_\_\_\_\_
- 3. Have you inspected the premises?  Yes  No If yes, when? \_\_\_\_\_

**BINDER/SIGNATURE**

**NOTICE OF INFORMATION PRACTICES** – Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, the information contained in this application and other personal or privileged information subsequently collected, may be shared with affiliated companies or non-affiliated companies as permitted by law for such purposes as claims handling, servicing, underwriting, and insurance marketing. This information may be disclosed without prior authorization to non-affiliated third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent for instructions on how to submit a request to us.

**USE OF CLAIMS INFORMATION** – We will consider your claims history in determining whether to decline, cancel, non-renew, or surcharge the policy for which you are applying. In addition, any claim made by you will be reported to an insurance support organization.

**ALL APPLICANTS – NOTICE OF CREDIT SCORING INFORMATION** (Applies only if box is checked): Your agent will obtain credit scoring information for the purpose of underwriting the policy and/or determining the premium that you will be charged.

**MN APPLICANTS** – I acknowledge that I have been given a copy of the Notice Concerning Policyholder Rights In An Insolvency Under The Minnesota Insurance Guaranty Association Law (1957 MN).

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 materially false information, or conceals for the purposes of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties.

By signing this application, you authorize collection of the above information and agree that you have read and understood all of the questions asked and information supplied, that the answers you have given in applying for coverage are true, and that no material fact has been withheld.

**BOUND COVERAGE:** Coverage is bound as of the effective date shown on this application.

**NON-BOUND COVERAGE:** Coverage is not bound until the application is approved by the Liability Insurer.

<b>Date</b>	<b>Applicant's Signature</b>	<b>Agent's Signature</b>
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**REMARKS SECTION:**

(Number your remarks to correspond to the questions.)

**IF A CHANGE CHECK TYPE OF CHANGE BELOW (Indicate areas which have changed only.)**

**Add      Delete**

- Acres
- Farm Residences
- Additional Named Insureds
- Resort Residences
- Town Residences
- Business Activities
- Custom Farming
- Employee Occupational Liability
- Livestock
- Other

**Change**

- B.I., P.D., Limits
- Medical Limits
- Employees Status
- Named Insured
- Address
- Additional Insureds
- Other