FARMUTUAL insurance

APPLICATION FOR CHANGE IN COVERAGE

FarMate/Farm-Guard II, Country Home

The Fire and Allied Perils Coverage is provided by: _____

The Liability Coverage is provided by Grinnell Mutual Reinsurance Company. In Illinois and Minnesota, Grinnell Mutual Reinsurance Company may also provide the Windstorm and Hail Coverage.

Policy No: _____

Insured's Name _____

Mailing Address _____

City, State & Zip _____

Effective Date of Change _____ Expiration Date of Policy _____

Agent _____

Agent No. _____

Revision No: _____

Billing Frequency: _____

LOCATION CHANGES

Loc No	Add A	Delete D	Change C	Acres	Qtr.	Qtr. Sec.	Twp. No.	Range	Township	County	Address	State

ADDITIONAL NAMED INSUREDS

Name	Address	Interest of Add. Ins.	Limited Form	Prop.	Liab.	Premium
			☐ Yes ☐ No			
			☐ Yes ☐ No			

SECTION 1 - PROPERTY COVERAGE CHANGES

Loc No	Add A	Delete D	Change C	Description	Original Limits	New/Revised Limits
				TOTALS		
				NET: INCREASE OR DECREASE		
				REVISED TOTAL OF PROPERTY SECTION		

SECTION 2 - PERSONAL LIABILITY CHANGES

Add A	Delete D	Change C	Policy Coverage		Original Limits	New/Revised Limits	Premium
			Liability to Public - Bodily Injury	Each Person/Each Occ.			
			CSL	Each Occurrence			
			Liability to Public - Property Damage	Each Occurrence			
			Damage to Property of Others	Each Occurrence			
			Medical Payments to Public	Each Person			
			Liability to Farm Employees	Each Person/Each Occ.			
			CSL	Each Occurrence			
			Medical Payments to Farm Employees	Each Person			

Medical Payments for Named Persons

Name	Sex	Relationship	Age

Total Acres _____

Total Man-Months _____

Add A	Delete D	Change C	ADDITIONAL AND OPTIONAL COVERAGES	Premium
			Business Activities Type: Annual Receipts:	
			Custom Farming Type: Annual Receipts:	
			Additional Residences ☐ Farm ☐ Town ☐ Resort Address: _____ ☐ 1 Family ☐ 2 Family ☐ Occupied by Insured ☐ Rented to Others	

REVISED PREMIUM

	Premium Added		Premium Refunded		Revised Premium
	% Annual	Pro-Rata	% Annual	☐ Pro-Rata ☐ Short-Rate	
Property					
Liability					
Total					

Premium Due _____

Premium Refund _____

_____ Date

_____ Applicant

_____ Agent

RC 156A 7-97