





## UNDERWRITING QUESTIONS

**Questions Pertaining to Property Coverage: (ALL QUESTIONS MUST BE ANSWERED)**

	Yes	No		Yes	No
1. Type of operation: <input type="checkbox"/> Grain <input type="checkbox"/> Grain and Livestock <input type="checkbox"/> Livestock <input type="checkbox"/> Dairy <input type="checkbox"/> Hobby <input type="checkbox"/> Other _____					
2. Condition of premises: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
3. Name of current or last insurance carrier: _____					
4. Has similar insurance been cancelled or refused by another company? ..... (Not applicable in Missouri) If yes, give date and explain in the remarks section.	<input type="checkbox"/>	<input type="checkbox"/>			
5. Dwelling information: Is dwelling currently occupied? ..... If yes, by whom? (Use the remarks section)	<input type="checkbox"/>	<input type="checkbox"/>			
a. Condition of dwelling: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
b. Type (s) of heat in dwelling: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> L.P. Gas <input type="checkbox"/> Solid Fuel <input type="checkbox"/> Woodburner <input type="checkbox"/> Other _____ Describe type and condition (Use the remarks section)					
c. Is the dwelling equipped with: Fire Extinguishers? ..... Sprinkler System? ..... Smoke Detectors? .....	<input type="checkbox"/>	<input type="checkbox"/>			
d. Does the dwelling have a fireplace? ..... How many _____	<input type="checkbox"/>	<input type="checkbox"/>			
e. Size (AMP) of Electrical Service Entrance _____ <input type="checkbox"/> Breakers <input type="checkbox"/> Fuses Quality of Service: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
6. Outbuilding Information: a. Condition of outbuilding(s): <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor b. Condition of wiring in outbuildings: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
			c. Do any outbuildings have exposed insulation? ..... If yes, describe in the remarks section.	<input type="checkbox"/>	<input type="checkbox"/>
			d. Do any outbuildings have heating systems? ..... If yes, describe in the remarks section.	<input type="checkbox"/>	<input type="checkbox"/>
			e. Are any buildings vacant? ..... If yes, explain in the remarks section.	<input type="checkbox"/>	<input type="checkbox"/>
			f. At what distance is gasoline or fuel stored from buildings : . Use the remarks section.		
			g. Are buildings being used as ordinarily intended? ..... If no, explain in the remarks section.	<input type="checkbox"/>	<input type="checkbox"/>
			7. General Information: (Explain and describe all "yes" answers in the remarks section.)		
			a. Do you have any type of lightning or surge arrestors for electrical systems and pumps?.....	<input type="checkbox"/>	<input type="checkbox"/>
			b. Do you borrow, lease, or rent any farm equipment, machinery or buildings? .....	<input type="checkbox"/>	<input type="checkbox"/>
			c. Do you want insurance on this leased or rented property? ..	<input type="checkbox"/>	<input type="checkbox"/>
			d. Do you or any other named insureds carry any other property insurance (including insurance under a lease or financing agreement?.....	<input type="checkbox"/>	<input type="checkbox"/>
			e. Are there any owned or rented farm premises by the name insured not included under the description of insured premises? .....	<input type="checkbox"/>	<input type="checkbox"/>
			f. Do you custom farm or feed livestock for others?.....	<input type="checkbox"/>	<input type="checkbox"/>
			g. Do you have any recreational vehicles?.....	<input type="checkbox"/>	<input type="checkbox"/>
			h. Do you have items of special value (jewelry, guns, antiques, fine arts) which are not adequately insured?.....	<input type="checkbox"/>	<input type="checkbox"/>
			i. Do you have satellite dish or outside radio/TV equipment? .	<input type="checkbox"/>	<input type="checkbox"/>
			j. Are crop dryers used?..... If yes, what building? _____ If remarks to "yes" answers and other helpful underwriting information, please use the remarks section.	<input type="checkbox"/>	<input type="checkbox"/>

**Questions Pertaining to Liability Coverages:**

	Yes	No		Yes	No
1. Do all the named insureds reside on the premises described? If no, use the remarks section.	<input type="checkbox"/>	<input type="checkbox"/>			
2. Name of current or last liability insurance carrier? _____					
3. Has similar insurance been cancelled or refused by another company? ..... (Not applicable in Missouri) If yes, use the remarks section.	<input type="checkbox"/>	<input type="checkbox"/>			
4. Have the fences and premises been inspected?..... If no, use the remarks section. Type of fence _____ Are there any gaps in fences? .....	<input type="checkbox"/>	<input type="checkbox"/>			
Condition of:					
	Excellent	Good	Fair	Poor	
Premises					
Fences					
Buildings					
Machinery					
List breed of all animals on premises:					
	Avg. No.	Description (Breed)			
Livestock					
Dogs					
Horses					
5. Does the named insured have interest in livestock or operational control of the premises?.....	<input type="checkbox"/>	<input type="checkbox"/>			
			6. Does the applicant do custom farming, custom spraying or any farm work for others? ..... Type _____ Receipts \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
			7. Does the applicant raise or board horses , dogs, or livestock for others?..... For self?..... If yes, use the remarks section.	<input type="checkbox"/>	<input type="checkbox"/>
			8. Any history of dog bites? .....	<input type="checkbox"/>	<input type="checkbox"/>
			9. Does the premises contain any of the following? Public access Swimming?..... Motorcycle or Go Kart trail/track? ..... Camping Areas?..... Trampolines..... If yes to any of the foregoing, describe and explain in the remarks section.	<input type="checkbox"/>	<input type="checkbox"/>
			10. Have you ever had any complaints regarding pollution, overspray, waste run-off or similar damages?.....	<input type="checkbox"/>	<input type="checkbox"/>
			11. What condition are steps, sidewalks, handrails? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
			12. Have any protective guards been removed from machinery? ...	<input type="checkbox"/>	<input type="checkbox"/>
			13. Does machinery have SMV signs?..... Proper Lighting? ..... Rear View Mirrors? .....	<input type="checkbox"/>	<input type="checkbox"/>
			14. Has there ever been an incidence of escape of livestock? .....	<input type="checkbox"/>	<input type="checkbox"/>
			15. Does the applicant allow hunting/fishing on the premises? ..... Does the applicant charge for hunting/fishing on premises?.....	<input type="checkbox"/>	<input type="checkbox"/>
			16. Does the applicant rent out equipment or machinery? .....	<input type="checkbox"/>	<input type="checkbox"/>

- |  |     |    |  |     |    |
|--|-----|----|--|-----|----|
|  | Yes | No |  | 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? Please use the remarks section.

**PROPERTY AND 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**

The applicant applies to:  for insurance for Fire and Allied Perils.	And to: <b>GRINNELL MUTUAL REINSURANCE COMPANY GRINNELL, IOWA</b> for Liability Insurance. Grinnell Mutual Reinsurance Company may also provide the Windstorm, Hail, Earthquake and/or Inland Marine Coverage.
--	--

**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 Fire and Allied Perils Insurer.

<b>Date</b>	<b>Applicant's Signature</b>	<b>Agent's Signature</b>
-------------	------------------------------	--------------------------

**REMARKS SECTION:**

(Number your remarks to correspond to the questions.)