



# FARMATE APPLICATION

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

## APPLICATION TO:

Property Insurer: \_\_\_\_\_

The applicant applies to the Property Insurer for insurance of the property specified below, against direct loss by:

( ) Fire, Windstorm and Allied Perils ( ) Fire and Allied Perils

## AGENCY NUMBER

STATE	ASSN.	G/A	AGENCY NUMBER
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Agency Telephone # \_\_\_\_\_

**BILLING METHOD** (check one):  Agency Bill  Direct Bill

Direct Bill Frequency:

Monthly  Quarterly  Semi-Annual  Annual

## GENERAL INFORMATION

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

Mailing Address: (Street Address or PO Box) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_  
 Individual  Corporation  Partnership  Other \_\_\_\_\_

Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Mortgagee Name: \_\_\_\_\_

Mortgagee Address: \_\_\_\_\_

Loss Payee Name: \_\_\_\_\_

Loss Payee Address: \_\_\_\_\_

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

Policy Period: (M/D/Y) \_\_\_\_\_ (M/D/Y) \_\_\_\_\_ Interest in Premises:  
From \_\_\_\_\_ To \_\_\_\_\_  
12:01 A.M. Standard Time at the address of the applicant as stated herein  
 Owner-Operator  Owner-Nonoperator  Tenant Farmer  
 Absentee Landlord  Other \_\_\_\_\_

## LOCATION OF INSURED PREMISES

(List all property owned, leased, rented or maintained. No coverage provided unless described.)

	Acres	Section	Twp.	Range	Township Name	County	State	Fire Dist. Name	Miles To F.D.	Operated By Ins - O Rented to Others - L	Check where insured resides
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

## FARMATE COVERAGE

Subject to Forms


- Policy Deductible: \$ \_\_\_\_\_
- Special Deductible: Theft \$ \_\_\_\_\_
- Special Deductible: Overturn or Collision \$ \_\_\_\_\_

COVERAGES	DIMENSIONS			Year Built	Type of Constr.	ROOF			LIMIT OF INSURANCE	ITEM INFORMATION	PREMIUM
	W	L	H			Kind	Year				
1. DWELLING											
2.											
3.											
4.											
5. HOUSEHOLD PERSONAL PROPERTY											
6. ADDITIONAL LIVING EXPENSE/LOSS OF RENTS											
<b>FARM BUILDINGS</b>											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											
17.											
18.											
19.											
20.											
<b>OPTIONAL COVERAGES</b>											
21.											
22.											
23.											
24. SUBMERSIBLE PUMPS											
25. PERMANENT OUTSIDE ELECTRICAL WIRING & EQUIPMENT											
<b>SCHEDULED FARM PERSONAL PROPERTY</b>											
26. Cattle			not to exceed \$				per head				
27. Sheep			not to exceed \$				per head				
28. Hogs			not to exceed \$				per head				
29.			not to exceed \$				per head				
30.											
31. Hay, Straw, Silage											
32. Farm Produce, Grain, Seeds and Feeds											
33. Farm Supplies			usual or incidental to the operation of a farm								
34. Borrowed Farm Machinery and Equipment											
Specified Farm Implements											
35.											
36.											
37.											
38.											
39.											
40. Non-Specified Farm Equipment, Machinery & Tools (10%/item limitation)											
41. UNSCHEDULED FARM PERSONAL PROPERTY											
Livestock Maximum Limits per head			Cattle \$				;				Sheep \$
Hogs \$			;				\$				;
											\$
<b>ADDITIONAL COVERAGES</b>											
42. Fire Department Service Charge											
<b>Total</b>									\$		\$

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.



**AGENT MUST COMPLETE AND SIGN**

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? \_\_\_\_\_
4. Coverage  HAS BEEN BOUND  HAS NOT BEEN BOUND
5. Effective Date/Time of Binder \_\_\_\_\_ Expiration \_\_\_\_\_  
Date Time Date Time

**APPLICANT PLEASE READ AND UNDERSTAND (IMPORTANT NOTICE AND AUTHORIZATION)**

Personal information about you, in connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. For insurance and subsequent amendments and renewals, such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We will consider your claims history in determining whether to decline, cancel, non-renew, or surcharge a policy. Also, a claim incurred by you will be reported to an insurance support organization. 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 or for instructions on how to submit a request to us.

- 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 (GMRC 1957 MN). Upon request, we will provide to you the detailed notice required under Minnesota Statute 72A.494 Subd. 4.
- SD APPLICANTS – IMPORTANT NOTICE: THIS IS AN APPLICATION FOR AN ASSESSABLE POLICY (58-35-41). Check box to indicate acceptance of these terms.
- WI APPLICANTS – AGREEMENT TO PAY PREMIUMS AND ASSESSMENTS. I the undersigned, bind myself, to the extent of their interest in the property, my heirs and assigns, to pay the insurance company to whom this application is made the premiums for such insurance and, within the period of time stated in the notice of assessment, my share of all legal assessments, if any, levied by the company, together with all legal costs and charges incurred in legal proceedings to collect any assessment levied upon me and statutory penalties for non-payment, according to the statutes and the terms and conditions in the policy and any renewals thereof or of the insurance thereunder. My property covered by the insurance, both personal and real, shall be liable for that share, waiving all exemptions. (612.52) check box to indicate acceptance of these terms.

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 understand 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 date shown on this application.**
- Non-Bound Coverage: Coverage is not bound until the application is approved by the Fire and Allied Perils Insurer.**

DATE

APPLICANT

AGENT

**REMARKS SECTION:**

(Number your remarks to correspond to the questions.)