

<b>RAIN AND HAIL</b>	<b>AGRIBUSINESS FARM POLICY APPLICATION</b> APPLICANT INFORMATION SECTION	DATE (MM/DD/YYYY)
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<b>AGENCY:</b> Name _____ Address _____ _____ city _____ state _____ zip code AGENCY CODE: _____	PHONE (A/C, No., Ext): _____ FAX (A/C, No.): _____ EMAIL: _____ INDICATE SECTIONS ATTACHED <input type="checkbox"/> FARM <input type="checkbox"/> AUTO-ACORD <input type="checkbox"/> UMBRELLA/EXCESS
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<b>STATUS OF TRANSACTION</b>			
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	EFFECTIVE DATE	EXPIRATION DATE
<input type="checkbox"/> BOUND	<input type="checkbox"/> REWRITE		

<b>APPLICANT INFORMATION</b>		
NAME (First Named Insured & Other Named Insureds) _____ _____ _____ E-MAIL ADDRESS(ES): _____	FEIN OR SOC SEC # (First Named Insured): _____ PHONE (A/C, No, Ext): _____	MAILING ADDRESS INCL ZIP+4 (of First Named Insured) _____ _____ _____ WEBSITE ADDRESS(ES): _____

<b>NAMED INSURED IS:</b>			NUMBER OF YEARS FARMING/RANCHING EXPERIENCE
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture		

<b>PROGRAM</b>		
<input type="checkbox"/> Standard	<input type="checkbox"/> Select	<input type="checkbox"/> Select Plus

<b>LIABILITY TYPE</b>		
<input type="checkbox"/> Farm Liability	<input type="checkbox"/> Commercial General Liability	Occurrence Limit \$ _____ Aggregate Limit \$ _____

<b>PROPERTY DESCRIPTION (PLEASE CHECK ONE MAIN FARMING TYPE ONLY)</b>			
<b>Type I Farms</b>	<b>Type II Farms</b>	<b>Type III Farms</b>	
<input type="checkbox"/> Horses	<input type="checkbox"/> Poultry	<input type="checkbox"/> Vegetables	<input type="checkbox"/> Horticulture
<input type="checkbox"/> Livestock (excl. Horses)	<input type="checkbox"/> Dairy	<input type="checkbox"/> Melons	<input type="checkbox"/> Bees, Fish, Worms
<input type="checkbox"/> Animal Specialities (excl. Bees, Fish, Worms)		<input type="checkbox"/> Fruits	<input type="checkbox"/> Other Insect Farming
		<input type="checkbox"/> Tree Nuts	<input type="checkbox"/> Grain
			<input type="checkbox"/> Other Field Crops

<b>BILLING:</b> <input type="checkbox"/> Annual <input type="checkbox"/> Two Pay (60% down) <input type="checkbox"/> Four Pay (30% down)	<input type="checkbox"/> Ten Pay* (20% down) <input type="checkbox"/> Twelve Pay* (15% down) * Requires Prior Approval	<b>BILLING RECIPIENT:</b> <input type="checkbox"/> Insured <input type="checkbox"/> Producer <input type="checkbox"/> Third Party* <input type="checkbox"/> Mortgagee*	* Name and Address of Third Party or Mortgagee Recipient: _____ _____ _____
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The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/she certifies that the answers are true, correct, and complete to the best of his/her knowledge.

APPLICANT'S SIGNATURE	DATE	AGENT'S SIGNATURE	DATE

**PRIOR CARRIER INFORMATION (FARM OWNERS)**

CARRIER	EFFECTIVE/EXPIRATION DATES	EXPIRING ANNUAL PREMIUM

**PRIOR CARRIER INFORMATION (AUTOMOBILE)**

CARRIER	EFFECTIVE/EXPIRATION DATES	EXPIRING ANNUAL PREMIUM

**PRIOR CARRIER INFORMATION (UMBRELLA)**

CARRIER	EFFECTIVE/EXPIRATION DATES	EXPIRING ANNUAL PREMIUM

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CHECK HERE IF NONE	SEE ATTACHED LOSS SUMMARY	CLAIM STATUS
								OPEN
								CLOSED
								OPEN
								CLOSED
								OPEN
								CLOSED
								OPEN
								CLOSED
								OPEN
								CLOSED
								OPEN
								CLOSED
								OPEN
								CLOSED
								OPEN
								CLOSED
								OPEN
								CLOSED

Have you been (Not Applicable in MO):  Canceled  Non-Renewed  Declined  
 Please explain:

INSPECTION CONTACT	PHONE (A/C, No, Ext):	ACCOUNTING RECORDS CONTACT	PHONE (A/C, No, Ext):

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states. Consult your agent or broker for your state's requirements.)

**NOTICE OF INSURANCE INFORMATION PRACTICES** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. 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 RIGHT AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

**APPLICATION UNDERWRITING INFORMATION/NATURE OF BUSINESS DESCRIPTION**

**COMMENTS:**

# UNDERWRITING INFORMATION

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

## LIABILITY

If "yes" is answered to any question, please explain (use Comments Section) and provide annual gross receipts or cost.

1. Are independent contractors hired to perform any farming operation?  YES  NO
2. Is any part of the farm used or leased for organized recreational use?  YES  NO
3. Does applicant build, repair or design machinery, equipment or systems for anyone for a charge or fee?  YES  NO
4. Does applicant mix, process, slaughter, butcher or otherwise prepare for any "end" consumer? His or any other grower's product?  YES  NO
5. Does applicant handle any product, such as seed, fertilizer, sprays, etc. for resale?  YES  NO
6. Are any contract or service operations performed for others such as tilling, excavating or ditching?  YES  NO
7. Are the farm premises open to the public for roadside stands, "U-Pick," recreational, "rent-a-garden," auction, sales, show, food or beverage service, animal boarding, or Christmas tree sales uses?  YES  NO
8. Are any portions of the farm rented or leased or used by any other individual, corporation or interest for other than farming?  YES  NO
9. Does applicant prepare and sell animal feed?  YES  NO
10. Is there any unusual hazard such as (but not limited to) open dump pits, silage pits, sump holes, lakes or reservoirs?  YES  NO
11. Is there an airstrip on the premises? If yes, type of use?  YES  NO
12. Is any land held for real estate development or speculation?  YES  NO
13. Is the applicant engaged in any other business, profession or trade? If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  YES  NO
14. If livestock is kept, are all areas well-fenced? If no, please explain.  
Premises is in:  open range area  
 closed range area  YES  NO
15. Are the described insured premises the only premises which the applicant or spouse owns, rents or operates as a farm or ranch, or maintains as a residence, other than business property? If no, explain.  YES  NO

16. Any private saddle animals owned? If so, use?  YES  NO
17. Any non-owned horses on any insured premises? If yes, complete Horse Liability Questionnaire and provide copy of Boarding Agreement.  YES  NO
18. Does insured board, race, breed or rent horses? If yes, complete Horse Liability Questionnaire.  YES  NO
19. Are any "hold harmless" or "indemnifying" agreements in effect? If yes, please provide copy.  YES  NO
20. Does applicant maintain any vacation, seasonal, or additional primary residence?  YES  NO
21. If dairy farm, is there any processing of milk?  YES  NO
22. If dairy farm, is there any retail sales of milk products to the public?  
Receipts \$ \_\_\_\_\_  YES  NO
23. Number of cows milked? \_\_\_\_\_
24. Are any premises used for hunting purposes?  
 By owners:  no charge  fee  
 Rented to others: Receipts \$ \_\_\_\_\_  YES  NO
25. Does applicant maintain a non-farm office, private school, and/or daycare in an insured building?  YES  NO
26. Is there a swimming pool on the premises? If yes, Depth? \_\_\_\_\_  
Fenced?  YES  NO  
Diving Board or Slide?  YES  NO  
Life Safety Equipment?  YES  NO
27. Does applicant serve on any boards for remuneration?  YES  NO
28. Is the applicant a subsidiary of another or does the applicant have subsidiaries?  YES  NO
29. Is a formal safety program in existence?  YES  NO
30. Are there any packing or cold storage operations for others?  YES  NO
31. Do you own dogs? If yes, how many and what breed?  
Number Breed  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  YES  NO
32. Do you own a trampoline?  YES  NO

# LOCATIONS INFORMATION

LOCATION #	WITHIN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	WIND/HAIL DEDUCTIBLE %	NUMBER OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
FARM NAME			LIABILITY ONLY <input type="checkbox"/>		DISTANCE TO FIRE STATION   HYDRANT MI   FT
LOCATION #	WITHIN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	WIND/HAIL DEDUCTIBLE %	NUMBER OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
FARM NAME			LIABILITY ONLY <input type="checkbox"/>		DISTANCE TO FIRE STATION   HYDRANT MI   FT
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FARM NAME			LIABILITY ONLY <input type="checkbox"/>		DISTANCE TO FIRE STATION   HYDRANT MI   FT
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FARM NAME			LIABILITY ONLY <input type="checkbox"/>		DISTANCE TO FIRE STATION   HYDRANT MI   FT
LOCATION #	WITHIN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	WIND/HAIL DEDUCTIBLE %	NUMBER OF ACRES	FIRE DISTRICT NAME/CODE NUMBER
FARM NAME			LIABILITY ONLY <input type="checkbox"/>		DISTANCE TO FIRE STATION   HYDRANT MI   FT

**ISO COVERAGE A, B, C, & D**  
(Complete this page for each dwelling insured)

Property deductible:			<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other (specify) <input type="checkbox"/> Florida Hurricane Deductible Note: A special % deductible applies to EQ <sup>††</sup>						
Location #									
Coverage (A, B, C, D)	Valuation*	Covered Causes of Loss			EQ <sup>††</sup>	If 30 years old or more, when was it updated for:		Limit	
Main Dwelling		<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	<input type="checkbox"/> Special	<input type="checkbox"/> Y <input type="checkbox"/> N	Heat	Wiring	Plumbing	Roofing
Other Structures		Same as Main Dwelling							
Household Personal Property		<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	<input type="checkbox"/> Special	<input type="checkbox"/> Y <input type="checkbox"/> N				
Loss of Use									
<b>Replacement Cost Protection (Inc. Ordinance or Law Cov.)<sup>†</sup></b>				A _____	B _____	C _____			
Year Built	Sq. Ft.	Type of Construction	Type 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Occupancy <input type="checkbox"/> Owner/Primary <input type="checkbox"/> Tenant/Permanent <input type="checkbox"/> Owner/Seasonal <input type="checkbox"/> Tenant/Seasonal		Type of Heat Age of Unit	Woodstove <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete wood stove questionnaire. Wood Insert <input type="checkbox"/> Yes <input type="checkbox"/> No		
Program <input type="checkbox"/> Standard <input type="checkbox"/> Select <input type="checkbox"/> Select Plus			<input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lienholder		Name and Address				
Protective Devices <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Automatic Sprinkler System <input type="checkbox"/> Automatic Fire Alarm ★ Watchman / Security Services <input type="checkbox"/> Hourly Rounds & Signals to Central Station <input type="checkbox"/> Hourly Rounds & No Signals to Central Station <input type="checkbox"/> No Hourly Rounds & No Signals to Central Station <input type="checkbox"/> Privately Owned Fire Department ★ Burglary and Robbery Protective Systems <input type="checkbox"/> Premises Burglar Alarm <input type="checkbox"/> Loud Sounding Gong <input type="checkbox"/> Security Service ★ Certificate Required			<input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lienholder		Name and Address				
			A. Certain causes of loss are excluded with respect to buildings or structures vacant more than 30 consecutive days. Use 'Waiver of Vacancy' to extend coverage beyond 30 days. B. A loss condition reduces the applicable Limit of Insurance by 50% if a building or structure is unoccupied or vacant more than 120 consecutive days. Use 'Waiver of Unoccupancy and Vacancy' to waive the Unoccupancy and Vacancy Loss Condition for periods of vacancy and unoccupancy beyond 120 days. <input type="checkbox"/> Does Not Apply <input type="checkbox"/> Waiver of Vacancy <input type="checkbox"/> Waiver of Unoccupancy and Vacancy		Vacancy or Unoccupancy Starts: _____ Ends: _____				
			Inflation Guard <input type="checkbox"/> 4% <input type="checkbox"/> 6% <input type="checkbox"/> 8% <input type="checkbox"/> 10% Number of Families    _____ Special Loss Settlement    _____		<input type="checkbox"/> Sump Overflow and Backup <input type="checkbox"/> Contents Rental to Others Theft				

\* Valuation: RC = Replacement Cost; ERC<sup>†</sup> = Extended Replacement Cost; ACV = Actual Cash Value; FBV = Functional Building Value  
<sup>†</sup> Included in Select Plus and Equine Extra  
<sup>††</sup> EQ = Earthquake

**SCHEDULED PERSONAL ITEMS**

TYPE: 1. Jewelry, 2. Furs, 3. Cameras, 4. Musical Instruments, 5. Silverware, 6. Fine Arts, 7. Golf Equipment, 8. Stamps, 9. Coins, 10. Firearms, 11. Other

Item No.	Type No.	Description of Item (Serial #, if any) -- Attach appraisal for items over \$5000	Deductible	Insurance Amount

## OPTIONAL COVERAGES

<b>INCREASED SPECIAL PROPERTY LIMITS</b>		
Item	Requested Limit*	Refer to Farm Quote for limits included.
Jewelry, watches, furs	\$ _____	
Money	\$ _____	
Securities	\$ _____	
Silverware	\$ _____	
Firearms	\$ _____	
Electronic Apparatus I	\$ _____	
Electronic Apparatus II	\$ _____	
<i>* Higher limits, broader coverage, used Schedule/Valuable Personal Property/Articles</i>		

<b>INCREASED POLICY PROVIDED LIMITS</b>		
Coverage	New Limit	Provided Limit
Tenant's Improvements/Alterations	\$ _____	10% of Cov C Tenant limit
Cost of Restoring Farm Records	\$ _____	\$ 2,000
Extra Expense	\$ _____	\$ 1,000
Power & Light Poles	\$ _____	Varies by Product
Borrowed Farm Equipment (\$50,000 add'l available)	\$ _____	\$25,000 (if Cov E or F provided)

### ISO 2003 OPTIONAL COVERAGES (2003 STATES ONLY)

1. Units Owners Coverage	Coverage A _____ Coverage C _____ Coverage D _____ Loss Assessment Prop. _____ Loss Assessment Liab. _____
2. Assisted Living	Name of Relative _____ Name of Facility _____ Address of Facility _____ Liability Limit _____

## SCHEDULED FARM PERSONAL PROPERTY (ISO COVERAGE E) ACV VALUATION

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

Item	Loc #	Description (If applicable, include year, make, model, and serial number)	Away From Premises (2003 only)*	Deductible	Cause of Loss**	Foreign Obj.	Cab Glass	Limit of Insurance
1.			Y N			Y N	Y N	
2.			Y N			Y N	Y N	
3.			Y N			Y N	Y N	
4.			Y N			Y N	Y N	
5.			Y N			Y N	Y N	
6.			Y N			Y N	Y N	
7.			Y N			Y N	Y N	
8.			Y N			Y N	Y N	
9.			Y N			Y N	Y N	
10.			Y N			Y N	Y N	
11.			Y N			Y N	Y N	
12.			Y N			Y N	Y N	
13.			Y N			Y N	Y N	
14.			Y N			Y N	Y N	
15.			Y N			Y N	Y N	
16.			Y N			Y N	Y N	
17.			Y N			Y N	Y N	
18.			Y N			Y N	Y N	
19.			Y N			Y N	Y N	
20.			Y N			Y N	Y N	
<b>Total Limit</b>								<b>\$</b>
21.	Animal Collision					\$	Limit Per Head	# of Head

\* Does not apply to Livestock or Machinery

\*\* Cause of Loss ① BASIC ② BROAD ③ SPECIAL

### ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

Interest	Rank:	Name and Address	Interest in Item Number
<input type="checkbox"/> Additional Insured			
<input type="checkbox"/> Loss Payee			
<input type="checkbox"/> Lienholder			Scheduled Item Number:
<input type="checkbox"/> Leased			
Interest	Rank:	Name and Address	Interest in Item Number
<input type="checkbox"/> Additional Insured			
<input type="checkbox"/> Loss Payee			
<input type="checkbox"/> Lienholder			Scheduled Item Number:
<input type="checkbox"/> Leased			
Interest	Rank:	Name and Address	Interest in Item Number
<input type="checkbox"/> Additional Insured			
<input type="checkbox"/> Loss Payee			
<input type="checkbox"/> Lienholder			Scheduled Item Number:
<input type="checkbox"/> Leased			



# UNSCHEDULED FARM PERSONAL PROPERTY (ISO COVERAGE F) ACV VALUATION

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

Agricultural Produce	# of Units	Unit Price	Total Value
Barley			
Corn			
Fruit			
Ground Feed			
Mfg Stock Feed			
Nuts			
Oats			
Silage			
Soybeans			
Straw			
Wheat			
<b>Total Value</b>		\$	

Livestock	# of Units	Unit Price	Total Value
Dairy Cows			
Dairy Heifers			
Dairy Calves			
Beef Cows			
Beef Calves			
Feeder Cattle			
Bulls			
Sows & Gilts			
Boars			
Feeder Pigs			
Ewes			
Rams			
Lambs			
Horses			
Ponies			
Mules			
<b>Total Value</b>		\$	

**Perils**

Livestock  
 Broad    Basic

Other Than Livestock  
 Special    Broad    Basic

Deductible \$ \_\_\_\_\_

**Cab Glass**

Model	S#	Type	Year

Agricultural Machinery & Implements	# of Units	Unit Price	Total Value
Tillage:			
Tractors			
Discs			
Harrows			
Plows			
Other			
Cultivating:			
Cultipackers			
Cultivators			
Drills			
Planters			
Rotary Hoes			
Seeders			
Spreaders			
Sprayers			
Harvesting:			
Augers			
Blowers			
Choppers			
Corn Pickers			
Driers			
Elevators (Port.)			
Forage Harvesters			
Grain Cleaners			
Grain Heads			
Grape Harvesters			
Hay Balers			
Mowers			
Nut Shakers			
Rakes			
Rice Harvesters			
Roods			
Silo Filters			
Silo Unloaders			
Tomato Harvesters			
Wagons			
<b>Total Value</b>		\$	

Agricultural Tools, Equipment & Supplies	# of Units	Unit Price	Total Value
Agri-Chemicals			
Fertilizers			
Herbicides			
Insecticides			
Pesticides			
Air Compressors			
Bins			
Boxes and Box Shook			
Electric Motors			
Farm Lubricants			
Fencing & Posts			
Gasoline/Diesel Fuel			
Hand Tools			
Materials & Supplies			
Milking Equipment			
Office Equipment			
Paints			
Picking Equipment			
Poultry Equipment			
Power Tools			
Saddles & Tack			
Spare Parts			
Tires			
Vet Supplies			
Welders & Torches			
<b>Total Value</b>		\$	

Limits of Insurance	
Livestock	\$ _____
Other than Livestock	\$ _____
<b>Totals</b>	<b>\$ _____</b>

\*Irrigation Equipment, Combines, Cotton Pickers, Hay, Four-Wheeler ATVs, and Computers must be Scheduled under Coverage E.

**Excluded Property/Items:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interest	Name and Address	Description
<input type="checkbox"/> Loss Payee		
<input type="checkbox"/> Lender's Loss Payee		
<input type="checkbox"/> Contract for Sale		
<input type="checkbox"/> Leased		

Interest	Name and Address	Description
<input type="checkbox"/> Loss Payee		
<input type="checkbox"/> Lender's Loss Payee		
<input type="checkbox"/> Contract for Sale		
<input type="checkbox"/> Leased		

Interest	Name and Address	Description
<input type="checkbox"/> Loss Payee		
<input type="checkbox"/> Lender's Loss Payee		
<input type="checkbox"/> Contract for Sale		
<input type="checkbox"/> Leased		

Peak Season — Farm Personal Property

ISO COVERAGE E (Must correspond with proper Cov. E item)

MONTH	TYPE PROPERTY	LIMIT OF INSURANCE	MONTH	TYPE PROPERTY	LIMIT OF INSURANCE
January		\$	July		\$
February		\$	August		\$
March		\$	September		\$
April		\$	October		\$
May		\$	November		\$
June		\$	December		\$

Peak Season — Farm Personal Property

ISO COVERAGE F

MONTH	TYPE PROPERTY	LIMIT OF INSURANCE	MONTH	TYPE PROPERTY	LIMIT OF INSURANCE
January		\$	July		\$
February		\$	August		\$
March		\$	September		\$
April		\$	October		\$
May		\$	November		\$
June		\$	December		\$

**FARM PERSONAL PROPERTY  
(ISO COVERAGE E & F)**

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

UNDERWRITING INFORMATION

Scheduled

Unscheduled

If property is kept on a location(s) other than an insured location, where is it kept...

a. During farming season? \_\_\_\_\_

b. During off season? \_\_\_\_\_

What is the maximum value of equipment at any one location...

a. During farming season? Inside \$ \_\_\_\_\_ Outside \$ \_\_\_\_\_

In which structures? \_\_\_\_\_

Value in each? \_\_\_\_\_

a. During off season? Inside \$ \_\_\_\_\_ Outside \$ \_\_\_\_\_

In which structures? \_\_\_\_\_

Value in each? \_\_\_\_\_

Is there any equipment loaned or rented to/from others?  Yes  No

Value for borrowed or rented equipment \$ \_\_\_\_\_ Does person loaning/renting equipment insure it?  Yes  No

Value of equipment loaned or rented to others \$ \_\_\_\_\_ Does borrower insure equipment?  Yes  No

Does applicant perform his own maintenance on equipment?  Yes  No

If no, please indicate type of repairs done, where performed, and by whom:

What is radius of operation of equipment? \_\_\_\_\_ miles

Property excluded from blanket coverage:

Remarks:



# FARM LIABILITY SECTION

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

Coverages	Limit of Liability
Occurrence	\$ _____
Aggregate	\$ _____
Fire Damage Limit	\$ _____
Medical Payment	\$ 5000
<input type="checkbox"/> Exclude Personal and Advertising Injury	
<input type="checkbox"/> Exclude Advertising Injury	

Code	Coverage	Basis
	Farm, 0 to 160 Acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated	
	Farm, 161 to 500 Acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated	
	Farm, 501 to 2000 Acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated	
	Farm, Over 2000 Acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated	
01235	Farm Stands	
01350	Farm Employees: Employers' liability and employees' medical payments Occurrence Limit \$ _____ Medical Payment Limit \$ _____	
01352	Farm Employees: Employers' liability and employees' medical payments (optional extension of coverage involving motor vehicles and watercraft)	
0136A	Chemical Drift	
01360	Crop Dusting Cost \$ _____ Limit \$ _____	
01380	Home Day Care: One to three persons	
01381	Home Day Care: Four to six persons	
01415	Residence Employees: Over Two Employees	
02995	Insured's Liability: While employed by others in nonfarm jobs - teachers	
02996	Insured's Liability: While employed by others in nonfarm jobs - teachers, not otherwise classified	
02997	Insured's Liability: While employed by others in nonfarm jobs - optional coverage for teachers, liability for corporal punishment of pupils	
03210	Insured's Liability: While employed by others in nonfarm jobs - salesmen, collectors and messengers, including installation, demonstration or servicing operations	
03320	Insured's Liability: While employed by others in nonfarm jobs - clerical office employees, salesmen, collectors and messengers, but no installation, demonstration or servicing operations	
07106	Custom Farming: Farming operations performed by the insured for others for a charge under contract of agreement	
09250	Additional Owned Dwellings: One-family dwelling occupied by owner	
09251	Additional Owned Dwellings: One-family dwelling not occupied by owner	
09252	Additional Owned Dwellings: Two-to-four family dwellings at least partially occupied by owner	
09253	Additional Owned Dwellings: Two-to-four family dwellings not occupied by owner	
<b>Additional Insureds</b>		
ADF01	Additional Insureds: Person or organization from whom the insured leases land	
ADF02	Additional Insureds: Person or organization that exercises financial control over the insured	
ADF03	Additional Insureds: Non-resident co-owner of a non-farm initial or additional residence	
ADF04	Additional Insureds: Executors, Administrators, Trustees or Beneficiaries	
ADF05	Additional Insureds: Person or organization from whom the insured leases farm premises including building or other structures	
ADF06	Additional Insureds: Independently contracting operator-manager of a farm owned by or leased to the insured	
ADF07	Additional Insureds: Person or organization from whom the insured leases equipment - additional insured is not covered for occurrences involving sole negligence of that person or organization	
04122	Additional Insureds: Resident of the insured's household	
	Other:	
	Other:	
	Other:	
	Other:	
	Other:	
	Other:	
	Other:	
	Other:	

# COMMERCIAL GENERAL LIABILITY

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

Coverages	Limit of Liability
Occurrence	\$ _____
Aggregate	\$ _____
Fire Damage Limit	\$ _____
Medical Payment	\$ 5000
<input type="checkbox"/> Include Products / Completed Operations <input type="checkbox"/> Exclude Personal and Advertising Injury <input type="checkbox"/> Include Personal Liability (Code 05223)	

Code	Coverage	Exposure Basis
	Farm, 0 to 160 Acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated	
	Farm, 161 to 500 Acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated	
	Farm, 501 to 2000 Acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated	
	Farm, Over 2000 Acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated	
01350	Farm Employees: Employers' liability and employees' medical payments Occurrence Limit \$ _____ Medical Payment Limit \$ _____	
01352	Farm Employees: Employers' liability and employees' medical payments (optional extension of coverage involving motor vehicles and watercraft)	
01355	Grazing: Away from the farm premises - up to 100 animals	
01356	Grazing: Away from the farm premises - 101 to 500 animals	
01357	Grazing: Away from the farm premises - 501+ animals	
0136A	Chemical Drift	
01360	Crop Dusting Cost \$ _____ Limit \$ _____	
01391	Products/Certain Farm Operations: Animals and livestock breeders or dealers, except poultry hatcheries	
01415	Residence Employees: Over Two Employees	
01901	Products/Certain Farm Operations: Farm products - NOC	
07106	Custom Farming: Farming operations performed by the insured for others for a charge under contract of agreement	
09250	Additional Owned Dwellings: One-family dwelling occupied by owner	
09251	Additional Owned Dwellings: One-family dwelling not occupied by owner	
09252	Additional Owned Dwellings: Two-to-four family dwellings at least partially occupied by owner	
09253	Additional Owned Dwellings: Two-to-four family dwellings not occupied by owner	
12362	Distributors - No food or drink	
12583	Dealers: Feed, Grain or Hay	
16604	Produce Handling or Packing	
16890	Seed Merchants: Excluding erroneous delivery, error in mixture and germination failure	
16891	Seed Merchants: Erroneous delivery, error in mixture and resulting germination failure	
16892	Seed Merchants: Erroneous delivery, and error in mixture, excluding germination failure	
18437	Stores: No Food or Drink - Other Than Not-For-Profit NOC	
40045	Animals: Draft	
4004A	Animals: Racing	
40046	Animals: Saddle - For Hire	
40047	Animals: Saddle - Private	
40066	Athletic Programs: Amateur - Other Than Not-For-Profit	
40067	Athletic Programs: Amateur - Not-For-Profit	
44193	Grandstands or Bleachers: Other Than Not-For-Profit	
44194	Grandstands or Bleachers: Not-For-Profit	
45224	Hunting Preserves: Other Than Not-For-Profit	
45539	Land: Occupied by persons other than the insured for business purposes (Lessor's Risk Only)	
47221	Riding Academies	
49451	Vacant Land: Other Than Not-For-Profit	
63219	Exhibitions: In Buildings - No Admission Charged - Other Than Not-For-Profit	
63220	Exhibitions: In Buildings - No Admission Charged - Not-For-Profit	
9911A	Stables: Private	
99111	Stables: Boarding	
9999A	Care, Custody or Control: Unscheduled and Scheduled Horses (Need to Complete CCC Questionnaire)	
<b>Additional Insureds</b>		
ADC01	Additional Insured: Co-owners of premises	
ADC02	Additional Insured: Controlling interest	
ADC03	Additional Insured: Executors, Administrators, and Trustees	
ADC04	Additional Insured: Mortgagees, Assignees, or Receivers	
ADC05	Additional Insured: Owners or other interests from whom land has been leased	
ADC06	Additional Insured: Independent instructors or trainers	
ADC07	Additional Insured: Managers or operators of premises or interest from whom premises have been rented or leased on policies covering lessees or tenants	
ADC08	Additional Insured: Vendor's product liability on policies covering manufacturers or distributors	
ADC09	Additional Insured: Designated person or organization	
ADC10	Additional Insured: Lessors of leased equipment who have signed a contract or agreement that requires them to be added as an additional insured on a policy covering a lessee	
ADC11	Additional Insured: Lessors of leased equipment	
	Other:	
	Other:	

A. Land, Recreation Vehicles OR Snowmobiles										
License for Hwy Use	Description	Model Year	Manufacturer	Model	Serial #	CC or CU	HP	Limit	Liability	Physical Damage
<input type="checkbox"/> Y <input type="checkbox"/> N								\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N								\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N								\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N								\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N								\$	<input type="checkbox"/>	<input type="checkbox"/>

B. Watercraft – Under 26 feet in length											
Description	Model Year	Manufacturer	Model	Serial #	HP	Rated Speed in MPH	Length in Feet	Limit			
								\$			
Power	Type of Hull	Construction	Navigation Period		Outboard Motor Information						
<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Inboard (Prop shaft) <input type="checkbox"/> Inboard (Jet Drive) <input type="checkbox"/> Sail	<input type="checkbox"/> Runabout <input type="checkbox"/> Cabin Cruiser <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other (Describe)	From / /		Manufacturer	Model	Serial #				
			To / /		Limit	HP	Model Year				
Description	Model Year	Manufacturer	Model	Serial #	HP	Rated Speed in MPH	Length in Feet	Limit			
								\$			
Power	Type of Hull	Construction	Navigation Period		Outboard Motor Information						
<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Inboard (Prop shaft) <input type="checkbox"/> Inboard (Jet Drive) <input type="checkbox"/> Sail	<input type="checkbox"/> Runabout <input type="checkbox"/> Cabin Cruiser <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other (Describe)	From / /		Manufacturer	Model	Serial #				
			To / /		Limit	HP	Model Year				

Driver Information (Include all drivers who may operate any recreational vehicles)						
Operates Which Vehicle	% of Usage	Name of Driver	Date of Birth	Year License/Year's of Experience	Driver's License Number	License State

Loss Payee Information						
Interest	Vehicle	Name	Address	Phone	Loan #	
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale						
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale						
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale						

Underwriting Information							
(1) Membership in an organized club concerned with any recreation vehicle?	<input type="checkbox"/>	<input type="checkbox"/>					
(2) Used in organized race or competitive event?	<input type="checkbox"/>	<input type="checkbox"/>					
(3) Stored at a location other than the applicant's residence?	<input type="checkbox"/>	<input type="checkbox"/>					
(4) Used as a primary residence premises?	<input type="checkbox"/>	<input type="checkbox"/>					
(5) Equipped for amphibious use?	<input type="checkbox"/>	<input type="checkbox"/>					
(6) Homemade, kit built, or modified from factory specifications?	<input type="checkbox"/>	<input type="checkbox"/>					
(7) Rented or leased to others or used for other commercial purposes?	<input type="checkbox"/>	<input type="checkbox"/>					
(8) Does any vehicle or boat have body damage or cracked or broken glass?	<input type="checkbox"/>	<input type="checkbox"/>					
(9) Is any boat equipped with a stove? (Describe installation and fuel in remarks)	<input type="checkbox"/>	<input type="checkbox"/>					
(10) Is any boat equipped with Coast Guard approved type fire extinguisher and personal flotation devices?	<input type="checkbox"/>	<input type="checkbox"/>					
(11) Is any boat equipped with auto engine converted to marine use by anyone other than the manufacturer of the boat?	<input type="checkbox"/>	<input type="checkbox"/>					





**Computer** **FP 04 08**

Electronic data processing equipment and electronic media and records may be covered on either a scheduled or blanket basis against the Special Causes Of Loss and certain other insurable exposures unique to such property.

Enable Computer Coverage  
Coverage \_\_\_\_\_  
Type \_\_\_\_\_  
Deductible \_\_\_\_\_  
Limit \_\_\_\_\_  
Description \_\_\_\_\_

**Golf Cart (2003 only)** **FP 05 27**

Make \_\_\_\_\_  
Model \_\_\_\_\_  
Serial or Motor # \_\_\_\_\_  
Limit \_\_\_\_\_

**Dairymen's Endorsement** **AP 04 30**

This endorsement provides additional coverage for dairy farm operations including transport vehicle coverage and first party milk contamination.

Include Dairymen's Endorsement

**Disruption of Farming Operations**

Disruption of Farming Operations covers the following:

1. The reduction in net profit from disruption of specified farming operations due to damage to farm buildings, machinery, supplies or equipment at specified insured locations by a covered cause of loss;
2. Continuing normal operating expenses;
3. Expenses incurred to resume normal farming operations;
4. Expenses incurred to repair or replace damaged property, to the extent that such expenses reduce the amount of loss otherwise payable.

Note: You must have a Coverage E or G with "Disruption of Farming applies" checked in order to make this coverage available.

Location of Farming Operations \_\_\_\_\_  
Building # \_\_\_\_\_  
Coverage E # \_\_\_\_\_  
Exposure Percent \_\_\_\_\_  
Total Number of Days \_\_\_\_\_  
Limit \_\_\_\_\_

**Credit Fraud**

The Limit of Insurance for credit cards, fund transfer cards, forgery and counterfeit currency may be increased above the included \$1,000.

Increased Limit \_\_\_\_\_

**Debris Removal** **FP 04 21**

This quote provides for the removal of the debris of covered property for an amount equal to roughly 25% of the loss, before application of the deductible (please see policy form for details). An additional amount of insurance may be purchased to apply when the provided coverage is exhausted.

Note: You must have at least one Coverage A or Coverage G on the quote to enable this coverage.

Additional Limit \_\_\_\_\_

**Program - Standard Equine** **AP 04 35**

This endorsement provides a wide variety of additional property coverage intended for equine operations.

Attach Standard Equine Endorsement

**Transit** **AP 04 32**

Transit Endorsement covers farm personal property while in transit.

Commodity \_\_\_\_\_  
Limit \_\_\_\_\_  
Deductible \_\_\_\_\_

**Pollutant Cleanup and Removal (on and off premises)** **AP 04 39**

This quote automatically provides a \$10,000 annual aggregate Limit of Insurance applicable exclusively to the costs to remove pollutants from land or water at each location.

Select an amount below if you would like to increase the annual aggregate.

- \$25,000
- \$50,000
- \$75,000
- \$100,000

**Custom Farming** **FL 04 69**

The first \$10,000 receipts for custom farming are free of charge. If you have requested additional coverage under the Farm Liability/Commercial Liability sections, please specify the following:

Exposure \$ \_\_\_\_\_  
Type of Custom Farming \_\_\_\_\_

**Modified Seeds, Plants, Grains, Crops**

Modified seeds, plants, grains, crops, organisms, animals or other material coverage may be purchased. Please select an amount below if you would like to buy this coverage:

- \$25,000
- \$50,000
- \$100,000
- \$250,000



# CALIFORNIA RESIDENTIAL PROPERTY INSURANCE DISCLOSURE

AGENCY    CODE: AGENCY CUSTOMER ID	NAMED INSURED/APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP)				
				TELEPHONE NUMBER	
	COMPANY		ACCOUNT NUMBER		
SUBCODE: AGENCY CUSTOMER ID	POLICY NUMBER		NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE

This disclosure is required by California law (Section 10102 of the Insurance Code). It describes the principal forms of insurance coverage in California for residential dwellings. It also identifies the form of dwelling coverage you have purchased or selected. A checkmark in the box in the "Dwelling Coverage Selected or Purchased" column below identifies the form of dwelling coverage you have purchased or selected.

This disclosure form contains only a general description of coverages and is not part of your residential property insurance policy. Only the specific provisions of your policy will determine whether a particular loss is covered and, if so, the amount payable. Regardless of which type of coverage you purchase, your policy may exclude or limit certain risks.

This disclosure form does not explain the types of contents coverage (furniture, clothing, etc.) provided by your policy. Some policies do not replace contents with new items, but instead, only pay for the current market value of an item. If you have any questions, contact your insurer or agent.

The cost to rebuild your home may be very different from the market value of your home since reconstruction is based primarily on the cost of labor and materials. Many factors can affect the cost to rebuild your home, including the size of your home, the type of construction, and any unique features. Please review the following coverages carefully. If you have any questions regarding the level of coverage in your policy, please contact your insurance agent or company. Additional coverage may be available for an additional premium.

READ YOUR POLICY CAREFULLY. If you do not understand any part of it or have questions about what it covers, contact your insurance agent or company. You may also call the California Department of Insurance consumer information line at 1-800-927-HELP.

DWELLING COVERAGE SELECTED OR PURCHASED	<b>FORMS OF COVERAGE FOR DWELLINGS</b>
<input type="checkbox"/>	<p><b><u>GUARANTEED REPLACEMENT COST COVERAGE WITH FULL BUILDING CODE UPGRADE</u></b>  <b>PAYS REPLACEMENT COSTS WITHOUT REGARD TO POLICY LIMITS, AND INCLUDES COSTS RESULTING FROM CODE CHANGES.</b></p> <p>In the event of any covered loss to your home, the insurance company will pay the full amount needed to repair or replace the damaged or destroyed dwelling with like or equivalent construction <u>regardless of policy limits. Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover guaranteed replacement cost.</u> The amount of recovery will be reduced by any deductible you have agreed to pay.</p> <p>This coverage includes all additional costs of repairing or replacing your damaged or destroyed dwelling to comply with any new building standards (such as building codes or zoning laws) required by government agencies and in effect at the time of rebuilding.</p> <p>To be eligible to recover full guaranteed replacement costs with building code upgrade, you must insure the dwelling to its full replacement cost at the time the policy is issued, with possible periodic increases in the amount of coverage to adjust for inflation and increases in building costs; you must permit inspections of the dwelling by the insurance company; and you must notify the insurance company about any alterations that increase the value of the insured dwelling by a certain amount (see your policy for that amount).</p> <p>The annual premium for this category of coverage is: \$ _____</p>
	<p><b><u>GUARANTEED REPLACEMENT COST COVERAGE WITH LIMITED OR NO BUILDING CODE UPGRADE</u></b>  <b>PAYS REPLACEMENT COSTS WITHOUT REGARD TO POLICY LIMITS BUT LIMITS OR EXCLUDES COSTS RESULTING FROM CODE CHANGES.</b></p> <p>In the event of any covered loss to your home, the insurance company will pay the full amount needed to repair or replace the damaged or destroyed dwelling with like or equivalent construction <u>regardless of policy limits. Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover guaranteed replacement cost.</u> The amount of recovery will be reduced by any deductible you have agreed to pay.</p> <p>This coverage does <u>not</u> include all additional costs of repairing or replacing your damaged or destroyed dwelling to comply with any new building standards (such as building codes or zoning laws) required by government agencies and in effect at the time of rebuilding. Consult your policy for the applicable exclusions or limits with respect to these costs.</p>

DWELLING COVERAGE SELECTED OR PURCHASED	<b>FORMS OF COVERAGE FOR DWELLINGS</b>
<input type="checkbox"/>	<p><b><u>GUARANTEED REPLACEMENT COST COVERAGE WITH LIMITED OR NO BUILDING CODE UPGRADE</u></b>  <b>PAYS REPLACEMENT COSTS WITHOUT REGARD TO POLICY LIMITS BUT LIMITS OR EXCLUDES COSTS RESULTING FROM CODE CHANGES. (continued)</b></p> <p>To be eligible to recover full guaranteed replacement cost with limited or no building code upgrade, you must insure the dwelling to its full replacement cost at the time the policy is issued, with possible periodic increases in the amount of coverage to adjust for inflation and increases in building costs; you must permit an inspection of the dwelling by the insurance company; and you must notify the insurance company about any alterations that increase the value of the insured dwelling by a certain amount (see your policy for that amount).</p> <p>The annual premium for this category of coverage is: \$ _____</p>
<input type="checkbox"/>	<p><b><u>EXTENDED REPLACEMENT COST COVERAGE</u></b>  <b>PAYS REPLACEMENT COSTS UP TO A SPECIFIED AMOUNT ABOVE THE POLICY LIMIT.</b></p> <p>In the event of any covered loss to your home, the insurance company will pay to repair or replace the damaged or destroyed dwelling with like or equivalent construction <u>up to a specified percentage over the policy's limits</u>. See the Declarations Page of your policy for the limit that applies to your dwelling. <u>Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover extended replacement costs</u>. The amount of recovery will be reduced by any deductible you have agreed to pay.</p> <p>To be eligible to recover extended replacement cost coverage, you must insure the dwelling to its full replacement cost at the time the policy is issued, with possible periodic increases in the amount of coverage to adjust for inflation; you must permit an inspection of the dwelling by the insurance company; and you must notify the insurance company about any alterations that increase the value of the insured dwelling by a certain amount (see your policy for that amount). Your policy will specify whether or not you must actually repair or replace the damaged or destroyed dwelling in order to recover extended replacement cost. Read your Declarations Page to determine whether your policy includes coverage for building code upgrades.</p> <p>The annual premium for this category of coverage is: \$ _____</p>
<input type="checkbox"/>	<p><b><u>REPLACEMENT COST COVERAGE</u></b> PAYS REPLACEMENT COSTS UP TO POLICY LIMITS.</p> <p>In the event of any covered loss to your home, the insurance company will pay to repair or replace the damaged or destroyed dwelling with like or equivalent construction <u>up to the policy's limits</u>. See the Declarations Page of your policy for the limit that applies to your dwelling. <u>Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover this benefit</u>. The amount of recovery will be reduced by any deductible you have agreed to pay. To be eligible to recover this benefit, you must insure the dwelling to 100 percent of its replacement cost at the time of loss. Read your Declarations Page to determine whether your policy includes coverage for building code upgrades.</p> <p>The annual premium for this category of coverage is: \$ _____</p>
<input type="checkbox"/>	<p><b><u>ACTUAL CASH VALUE COVERAGE</u></b>  <b>PAYS THE FAIR MARKET VALUE OF THE DWELLING AT THE TIME OF LOSS, OR THE COST TO REPAIR, REBUILD OR REPLACE THE DAMAGED OR DESTROYED DWELLING WITH THE LIKE KIND AND QUALITY OF CONSTRUCTION UP TO POLICY LIMIT.</b></p> <p>In the event of any covered loss to your home, the insurance company will pay either the fair market value of the damaged or destroyed dwelling (excluding the value of the land) at the time of the loss, or the cost of replacing or repairing the damaged or destroyed dwelling with like or equivalent construction <u>up to the policy limit, with possible consideration of physical depreciation</u>. The amount of recovery will be reduced by any deductible you have agreed to pay. Read your Declarations Page to determine whether your policy includes coverage for building code upgrades.</p> <p>The annual premium for this category of coverage is: \$ _____</p>
<input type="checkbox"/>	<p><b><u>BUILDING CODE UPGRADE - ORDINANCE AND LAW COVERAGE</u></b> PAYS, UP TO LIMITS SPECIFIED IN YOUR POLICY, ADDITIONAL COSTS REQUIRED TO BRING THE DWELLING "UP TO CODE".</p> <p>In the event of any covered loss, the insurance company will pay any additional costs, up to the stated limits, of repairing or replacing a damaged or destroyed dwelling to conform with any building standards such as building codes or zoning laws required by government agencies and in effect at the time of the loss or rebuilding (see your policy).</p> <p>The annual premium for this category of coverage is: \$ _____</p>
<p>Applicant's Signature _____ Date _____</p>	



# FRAUD STATEMENTS

THIS NOTICE IS PART OF YOUR APPLICATION FOR: \_\_\_\_\_  
TYPE OF INSURANCE

## GENERAL STATEMENT

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, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

## APPLICABLE IN 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

## APPLICABLE IN THE 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.

## APPLICABLE IN FLORIDA

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

## APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

## APPLICABLE IN 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 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.

## APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND 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.

## APPLICABLE IN MINNESOTA

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

## APPLICABLE IN OHIO

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

**APPLICABLE IN 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.**

**APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)