

FARM / RANCH RENEWAL QUESTIONNAIRE

Insured: _____

Policy # _____

Renewal Date: _____

Producer: _____

SUMMARY OF OPERATIONS – PLEASE COMPLETE ALL APPLICABLE

Have you acquired any new property or equipment in the past 12 months? Yes No

Have you made any major renovations or remodeling to structures in the past 12 months? Yes No

Have there been any changes in your farming operations in the past 12 months? Yes No

Do you have a website? Yes No (If Yes, please enter) _____

DESCRIPTION OF OPERATIONS:

Do you farm or ranch for profit? Yes No

Crop or Product: _____ Gross Receipts _____

Any other use, please explain: _____

Custom Farming? Yes No

If Yes: Type: _____ Gross Receipts _____

Any recreational use of farm ? Yes No

Are there any non-farming business operations on the premises? Yes No

If Yes please explain: _____

If Yes please explain: _____

Equine Exposures? If yes please complete equine questionnaire attached. Yes No

Are you required to name any additional insureds on this policy? Yes No

If Yes, Please provide name and address and show their interest.

Do you rent any portion of the farm to tenants or allow independent contractors to operate their business on your property? Yes No

Do you obtain insurance certificates from tenants, subcontractors and independent contractors? Yes No

Are there any employees? Yes No Is there a Workers Compensation policy? Yes No

Do you own any RV's, ATV's, Boats or Snowmobiles to be insured under this policy? Yes No

If automobile, ATV, snowmobile or boat coverage please include supplemental schedules and updated drivers list.

INSURED SIGNATURE _____ **DATE** _____

PHONE _____ EMAIL _____