

## FARM / RANCH / ESTATE APPLICATION

Renewal of #	<b>APPLICANT INFORMATION SECTION</b>	Date:
Agency:	General Agent / Underwriter: Allen Financial Insurance Group	Direct 800-874-9191 FAX 602-992-8327
Producer Contact: Agency Phone #:	<input type="checkbox"/> American Bankers / American Reliable <input type="checkbox"/> Rain & Hail <input type="checkbox"/> Travelers	
Code:	Sub Code:	Please indicate applications attached:
<b>Producer Email:</b>	<input type="checkbox"/> Property <input type="checkbox"/> Farm or General Liability <input type="checkbox"/> Umbrella <input type="checkbox"/> Automobile <input type="checkbox"/> Farm personal property <input type="checkbox"/> Cargo/Transit <input type="checkbox"/> Personal Articles & Recreation Vehicles <input type="checkbox"/> Other	
<input type="checkbox"/> Quote <input type="checkbox"/> Issue Policy		
<input type="checkbox"/> Bound (give date and/or attach binder)		
Effective Date:	Expiration Date:	Quote Desired By:
Name of Applicant:		
Mailing Address:		
City, State, Zip:		
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other		
Inspection Contact:		Email:
<b>Telephone # (Required):</b>		Website:
Social Security / Federal Tax ID:		
Method of Payment: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill                      Payments: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (25%+9)		
<b>Type of Farm or Ranch</b>		
<input type="checkbox"/> (921) Berries, Fruits, & Nuts	<input type="checkbox"/> (928) Horses	<input type="checkbox"/> (90C) Fish Farms
<input type="checkbox"/> (923) Vegetables	<input type="checkbox"/> (929) Livestock-Containment	<input type="checkbox"/> (90D) Estate Farms
<input type="checkbox"/> (924) Grain & Field Crops	<input type="checkbox"/> (935) Ranches-Open Range	<input type="checkbox"/> (92A) Cotton
<input type="checkbox"/> (925) Dairy	<input type="checkbox"/> (90A) Citrus	<input type="checkbox"/> (92C) Hobby Farms
<input type="checkbox"/> (926) Poultry	<input type="checkbox"/> (90B) Nurseries	<input type="checkbox"/> (92D) Wineries
<input type="checkbox"/> (92E) Vineyards	<input type="checkbox"/> (92F) Bee Keeper	<input type="checkbox"/> (927) Other
Total number of acres:	Number of acres cultivated:	Number of acres grazed:
Farmed by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Manager <input type="checkbox"/> Other <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
How long has applicant actively farmed?	Gross farming receipts? \$	
Date you last inspected premises and buildings?	Farm Products:	
Is this new business to your agency?	How long have you known applicant?	
Does applicant have sources of income other than farming?	If yes, explain:	
I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. The insured assigns as security for the total premium and/or fees payable any and all unearned premiums which may become payable. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary.		
Applicant's signature: _____	Agent's signature: _____	
Date: _____	Date: _____	

Applicant:

PRIOR CARRIER INFORMATION				
Line	Category	Year	Year	Year
PROPERTY	Carrier	•		
	Policy No.			
	Policy Type			
	S PD			
	Mod Factor			
	Total Premium	•		
LIABILITY	Carrier	•		
	Policy No.			
	Policy Type			
	BI/CSL			
	PD			
	Total Premium	•		
OTHER	Carrier	•		
	Policy No.			
	Policy Type			
	Amount			
	Total Premium	•		

**LOSS HISTORY**

Enter all claims or occurrences that may give rise to claims for the prior five years  Check here if none

Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed

NOTE: Fidelity requires a six year loss history  See attached loss summary

Has any policy been cancelled?  Yes  No      Non-renewed?  Yes  No      Declined?  Yes  No

Explain yes answers:

Name of prior carrier and policy number:

- Not required in California

## OPERATIONS OVERVIEW

Applicant:

<b>ADDITIONAL INTERESTS</b>	Affiliated or subsidiary companies to be insured	Relationship		
	Additional Insureds	Interest	Sec.I	Sec.II

Loc. #	Sec.I	Sec.II	Location to be Insured ( Include County and Zip Code )	*PC	# of Acres	Check if <b>NO</b> Buildings	Insured's Interest		
							Owner Occupant	Lessee	Lessor
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Protection Class

SEE ADDITIONAL SCHEDULE OF OPERATIONS CP-4857A

## UNDERWRITING INFORMATION

Applicant:

### PROPERTY

**Please explain all "yes" answers marked with an asterisk.**

Protection: All questions must be answered or application will be returned

1. Is there a telephone on the premises?  Yes  No  
 2. Is there a year-round usable water supply?  Yes  No

If yes, (a) Source =  Well  
 Pond/Lake  
 Hydrant within 1,000 ft.  
 Other (Explain)

(b) Quantity =  Less than 1,000 gallons  
 1,000-3,000 gallons  
 Over 3,000 gallons

3. Are any wood or coal fired stoves used in outbuildings?  Yes  No

4. Does applicant own rental property?  Yes\*  No

5. **Distance To Fire Dept:** \_\_\_\_\_ Miles  
**Response Time:** \_\_\_\_\_ Minutes

**Is it a Paid Full Time Department?**  Yes  No  
**If NO distance to nearest paid department?** \_\_\_\_\_ Miles

6. Are any burglary and or fire alarms on the premises?  Yes  No  
 If yes, Monitored?  Yes  No

### LIABILITY

**If yes is answered to any question, please explain (use reverse of form) and provide annual gross receipts or cost.**

1. Are independent contractors hired to perform any farming operations?  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 at 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 operation 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. Is there any unusual hazard such as (but not limited to) open dump pits, silage pits, sump holes, lakes or reservoirs?  Yes  No

10. Is there an airstrip on the premises?  Yes  No

11. Are any "hold harmless" or "indemnifying" agreements in effect?  Yes  No

12. Is the applicant engaged in any other business, profession or trade?  Yes  No

13. If livestock is kept, are all areas well-fenced?  Yes  No  
 If no, please explain

Premises is in:  open range area  
 closed range area

14. 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

15. Any Non-Owned horses on any insured premises?  Yes  No

If Yes, how many?

Any Owned horses?  Yes  No

If Yes, how many?

16. Does insured board, race, breed or rent horses?  Yes  No

If Yes, Complete Equine Supplement

17. Is any land held for real estate development or speculation?  Yes  No

18. Does applicant maintain any vacation or seasonal premises?  Yes  No

19. If dairy farm, is there any processing of milk?  Yes  No

20. If dairy farm, is there any retail sales of milk products to the public?  Yes  No

Receipts  
 Number of cows milked

21. \_\_\_\_\_

22. Are any premises used for hunting purposes?  Yes  No.

By owners:  no charge  fee

23. Does applicant maintain a non-farm office or private school in an insured building?  Yes  No

24. Is there a swimming pool on premises?  Yes  No

If yes, is it fenced?  Yes  No  
 Diving Board?  Yes  No

25. Does applicant serve on any boards for remuneration?  Yes  No

26. Is the applicant a subsidiary of another or does the applicant have subsidiaries?  Yes  No

27. Is a formal safety program in existence?  Yes  No

Explain Yes Answers:



## SCHEDULED FARM PERSONAL PROPERTY (ISO Coverage E)

Applicant:

Deductible:     \$250         \$500         \$1,000         Other (specify)

Cause of Loss (Perils)  
1) Basic 2) Broad  
3) Special

Company Use Only		Description (include year, make, model & serial #; livestock info., etc.)	1	2	3	Custom Use	Limit of Insurance
	1.						
	2.						
	3.						
	4.						
	5.						
	6.						
	7.						
	8.						
	9.						
	10.						
	11.						
	12.						
	13.						
	14.						
	15.						
	16.						
	17.						
	18.						
	19.						
	20.						
	21.						
	22.						
	23.						
	24.						
	25.						
	26.						
	27.	Transit					
	28.						
	29.	Hay on premises in open (stack \$        maximum clear space        ft.)					
	30.	Hay on premises in barn (stack \$        maximum clear space        ft.)					
<b>TOTAL LIMIT</b>							\$0
						Cause of Loss (perils)	Limit of
1.	Miscellaneous tools, equipment and supplies (Not exceeding \$2,000 per item)						
<b>TOTAL LIMIT</b>							\$0







## OPTIONAL COVERAGES

Agri-Plus II Property Endorsement <input type="checkbox"/>				
Computer Coverage <input type="checkbox"/>				
Watercraft Hull Coverage:	Year	Length	Horsepower	
	Model/Mfg		Limit	
Extra Expense <input type="checkbox"/>				
Restoring Records <input type="checkbox"/>				
Dwelling Glass <input type="checkbox"/>				
Dairy Farms Endorsement <input type="checkbox"/>				
Equine Property Endorsement <input type="checkbox"/>				
Sewer Back-up <input type="checkbox"/>				
Orchard and Vineyard Growers Property Endorsement <input type="checkbox"/>				
Disruption of Farming Operations <input type="checkbox"/>				
High Value Dwelling Endorsement <input type="checkbox"/>				
Identity Fraud Expense Coverage <input type="checkbox"/>				
Equipment Breakdown Coverage <input type="checkbox"/>				

### CLASSIFICATION OF BUILDINGS AND STRUCTURES

The dwellings, barns and other structures on the farm property are classified in accordance with minimum requirements for each type of building and structure. There are three types of dwellings classified, three types of barns and outbuildings, and three types of silos. The following are important features of the classification system:

**TYPE 1 DWELLINGS** (minimum insurance of \$40,000; \$12,000 for tenants): must be of superior character and in excellent condition, showing evidence of proper maintenance and good housekeeping, and with roof in excellent repair. Foundation must be continuously enclosed (porches excepted) and building must have interior plumbing, a modern electrical system, be in good condition, and properly installed by a competent electrician in compliance with local building code requirements.

**TYPE 2 DWELLINGS** (min. limit: \$25,000; tenants: \$8,000) Must have good quality interior and exterior modern construction in good condition with proper maintenance and housekeeping and with a roof in good repair.

**TYPE 3 DWELLINGS** are those not eligible for types 1 or 2 classifications.

**TYPE 1 BARN, STABLE OR OUTBUILDING** (min. Limit of Insurance: \$10,000) Must have superior characteristics and be in excellent repair. No floor or mow above the lowest ground level and not exceeding a height of 26 feet from the lowest ground level to peak. The foundation under all exterior walls must be continuous and of mortared masonry or concrete construction. The door must be incombustible, and the building must be fully enclosed with no open sheds attached. No hay or straw storage is permitted.

**TYPE 2 BARN, STABLE OR OUTBUILDING** (min. limit: \$5,000) Must have better than average characteristics and maintenance. Conforms to the same foundation requirements of type 1. Building must be framed on poles of minimum six inch diameter at ground line, set a minimum of four feet below the ground. Must be fully enclosed and open sheds are permitted at an additional premium charge. Hay or straw storage is permitted.

**TYPE 3 BARNS, STABLES AND OUTBUILDINGS:** are all buildings not eligible for type 1 or 2 classifications. They also may be constructed for crop drying, grain grinding, seed grain cleaning, and drying, alfalfa or hay chopping; private greenhouses and portable buildings and structures.

## **FARM PROPERTY COVERED CAUSES OF LOSS – Refer to coverage form for complete descriptions / limitations**

### **BASIC COVERAGE**

- Fire or lightning.
- Coverage is excluded for loss or damage to buildings or contents of a tobacco barn, if loss results from the use of open fire for curing or drying tobacco in the barn, and occurs during, or within the 5-day period following, open-fire curing or drying.
- Windstorm or hail, excluding loss caused by frost or cold weather; ice, snow or sleet, whether driven by the wind or not.
- Livestock or poultry is not covered under this peril when caused by running into streams, ponds or ditches, or against fences or other objects; smothering; or resulting from fright. Livestock or poultry is not covered when loss is caused by freezing or smothering in blizzards or snowstorms; or loss to dairy or farm products in the open (other than hay, straw or fodder).
- Explosion. - The policy excludes loss under Coverages E, F and G caused by explosion of alcohol stills, steam boilers, steam pipes, steam engines, or steam turbines owned, leased or operated by the insured and electric arcing, rupture or bursting of pipes, pressure relief devices, or as the result of water swelling or expanding the contents of any building or structure.
- Riot or civil commotion.
- Coverage includes acts of striking employees at the insured location, and looting occurring at the time of the riot or civil commotion.
- Aircraft.
- Vehicles.
- Smoke, excluding smoke from agricultural smudging or industrial operations.
- Vandalism.
- Loss is excluded if the dwelling has been vacant for more than 30 days.
- Theft, including attempt thereat.

The Farm Property Form includes the cause of loss of theft in its Causes of Loss section which is not included in most Commercial Property Forms (see PF&M section 130.6-1).

### **BROAD COVERAGE**

The covered causes of loss under the basic form, plus the following:

- Electrocution of covered livestock.
- Attacks on covered livestock by dogs and wild animals, except loss or damage to sheep, or caused by dogs or wild animals owned by the insured, employees, or other persons residing on the premises.
- Accidental shooting of covered livestock, excluding damage caused by insured, employees or other resident persons.
- Drowning of covered livestock from external causes, except drowning of swine less than 30 days old.
- Loading/unloading accidents, meaning sudden, unforeseen and unintended events, causing or necessitating death of covered livestock and occurring while being unloaded or loaded on to transporting vehicles.
- The cause of loss does not include loss caused by or resulting from disease.
- Breakage of glass.
- Falling objects.
- Weight of ice, snow or sleet.
- Sudden and accidental tearing apart, cracking, burning, or bulging of a steam or hot water heating system, an air conditioning or automatic fire protective system, or appliance for heating hot water, except loss caused by or resulting from freezing.

- Accidental discharge or leakage of water or steam as a result of the above cause of loss.
- The broad form of the policy will pay for personal property damaged by leaking water or steam, and if parts of the building or structure have to be torn out and replaced in order to make repairs to the damaged system or appliance.
- The policy excludes the cost to repair the defect that caused the leakage; loss or damage caused by continuous or repeated seepage or leakage; loss or damage caused by discharge or overflow occurring off the insured location; for loss on a building vacant more than 30 days; and for loss or damage caused by or resulting from freezing.
- Freezing of a plumbing, heating, air conditioning, or automatic fire protective system or a household appliance.
- The policy excludes losses while vacant, unoccupied, or being constructed, unless the insured uses reasonable care to maintain heat in the building or to shut off the water supply and drain the appliance or system.
- Sudden and accidental damage from artificially generated electrical current (Coverages A, B, C and D).
- Coverage is excluded for loss or damage to tubes, transistors or similar electronic components.

## **SPECIAL COVERAGE**

Covered Causes of Loss means risks of direct physical damage, unless the loss is excluded. The following are exclusions applicable to special coverage in the Farm Property form:

- Fire, if loss or damage is sustained by buildings or contents usual to tobacco barns, as a result of using open fire to cure or dry tobacco, and occurs while tobacco is being fired or within a 5-day period thereafter.
- Collapse, except as provided in the additional coverage entitled Collapse.
- Windstorm or hail to dairy or farm products in the open, or watercraft or their trailers, furnishings, equipment and motors, unless in fully enclosed building.
- Rain, snow, ice, or heat to personal property in the open.
- Rain, snow, sleet, sand, or dust, whether driven by wind or not, to the interior of a building or structure or property within, unless the building first sustains wind or hail damage to roof or walls.
- Freezing or thawing, or pressure or weight of water or ice to foundations, retaining walls, pavements, patios, fences, swimming pools, or bulkheads, docks, piers, or wharves.
- Discharge or overflow of water or steam from plumbing, heating, air conditioning, or automatic fire protective systems or within a household appliance, if in the form of continuous seepage over a long period; is caused by discharge taking place off the insured location; caused by freezing in a vacant or unoccupied building, unless heat is properly maintained or the water supply is shut off; if in a building or structure vacant for more than 30 days.
- Freezing of plumbing, heating, air conditioning, or automatic fire protective system, unless heat is maintained or the water is shut off.
- tires or inner tubes if caused by collision, upset or overturn; contact between a tractor and an implement during towing, hitching or unhitching; foreign objects taken into any farm machine or mechanical harvester; and contact of a vehicle with a roadbed or ground, causing loss to farm machinery.
- Artificially generated electrical current that disturbs electrical devices, appliances and wires, and to tubes, transistors or other electronic components (under Coverage A, B, C and D).

## FARM / RANCH / ESTATE LIABILITY SECTION

Applicant:

Coverage	Limits of Liability	
Coverage H – Bodily Injury and Property Damage Liability	\$-\$	Each "Occurrence" Limit General Aggregate Limit
Coverage I – Personal and Advertising Injury Liability	\$-\$	Each "Occurrence" Limit General Aggregate Limit
Coverage J – Medical Payments	\$-\$	Any One Person Limit Each "Occurrence" Limit
Coverage H – Bodily Injury and Property Damage Liability Fire Damage Limit	\$	Any One Fire
Additional Coverage b. – Damage to Property of Others	\$	
Commercial Equine Liability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete commercial equine liability supplement	Automobile Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No Submit ACORD automobile application	Excess Liability? <input type="checkbox"/> Yes <input type="checkbox"/> No Complete excess liability application

Code	Coverage	*ILF	Basis/Rate	Premium
<input type="checkbox"/>	Initial farm premises, 0 to 160 acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated			
<input type="checkbox"/>	Initial farm premises, 161 to 500 acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated			
<input type="checkbox"/>	Initial farm premises, 501 to 2000 acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated			
<input type="checkbox"/>	Initial farm premises, Over 2000 acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated			
01418 <input type="checkbox"/>	Additional farm premises maintained by named insured Loc. #			
09250 <input type="checkbox"/>	Additional non-farm premises occupied by insured Loc. # <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent			
05117 <input type="checkbox"/>	Additional residence rented to others, numbers of families Loc. #			
04122 <input type="checkbox"/>	Additional insured – non-relative resident			
	Additional insured			
	Additional CPL Name:			
07106 <input type="checkbox"/>	Custom farming receipts \$ (rate per \$1,000 Receipts)			
01235 <input type="checkbox"/>	Roadside stands – farm products principally on the insured farm – (rate per \$1,000 gross sales) Sales \$			
* <input type="checkbox"/>	Enhanced Pollutant Clean-up (refer to company) Limit:			
<input type="checkbox"/>	Chemical Drift			
01360 <input type="checkbox"/>	Contingent Liability for Crop Dusting by Independent Aircraft – (rate per \$1,000 cost) Cost \$ Limit \$			
<input type="checkbox"/>	Domestic Workers' Comp <input type="checkbox"/> In-servant <input type="checkbox"/> Out-servant			
<input type="checkbox"/>	Animal Collision # of Livestock Limit per Head:			
<input type="checkbox"/>	Products:			
<input type="checkbox"/>	Other:			

\*ILF – Increased Limits Factors

## Supplemental Application (Snowmobiles, All Terrain Vehicles, Watercraft)

Named Insured

A: Snowmobiles/All Terrain Vehicles									
Unit No.	Model Year	Type (Snow/ATV)	Make	Identification Number	C.C./C.I. Displacement	Horse-power	Insured Value	Where Used?	Licensed For Highway?
A1							\$		
A2							\$		

Operator Information		Snowmobiles/All Terrain Vehicles/ Watercraft			
Operator Name	Date of Birth	Driver License Number	Gender	Marital Status	Accidents / Citation past 36 months

B: Watercraft — Under 26 feet in length.									
Unit No.	Description	Model Year	Manufacturer	Model Name and/or No.	Identification or Serial Number	Horse-power	Rated Speed	Length	Original Cost New
B1	Boat & attached equipment								\$
	Outboard Motor #1								\$
	Outboard Motor #2								\$

Power		Type of Hull		Construction		Waters To Be Navigated			
<input type="checkbox"/> Outboard	<input type="checkbox"/> Sail	<input type="checkbox"/> Runabout	<input type="checkbox"/> Cabin Cruiser	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Wood	Use (i.e., fishing, skiing, pleasure)			
<input type="checkbox"/> Inboard/Outboard	<input type="checkbox"/> Inbound (Prop Shaft)	<input type="checkbox"/> Inboard (Jet Drive)	<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Metal	<input type="checkbox"/> Other				
						Operator Discount			
						<input type="checkbox"/> U.S. Coast Guard Aux. I.D. No.			
						<input type="checkbox"/> U.S. Power Squadron I.D. No.			

C. Trailers				
Unit No.	Model Year	Manufacturer	Stated Amt. of Coverage	Used With (Boat, Snowmobile, Etc.)
			\$	

Coverages and limits of liability — enter limits of liability and/or deductibles for each unit.												
Unit No.	Part I				Part II	Part III				Part IV		
	Bodily Injury (Thousands) Each Person    Each Occurrence		Property Damage (Thousands) Each Occurrence	Single Limit B.I. and P.D. (Thousands) Each Occurrence	Medical Payments (Dollars) Each Person	Comprehensive Enter Deductible Applicable	Collision Enter Deductible Applicable	All Risk Physical Loss-Enter Deductible Applicable	Limit of Liab. Actual Cash Value Or As Shown Below	Uninsured Motorists (Thousands) B.I. Each Person    B.T. Each Accident    P.D. Each Accident		
A1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
A2	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
B1	\$	\$	\$	\$	\$	\$	\$	\$	\$	In States Where Available		
C1	\$	\$	\$	\$	\$	\$	\$	\$				
C2	\$	\$	\$	\$	\$	\$	\$	\$				
	\$	\$	\$	\$	\$	\$	\$	\$				

Other Coverage	Personal Effects Or Unattached Board Equipment		Limit of Liability \$	Unit No.	Premium \$
			Limit of Liability \$	Unit No.	Premium \$
	Other			Unit No.	Premium \$

Loss Is Payable	Unit No.	Unit No.
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Has Any Operator	Yes	No
1. Membership in an organized club concerned with any recreational vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
2. Less than one year's experience in the operation of type of vehicle or watercraft insured?	<input type="checkbox"/>	<input type="checkbox"/>

Is Any Recreational Vehicle:		
8. Stored or moored at a location other than the applicant's residence?	<input type="checkbox"/>	<input type="checkbox"/>
9. Uses as a primary residence premises?	<input type="checkbox"/>	<input type="checkbox"/>
10. Used in organized races or competitive events?	<input type="checkbox"/>	<input type="checkbox"/>
11. Equipped for amphibious use?	<input type="checkbox"/>	<input type="checkbox"/>
12. Homemade, kit built or modified from factory specifications?	<input type="checkbox"/>	<input type="checkbox"/>
13. Rented or leased to others or used for other commercial purposes?	<input type="checkbox"/>	<input type="checkbox"/>

Recreational Vehicle Condition And Equipment		
14. Does any vehicle or boat have body damage or cracked or broken glass?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is any boat equipped with a stove? (Describe installation and fuel in remarks)	<input type="checkbox"/>	<input type="checkbox"/>
16. Is any boat equipped with Coast Guard approved type fire extinguishers and personal flotation devices?	<input type="checkbox"/>	<input type="checkbox"/>
17. 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"/>



## Residential Dwelling Survey

Insured	Acct	Date
Site Address	Inspector	
City, State	Bld #	

Owner Occupied    Tenant Occupied    Farm Manager    Employee    Vacant    Other \_\_\_\_\_

Insured Amount \$ \_\_\_\_\_    Replacement Cost    Actual Cash Value

Quality of Construction	Construction Type	General Condition
<input type="checkbox"/> Average or Standard <input type="checkbox"/> Semi-Custom <input type="checkbox"/> Custom	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Frame & Stucco <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> 1 Story <input type="checkbox"/> 2 Story	<input type="checkbox"/> Excellent - Above Average <input type="checkbox"/> Good - Average <input type="checkbox"/> Poor - Below Average
Year of Construction:		
Year Remodeled:	Total Sq Ft Under Roof:	Total Acres:

Attachments	Renovation	Roof Covering	Condition
Garage <input type="checkbox"/> Yes <input type="checkbox"/> No Porch <input type="checkbox"/> Yes <input type="checkbox"/> No _____ sq ft Deck <input type="checkbox"/> Yes <input type="checkbox"/> No _____ sq ft Steps <input type="checkbox"/> Yes <input type="checkbox"/> No Construction _____ Condition _____ Hand Rail <input type="checkbox"/> Yes <input type="checkbox"/> No	Renovation dates: Heating Plumbing Roofing Wiring	<input type="checkbox"/> Composition <input type="checkbox"/> Asphalt <input type="checkbox"/> Shingle <input type="checkbox"/> Slate <input type="checkbox"/> Tile <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shake <input type="checkbox"/> Other <input type="checkbox"/> Foam	<input type="checkbox"/> New <input type="checkbox"/> Average <input type="checkbox"/> Patched <input type="checkbox"/> Worn/Poor Approx Age:
Has building been remodeled <input type="checkbox"/> Yes <input type="checkbox"/> No   Extent:			

**Fencing:**    Wood    Block    Pipe    Chain Link    Wire    Barbed Wire    Other

Heating	Air Conditioning	Plumbing
<input type="checkbox"/> Gas: <input type="checkbox"/> Natural <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other	<input type="checkbox"/> None <input type="checkbox"/> Central <input type="checkbox"/> Evaporative <input type="checkbox"/> Window/Wall	<input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> Galvanized <input type="checkbox"/>

**Wiring**    Safe    Poor\*    Open Splices\*    Over fused\*   \* Explain in narrative  
 Type:    Conduit    Romex    Other\* \_\_\_\_\_   Protection:    Circuit Breakers    Fuses  
 Extension Cords / Multi-tap Outlets?    Yes\*    No   Any temporary wiring?    Yes\*    No

Alarm Systems	Responding Fire Dept:
Burglar Alarm? <input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Central Station Fire Alarm? <input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Battery <input type="checkbox"/> Hard Wired  <i>* Monitored system mandatory if dwelling over \$500,000</i>	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer   Protection Class: Distance to station: _____ Miles Estimated Response time: _____ Minutes Water Source <input type="checkbox"/> Hydrant <input type="checkbox"/> Well <input type="checkbox"/> Other Distance to hydrant: _____
Gated Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Swimming Pool   Fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dogs?   # <input type="checkbox"/> Yes <input type="checkbox"/> No
Brush Hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trampoline? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

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**Refer to diagrams, photos, Replacement Cost Estimator and other supplements attached.**