

FARM LIABILITY APPLICATION

Renewal of #	APPLICANT INFORMATION SECTION		Date:
Producer:		Carrier:	Underwriter:
Producer Contact:			
Producer Phone #		Producer Email:	
Producer FAX #		Producer Code	
		<input type="checkbox"/> Farm or General Liability <input type="checkbox"/> Excess Liability <input type="checkbox"/> Personal Liability	
<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			
Inspection Contact:		Email:	
Telephone # (Required):		Website:	
FAX #:		FEIN/SSAN #:	
Method of Payment: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill		Number of Payments: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	
Type of Farm or Ranch			
<input type="checkbox"/> (921) Berries, Fruits, & Nuts	<input type="checkbox"/> (926) Poultry	<input type="checkbox"/> (90A) Citrus	<input type="checkbox"/> (92A) Cotton
<input type="checkbox"/> (923) Vegetables	<input type="checkbox"/> (928) Horses	<input type="checkbox"/> (90B) Nurseries	<input type="checkbox"/> (92B) Tobacco
<input type="checkbox"/> (924) Grain & Field Crops	<input type="checkbox"/> (929) Livestock-Containment	<input type="checkbox"/> (90C) Fish Farms	<input type="checkbox"/> (92C) Hobby Farms
<input type="checkbox"/> (925) Dairy	<input type="checkbox"/> (935) Ranches-Cattle, Sheep, etc.	<input type="checkbox"/> (90D) Estate Farms	<input type="checkbox"/> (92D) Winery
<input type="checkbox"/> Farm/Ranch – Other:			<input type="checkbox"/> (92E) Vineyard
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?		Type of Crop or Product?	
Is this new business to your agency?		How long have you known applicant?	
Does applicant have another source 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: _____	

*** PRIOR CARRIER INFORMATION**

*** A credit may be available to applicant if copy of prior carrier's declaration page is attached to this application**

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			
	Mod Factor			
	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:

Producer:

ADDITIONAL INTERESTS	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 NO Bldgs.	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:

Producer:

PROPERTY

Premises 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

Distance To Fire Dept: _____ Miles

Response Time: _____ Minutes

Is it a Paid - Full Time Department? Yes No

(a) Source = Well Gallons Per Minute:

Pond/Lake

Hydrant within 1,000 ft.

Other

(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. Is a formal safety program in existence? 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 below

If livestock are any pastures adjacent to roadways? Yes No

Type of Livestock:

Total Number of head

grazed:

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

15a Any Owned horses on any insured premises? Yes No
If Yes how many?

15b Any Non-owned horses on any insured premises? Yes No

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

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 \$

21. Number of cows milked

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

By owners: no charge fee

Renter to others: Receipts \$

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, fenced

Diving Board?

Yes No

Yes No

25. Are all pastures fenced? Yes No

26. How Often are fence lines checked?
Who is responsible for maintenance?

27. Are pastures adjacent to trafficed roads? Yes No

Explain Yes Answers:

