



# GROWER'S MUTUAL FARM APPLICATION

DATE (MM/DD/YYYY)

Agency: _____ _____ _____ Contact Name: _____ Phone: _____ Fax #: _____ Email Address: _____	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> FO-1    <input type="checkbox"/> FO-2    <input type="checkbox"/> FO-3    <input type="checkbox"/> Tenant Farmer         </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Effective Date</td> <td style="width: 33%;">Expiration Date</td> <td style="width: 34%;">Payment Plan</td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Quarterly    <input type="checkbox"/> Semi-Annual    <input type="checkbox"/> Annual         </td> </tr> <tr> <td>Quote</td> <td>Bind Policy</td> <td>Down payment \$</td> </tr> </table>	Effective Date	Expiration Date	Payment Plan			<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	Quote	Bind Policy	Down payment \$
Effective Date	Expiration Date	Payment Plan								
		<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual								
Quote	Bind Policy	Down payment \$								

## APPLICANT INFORMATION

<b>Name (First Named Insured &amp; Other Named Insureds) *</b> _____ _____ _____	<b>Relationship *</b> _____ _____	<b>Mailing Address (of First Named Insured)</b> _____ _____ _____	<b>Phone (A/C, No, Ext.):</b> _____ _____
* If more than one person is listed as the named insured, indicate the relationship to the first named insured			
<b>Phone # On Premises:</b> <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/> Partnership <input type="checkbox"/> Years in Business <input type="checkbox"/> Corporation		<b>E-mail Address:</b> _____ <b>Contact</b> <b>Phone (A/C, No, Ext.):</b> _____	

## TYPE OF FARM/RANCH: Indicate All That Apply

<input type="checkbox"/> Field Crops	<input type="checkbox"/> Mushrooms	<input type="checkbox"/> Greenhouses (Prohibited)	<input type="checkbox"/> Livestock & Type
<input type="checkbox"/> Fruits	<input type="checkbox"/> Nuts	<input type="checkbox"/> Nursery Stock	<input type="checkbox"/> Poultry
<input type="checkbox"/> Vegetables	<input type="checkbox"/> Flowers	<input type="checkbox"/> SOD	<input type="checkbox"/> Swine
<input type="checkbox"/> Dairy*	<input type="checkbox"/> Vineyards	<input type="checkbox"/> Tobacco (Prohibited)	<input type="checkbox"/> Equine

Describe Farm/Ranch Operations and Any Incidental Business Activities

\_\_\_\_\_

## LOCATION INFORMATION

LOC #	Legal Description			# OF Acres	Wind/Hail Ded%	911 Address & County	City, State, Zip code	Liab Only (Y/N)	Fire District Name	Distance To	
	Twp	Sec	Rge							FD (miles)	Hydrant (feet)

## LOSS HISTORY    No Losses in 3 years    No Losses in 5 years    See Attached Loss Summary

Enter All Claims or Occurrences For The Past Five Years

Date Of Occurrence	Line	Description of Occurrence	Open/Closed?	Amount Paid

## PRIOR INSURANCE INFORMATION

Prior Carrier	Type of Policy	Effective Date	Expiration Date	Expiring Premium

Has Any Policy Been Cancelled Or Nonrenewed In The Past 5 Years?  YES  NO    If Yes, Explain. (Not Applicable In MO)

DWELLING (COVERAGE A, C, & D)											*Attach Cost Estimator for each dwelling		
Loc #	Dwlg #	Year Built	Square Feet	Type of Construction (If mobile home, attach questionnaire)	Roof Type	Type of Heat	If 20 Years old or more, When was it updated for:				# of Families	Sump Overflow (Y/N)	Protective Devices
							Heat	Wiring	Plumbing	Roofing			

DWELLING (COVERAGE A, C, & D) -Continued													
Loc #	Dwlg #	Dwelling Occupancy (Owner Primary Seasonal, Tenant)	Cov C: Household Personal	Cov D: Loss of Use 20% Limit	Valuation			EarthQuake (Y/N)		Mine Subsidence (Y/N)	Supplemental Heat (Attach Questionnaire) (Y/N)	FO-1 FO-2 FO-3	
					Cov A	Cov C	Cov D	Cov A	Cov C				
			\$	\$									
			\$	\$									
			\$	\$									
			\$	\$									
			\$	\$									

**MORTGAGEE INFORMATION**

Dwlg #	<input type="checkbox"/> Mortgagee	Name and Address/Loan #	Dwlg #	<input type="checkbox"/> Mortgagee	Name and Address/Loan #
	<input type="checkbox"/> Loss Payee			<input type="checkbox"/> Loss Payee	
	<input type="checkbox"/> Lender's Loss Payee			<input type="checkbox"/> Lender's Loss Payee	
	<input type="checkbox"/> Contract for Sale			<input type="checkbox"/> Contract for Sale	

**FARM BARNs, BUILDINGS AND STRUCTURES (COVERAGE E)**

Loc #	Bldg#	Description	Year Built	Square Feet	Type of Const	Roof Type	Roof Age	Type of Heat	Protective Devices

**FARM BARNs, BUILDINGS AND STRUCTURES (COVERAGE E) - continued**

Loc#	Bldg #	Mine Subsidence (Y/N)	EQ (Y/N)	IG%	Open Foundation (Y/N)	Open Sides (Y/N)	Valuation	Ded Min \$1,000	Perils	Limit of Insurance

**MORTGAGEE INFORMATION**

Bldg#	<input type="checkbox"/> Mortgagee	Name and Address/Loan #	Bldg#	<input type="checkbox"/> Mortgagee	Name and Address/Loan #
	<input type="checkbox"/> Loss Payee			<input type="checkbox"/> Loss Payee	
	<input type="checkbox"/> Lender's Loss Payee			<input type="checkbox"/> Lender's Loss Payee	
	<input type="checkbox"/> Contract for Sale			<input type="checkbox"/> Contract for Sale	

### GENERAL INFORMATION

	Explain All 'YES' Responses	Yes	No		Explain All 'YES' Responses	Yes	No
1	Are independent contractors hired to perform any farming operations?	<input type="checkbox"/>	<input type="checkbox"/>	12	Does applicant maintain any vacation or seasonal premises?	<input type="checkbox"/>	<input type="checkbox"/>
2	Is there an airstrip on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	13	Does applicant serve on any boards for remuneration?	<input type="checkbox"/>	<input type="checkbox"/>
3	Is any part of the farm used or leased for organized recreational use?	<input type="checkbox"/>	<input type="checkbox"/>	14	Is the applicant a subsidiary of another or does the applicant have subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
4	Are there any unusual hazards such as (but not limited to) open dump pits, silage pits, sump holes, ponds, lakes, reservoirs, waste lagoons, irrigation ditches, trampolines or other types of gymnastic equipment?	<input type="checkbox"/>	<input type="checkbox"/>	15	Is a formal safety program in existence?	<input type="checkbox"/>	<input type="checkbox"/>
				16	Have any of the applicant's livestock ever escaped onto public road? If yes, describe in the remarks section frequency of escape and measures taken to prevent recurrence.	<input type="checkbox"/>	<input type="checkbox"/>
5	Does the applicant allow others to dispose of waste materials on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	17	Has the insured had any complaints regarding agri-chemical drift or any pollution to others in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
6	Are any 'hold harmless' or 'indemnifying' agreements in effect?	<input type="checkbox"/>	<input type="checkbox"/>	18	Is there any equipment loaned or rented to/from others?	<input type="checkbox"/>	<input type="checkbox"/>
7	Are there any public parks, golf courses, schools, churches, stores, subdivisions, town/cities or any public exposures neighboring any of the insured's farm locations?	<input type="checkbox"/>	<input type="checkbox"/>	19	Does insured plan any construction or renovation work to be done on the premises in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
				20	Does the applicant directly supervise the farm?	<input type="checkbox"/>	<input type="checkbox"/>
8	Is entire premises occupied year round?	<input type="checkbox"/>	<input type="checkbox"/>	21	Are any wood or coal fired stoves used in any buildings? If Yes, Complete Wood Burning Stove Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
9	Is entire premises occupied by applicant?	<input type="checkbox"/>	<input type="checkbox"/>				
10	During the last ten years, has any applicant been convicted of any degree of the crime arson? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	<input type="checkbox"/>	<input type="checkbox"/>	Are there any fire, smoke or burglary systems on premises? Indicate floors protected by the alarm: _____			
				22	If Yes, Type of Alarm: _____ Diagram Number: _____	<input type="checkbox"/>	<input type="checkbox"/>
11	Is there a year-round water supply usable for fire protection?  If Yes, (A) Source = (B) Quantity=  <input type="checkbox"/> Well <input type="checkbox"/> Less Than 1,000 Gallons <input type="checkbox"/> Pond/Lake <input type="checkbox"/> 1,000-3,000 Gallons <input type="checkbox"/> Hydrant Within 1,000 FT. <input type="checkbox"/> Over 3,000 Gallons <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	23	Is equipment well maintained? If not - indicate what repairs need to be made, when these repairs will be completed, and the name of contractor performing the repairs	<input type="checkbox"/>	<input type="checkbox"/>
				24	Show policy number(s) of other insurance		

<b>Remarks:</b>	



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

COMMERCIAL GENERAL LIABILITY <input type="checkbox"/>				
Coverages	Occurrence	Aggregate	Fire Damage Limit	Medical Payments
Limit of Liability	\$	\$	\$	\$
<input type="checkbox"/> Include Products/Completed Operations <input type="checkbox"/> Exclude Personal and Advertising Injury				

Employers Liability		# Full Time Employees	# Part Time Employees	Total Payroll \$	Limits
<input type="checkbox"/>	Farm Employer's Liability				\$ (Up To \$500,000 Limit)
	Farm Employee's Medical Payments			\$ 5,000	Mandatory

LIABILITY COVERAGE - Farmers Mutual Hail					
<input checked="" type="checkbox"/>	Initial Farm Premises	Not More Than Acres			
	Additional Farm Premises Maintained By Named Insured			LOC #	
	Additional Non-Farm Premises Occupied By Insured <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent			LOC #	
	Additional Residence Rented To Others		# Families	LOC #	
	Custom Farming Receipts (Rate Per \$1,000)		Receipts \$		
	Roadside Stands -- Farm Products Principally On The Insured Farm (Rate Per \$1,000 Gross Sales)		Sales \$		
	Day Care Coverage (Home)		Not Eligible		
	Limited Farm Pollution Liability (Refer To Company)				
	Contingent Liability For Crop Dusting By Independent Aircraft (Rate Per \$1,000 Cost)		Cost \$	Limit \$	
	Domestic Workers' Comp		Inservant	# Of Residential Employees	
			Outservant		
	Other Coverages				Limits

UNDERWRITING INFORMATION		* If the answer to any question is yes, please explain using the Remarks section
1. Does the agent know the applicant? Number of years: _____ Date of last inspection: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has the insurance been transferred within the agency?		<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Is the applicant engaged in any other business, profession or trade?		<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Any private saddle animals owned? If so, use and number of animals?		<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is any property kept on location(s) other than insured location?		<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Is farming the primary source of insured's income?		<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Does applicant maintain a non-farm office, private school, and/or daycare in an insured building?		<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Is there a swimming pool or trampoline on the premises? If yes, please complete the swimming pool/trampoline questionnaire and attach photo.		<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Please list all the names of all officers/owners of the farming entity (Corporation, Partnership, Joint Venture, LLC):  _____		
10. Do you own dogs? If yes, how many and what breed? # ____ Breed: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
11. What is the radius of operation of equipment? Miles: _____		
12. How far away from structures is gasoline or fuel stored? Distance: _____ (ft)		
13. What are the gross annual farming receipts? \$ _____		

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			24 Show policy number(s) of other insurance		

### Remarks:


Yes	Indicate if the Insured Does Any of These Activities	Explain All YES Responses
	1. Manufacture, Process, Handle, Apply, or Distribute of Any Products to others (and/or for hire or a charge) of any of the following:	
<input type="checkbox"/>	Dairy - Processing of Milk or Milk Products	
<input type="checkbox"/>	Dairy - Sale of Raw Milk or Milk Products to the Public	
<input type="checkbox"/>	Livestock (or Other) Feed	
<input type="checkbox"/>	Feed, Seed, Grain, Fertilizer, Chemicals, Additives	
<input type="checkbox"/>	Other Farm or Non Farm Products on or off Premises	
<input type="checkbox"/>	2. Livestock Slaughter, Butcher or Otherwise Prepare any Products for Others and or Sale to Others	
<input type="checkbox"/>	3. Build, Repair, Or Design Buildings, Equipment, or Systems for anyone for a charge. Or any Snow Removal, Tiling, Excavating, or Ditching Services or Operations for a Charge	
<input type="checkbox"/>	4. Custom Farming - Planting, Cultivating, Field Application, Crop Care, Harvesting. Or Crop Dying.	
	5. Any of the Following?	
<input type="checkbox"/>	Animal Boarding	
<input type="checkbox"/>	Auctions or Sales	
<input type="checkbox"/>	Dangerous or Exotic Animals	
<input type="checkbox"/>	Events for a charge - Parties, Weddings, or Meetings	
<input type="checkbox"/>	Fishing or Hunting for a Charge	
<input type="checkbox"/>	Equine Activities (Owned or Non Owned Horses)	
<input type="checkbox"/>	Hay Rides	
<input type="checkbox"/>	Kennels	
<input type="checkbox"/>	Lodging (Bed & Breakfast) for a Charge	
<input type="checkbox"/>	Real Estate Development	
<input type="checkbox"/>	Recreational Activities of Others for a Charge	
<input type="checkbox"/>	Rent-A-Garden	
<input type="checkbox"/>	Roadside Stands	
<input type="checkbox"/>	Soil Sampling or Analysis Service	
<input type="checkbox"/>	Tree (Christmas) Sales	
<input type="checkbox"/>	U-Cut Tree Farms	
<input type="checkbox"/>	U-Pick Farms	
<input type="checkbox"/>	Other Non Farming Activities for a Charge	

Remarks:

**BINDER / SIGNATURE**

<p>The applicant applies to:  for insurance for Fire and Allied Perils.</p>	<p>And to: <b>Farmers Mutual Hail for Liability Insurance</b></p>
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NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

<p>Applicant's Signature</p>	<p>Agent's Signature</p>
<p>Date</p>	<p>Date</p>