

# One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004

# **FARM APPLICATION - NEW YORK**

|      |          |     | 0110110010 |   |
|------|----------|-----|------------|---|
| REQU | IREMENTS | FOR | SUBMISSIO  | N |

THIS APPLICATION IS ONLY REQUIRED IF ACORDS OR OTHER EQUIVALENT SUBMISSION INFO HAS NOT BEEN PROVIDED.

Named Insured:

Address:

City: State: Zip:

Phone: Email:

Policy Term: From: To: Business Type:

Individual Corporation Partnership LLC Joint Venture Other:

Type of Farm: Hobby Grain Livestock Dairy Fruit

Nuts Vegetables Vineyards Nursery Stock Other:

ATTENTION: Complete a separate description of each location to be covered with or without dwellings or buildings. All owned or rented premises occupied or operated at inception must be described to be covered.

#### SECTION I - SCHEDULE OF LOCATIONS FOR INSURANCE

| Prem | # of  | Sec<br># | Twp<br># | Rnge<br># |                      |        |       |          |        |        |    |
|------|-------|----------|----------|-----------|----------------------|--------|-------|----------|--------|--------|----|
| #    | Acres | #        | #        | #         | Street Address, City | County | State | Zip Code | *Dwlgs | *Bldgs | PC |
|      |       |          |          |           |                      |        |       |          |        |        |    |
|      |       |          |          |           |                      |        |       |          |        |        |    |
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If more locations must be described, complete additional sheet.

<sup>\*</sup>Indicates the number of Dwellings or separate sets of buildings on each land description.

## SECTION II - ADDITIONAL INTEREST

| <ol> <li>Please check as applical</li> </ol> | ble: |
|--|------|
|--|------|

Mortgagee Loss Payee Contract Holder Additional Insured Lessor of Leased Equipment

2. Name: Loan Number:

3. Address:

City: State: Zip:

4. Applies to:

5. Please check as applicable:

Mortgagee Loss Payee Contract Holder Additional Insured Lessor of Leased Equipment

6. Name: Loan Number:

7. Address:

City: State: Zip:

8. Applies to:

If additional lienholders needed, attach separate sheet.

## SECTION III - FARM LIABILITY

| COVERAGES  | LIMITS OF LIABILITY         |
|--|-----------------------------|
| H. Bodily Injury & Property Damage   | \$                          |
| I. Personal & Advertising Injury   | \$                          |
| Basic Farm Liability Blanketed Acres Yes No  |                             |
| Total Number of Acres  |                             |
| Additional dwellings on insured farm location.owned by named insured or spouse   |                             |
| Additional dwellings off insured farm location, owned by named insured or spouse ar least partly owner-occupied  | nd rented to others, but at |
| Additional dwellings off insured farm location, owned by named insured or spouse ar part owner-occupied  | nd rented to others with no |
| Additional dwellings on or off insured location, owned by a resident member of name  | d insured's household       |
| J. Medical Payments to Others  | \$ each person              |
| Employees – Rated on a per capita basis (Not in CA, AZ)  Total Payroll = \$  |                             |
| The following discloses as respects each type of insured farm employee the maximum number employed at any one time during the policy period and as respects residence employees wherever located, the number in excess of two, employed by the named insured or spouse or by any other insured who is a resident of the named insured's household. (ID & UT – premium is based on payroll) |                             |
| Insured Farm Employees   | Number:                     |
| Full time residence employees, (not farm employees) in excess of two.  | Number:                     |

| Liability Endorsements Requested: |  |
|-----------------------------------|--|
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#### SECTION IV - RECREATIONAL MOTOR VEHICLE COVERAGE

Does the Applicant or members of the Applicant's family own a snowmobile, motorcycle, all-terrain vehicle, or comparable unit?
 Yes No If yes, please complete the information below and indicate the physical damage or off-premises liability coverage is desired.

| Unit<br># | Type A-ATV S-Snowmobile M-Motorcycle | Year | Make | Model | Serial Number | Engine<br>Size<br>Cc's | Value | Physical<br>Damage<br>Y/N | Off-<br>Premise<br>Liability<br>Y/N | Youthful<br>Operator<br>Y/N |
|-----------|--------------------------------------|------|------|-------|---------------|------------------------|-------|---------------------------|-------------------------------------|-----------------------------|
|           |                                      |      |      |       |               |                        |       |                           |                                     |                             |
|           |                                      |      |      |       |               |                        |       |                           |                                     |                             |
|           |                                      |      |      |       |               |                        |       |                           |                                     |                             |
|           |                                      |      |      |       |               |                        |       |                           |                                     |                             |
|           |                                      |      |      |       |               |                        |       |                           |                                     |                             |
|           |                                      |      |      |       |               |                        |       |                           |                                     |                             |
|           |                                      |      |      |       |               |                        |       |                           |                                     |                             |
|           |                                      |      |      |       |               |                        |       |                           |                                     |                             |
|           |                                      |      |      |       |               |                        |       |                           |                                     |                             |
|           |                                      |      |      |       |               |                        |       |                           |                                     |                             |
|           |                                      |      |      |       |               |                        |       |                           |                                     |                             |

| Operator | Name | Date of Birth | Driver's License Number | State |
|----------|------|---------------|-------------------------|-------|
| 1.       |      |               |                         |       |
| 2.       |      |               |                         |       |
| 3.       |      |               |                         |       |
| 4.       |      |               |                         |       |

Please note licensed units are not eligible for coverage and appropriate application should be submitted.

### SECTION V - COVERAGE A FARM DWELLING AND COVERAGE C HOUSEHOLD PERSONAL PROPERTY

Please complete the description of each dwelling to be insured under Coverage A or containing household goods to be insured under Coverage C

COVERAGE A & C Deductible Options: \$500 \$1,000 \$2,500 Other: \$

Please provide a completed dwelling replacement cost estimate for each dwelling to be insured.

| Prem.<br>No. | Bldg./<br>Dwlg.<br>No. | Dwlg.<br>Yr. of<br>Const. | Sq. Ft.<br>of Area<br>(Ground<br>Floor) | Construction<br>F=Frame<br>M=Masonry | Dwelling<br>Condition<br>E=Excellent<br>G=Good<br>F=Fair | Roof Type<br>W=Wood<br>O=Other | Dwelling<br>Occupancy<br>O=Owner<br>T=Tenant<br>S=Seasonal | Define Heating<br>System & Fuel | Dwelling Protective<br>Devices<br>(Ex. Smoke detector;<br>dead bolts; local<br>burglar alarm; local<br>fire alarm |
|--------------|------------------------|---------------------------|---|--------------------------------------|--|--------------------------------|--|---------------------------------|---|
|              |                        |                           |   |                                      |  |                                |  |                                 |   |
|              |                        |                           |   |                                      |  |                                |  |                                 |   |
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|              |                        |                           |   |                                      |  |                                |  |                                 |   |
|              |                        |                           |   |                                      |  |                                |  |                                 |   |
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|              |                        |                           |   |                                      |  |                                |  |                                 |   |
|              |                        |                           |   |                                      |  |                                |  |                                 |   |
|              |                        |                           |   |                                      |  |                                |  |                                 |   |

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|              |                        |                                |                       | <u>Form</u>           |                  |   |       | Form                  |                  |                |      |  |
|--------------|------------------------|--------------------------------|-----------------------|-----------------------|------------------|---|-------|-----------------------|------------------|----------------|------|--|
| Prem.<br>No. | Bldg./<br>Dwlg.<br>No. | Coverage A<br>Farm<br>Dwelling | B<br>a<br>s<br>I<br>c | B<br>r<br>o<br>a<br>d | S<br>p<br>e<br>c | Coverage C<br>Unscheduled<br>Personal Property<br>(Household) | Ваюнс | B<br>r<br>o<br>a<br>d | S<br>p<br>e<br>c | Class<br>Codes |      | Year Systems Updated<br>(complete if older than<br>25 years) |
|              |                        | Φ.                             |                       |                       |                  | œ   |       |                       |                  |                | Roof | Elec   |
|              |                        | \$                             |                       |                       |                  | \$  |       |                       |                  |                | Plbg | Heat   |
|              |                        | ¢                              |                       |                       |                  | ¢   |       |                       |                  |                | Roof | Elec   |
|              |                        | \$                             |                       |                       |                  | \$  |       |                       |                  |                | Plbg | Heat   |
|              |                        | \$                             |                       |                       |                  | ¢   |       |                       |                  |                | Roof | Elec   |
|              |                        | Φ                              |                       |                       |                  | \$  |       |                       |                  |                | Plbg | Heat   |
|              |                        | \$                             |                       |                       |                  | \$  |       |                       |                  |                | Roof | Elec   |
|              |                        | Φ                              |                       |                       |                  | Ψ   |       |                       |                  |                | Plbg | Heat   |
|              |                        | \$                             |                       |                       |                  | \$  |       |                       |                  |                | Roof | Elec   |
|              |                        | Ψ                              |                       |                       |                  | Ψ   |       |                       |                  |                | Plbg | Heat   |
|              |                        | \$                             |                       |                       |                  | \$  |       |                       |                  |                | Roof | Elec   |
|              |                        | Ψ                              |                       |                       |                  | Ψ   |       |                       |                  |                | Plbg | Heat   |
|              |                        | \$                             |                       |                       |                  | \$  |       |                       |                  |                | Roof | Elec   |
|              |                        | Ψ                              |                       |                       |                  | Ψ   |       |                       |                  |                | Plbg | Heat   |
|              |                        | \$                             |                       |                       |                  | \$  |       |                       |                  |                | Roof | Elec   |
|              |                        | Ψ                              |                       |                       |                  | Ψ   |       |                       |                  |                | Plbg | Heat   |
|              |                        | \$                             |                       |                       |                  | \$  |       |                       |                  |                | Roof | Elec   |
|              |                        | Ψ                              |                       |                       |                  | Ψ   |       |                       |                  |                | Plbg | Heat   |
|              |                        | \$                             |                       |                       |                  | \$  |       |                       |                  |                | Roof | Elec   |
|              |                        | Ψ                              |                       |                       |                  | Ψ   |       |                       |                  |                | Plbg | Heat   |
|              |                        | \$                             |                       |                       |                  | \$  |       |                       |                  |                | Roof | Elec   |
|              |                        | Ψ                              |                       |                       |                  | Ψ   |       |                       |                  |                | Plbg | Heat   |
|              |                        | \$                             |                       |                       |                  | \$  |       |                       |                  |                | Roof | Elec   |
|              |                        |                                |                       |                       |                  | mploto additional   |       |                       |                  |                | Plbg | Heat   |

If more dwellings must be described, complete additional sheets.

| Property Endorsements Requested: |  |  |
|----------------------------------|--|--|
|                                  |  |  |
|                                  |  |  |
|                                  |  |  |
|                                  |  |  |
|                                  |  |  |

\$500

\$1,000

\$2,500 Other: \$

## **COVERAGE G - FARM BUILDINGS AND STRUCTURES**

|              | Bldg./                 |             |              |              | Ro   | of  |                   |                |          | Form   | 1      |                |                   |                |
|--------------|------------------------|-------------|--------------|--------------|------|-----|-------------------|----------------|----------|--------|--------|----------------|-------------------|----------------|
| Prem.<br>No. | Bldg./<br>Dwlg.<br>No. | Description | Construction | Bldg.<br>Age |      |     | Size/<br>Capacity | Cont.<br>Found | B<br>A   | B<br>R | S<br>P | Class<br>Codes | Valuation ACV, RC | Bldg.<br>Limit |
| NO.          | NO.                    | Description | Construction | Age          | туре | Age | Сараспу           | Found          | Α        | K      | Р      | Codes          | ACV, RC           | \$             |
|              |                        |             |              |              |      |     |                   |                | ·        |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                | <u> </u> |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                | ·        |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                | <u> </u> |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                | <u> </u> |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                | <u> </u> |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                | <u> </u> |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
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|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
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|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
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|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |
|              |                        |             |              |              |      |     |                   |                |          |        |        |                |                   | \$             |

**COVERAGE E & F Deductible Options:** 

\$500

\$1,000

\$2,500

Other: \$

**FARM PERSONAL PROPERTY** – Please designate which is to apply: Scheduled (Indicate items not owned 100% by insured, indicating the insurable interest beside item. Unscheduled (F) Scheduled (E) or

|               |       |            | LIVE  | STOCK       |       |                  |       |
|---------------|-------|------------|-------|-------------|-------|------------------|-------|
| Item          | Units | Unit Value | Total | Item        | Units | Unit Value       | Total |
| Dairy Cows    |       | \$         | \$    | Feeder Pigs |       | \$               | \$    |
| Dairy Calves  |       | \$         | \$    | Boars       |       | \$               | \$    |
| Stock Cows    |       | \$         | \$    | Rams        |       | \$               | \$    |
| Stock Calves  |       | \$         | \$    | Ewes        |       | \$               | \$    |
| Feeder Cattle |       | \$         | \$    | Lambs       |       | \$               | \$    |
| Bulls         |       | \$         | \$    | Goats       |       | \$               | \$    |
| Horses        |       | \$         | \$    | Chickens    |       | \$               | \$    |
| Sows          |       | \$         | \$    | (Turkeys    |       |                  |       |
|               |       |            |       | Excluded)   |       |                  |       |
|               |       |            |       |             | Tota  | al Livestock (1) | \$    |

|                            | FARM PRODUCTS |                         |       |  |  |
|----------------------------|---------------|-------------------------|-------|--|--|
| Item                       | Units         | Unit Value              | Total |  |  |
| Hay & Straw (in the open)  |               | \$                      | \$    |  |  |
| Hay & Straw (in buildings) |               | \$                      | \$    |  |  |
| Silage                     |               | \$                      | \$    |  |  |
| Small Grain                |               | \$                      | \$    |  |  |
| Grain Under Seal           |               | \$                      | \$    |  |  |
| Corn                       |               | \$                      | \$    |  |  |
| Soybeans                   |               | \$                      | \$    |  |  |
| Commercial & Mixed Feeds   |               | \$                      | \$    |  |  |
|                            |               | Total Farm Products (2) | \$    |  |  |

| FARM SUPPLIES            |       |            |       |  |  |
|--------------------------|-------|------------|-------|--|--|
| Item                     | Units | Unit Value | Total |  |  |
| Building Supplies        |       | \$         | \$    |  |  |
| Fencing Supplies         |       | \$         | \$    |  |  |
| Fertilizers              |       | \$         | \$    |  |  |
| Gasoline, Oil & Grease   |       | \$         | \$    |  |  |
| Herbicides & Pesticides  |       | \$         | \$    |  |  |
| Medicines                |       | \$         | \$    |  |  |
| Spare Parts              |       | \$         | \$    |  |  |
| Small Hand & Power Tools |       | \$         | \$    |  |  |

| Siliali Hallu & Powel 10015 |                         |            |       |                   | Φ     | •          |       |
|-----------------------------|-------------------------|------------|-------|-------------------|-------|------------|-------|
|                             | Total Farm Supplies (3) |            |       |                   |       |            |       |
|                             | MACHINERY               |            |       |                   |       |            |       |
| Item                        | Units                   | Unit Value | Total | Item              | Units | Unit Value | Total |
| Tractor                     |                         | \$         | \$    | Rotary Hoes       |       | \$         | \$    |
| Tractor                     |                         | \$         | \$    | Ensilage Blowers  |       | \$         | \$    |
| Tractor                     |                         | \$         | \$    | Cotton Picker-Oil |       | \$         | \$    |
|                             |                         |            |       | Cotton Picker-    |       |            |       |
| Combine                     |                         | \$         | \$    | Water             |       | \$         | \$    |
| Corn Or Grain Heads         |                         | \$         | \$    | Grinders & Mixers |       | \$         | \$    |
| Hay Baler                   |                         | \$         | \$    | Wagons & Trailers |       |            |       |
| Grain Harvesters            |                         | \$         | \$    | (Not Licensed)    |       | \$         | \$    |
| Plows or Chisel             |                         |            |       |                   |       |            |       |
| Plows                       |                         | \$         | \$    | Sprayers          |       | \$         | \$    |
|                             |                         |            |       | Self-Loading      |       |            |       |
| Discs                       |                         | \$         | \$    | Wagons            |       | \$         | \$    |
| Harrows                     |                         | \$         | \$    | Hayracks          |       | \$         | \$    |
| Cultivators                 |                         | \$         | \$    | Milking Machines  |       |            |       |
| Corn Planters               |                         | \$         | \$    | (not permanently  |       |            |       |
| Fertilizer Spreaders        |                         | \$         | \$    | attached)         |       | \$         | \$    |

| Item                  | Units | Unit Value | Total | Item                | Units | Unit Value    | Total |
|-----------------------|-------|------------|-------|---------------------|-------|---------------|-------|
| Portable Elevators or |       |            |       | Portable Irrigation |       |               |       |
| Augers                |       | \$         | \$    | Equipment           |       |               |       |
| Mowers                |       | \$         | \$    | (not eligible for   |       |               |       |
| Side Delivery Rakes   |       | \$         | \$    | Coverage F)         |       | \$            | \$    |
| Manure Spreader       |       | \$         | \$    | Self-Feeders-       |       |               |       |
| Grain Driers          |       |            |       | 3 Ton Limit         |       | \$            | \$    |
| (Port. Only)          |       | \$         | \$    |                     |       |               |       |
| -                     | •     |            |       |                     | Total | Machinery (4) | \$    |

| GROUP TOTALS    |   |    |  |  |
|-----------------|---|----|--|--|
| Livestock       | 1 | \$ |  |  |
| Farm Products   | 2 | \$ |  |  |
| Farm Supplies   | 3 | \$ |  |  |
| Machinery       | 4 | \$ |  |  |
| Total Inventory |   | \$ |  |  |

# Insure for 100% of Total Inventory

| Peak Season | Increased Limit | Start Date | End Date |
|-------------|-----------------|------------|----------|
|             | \$              |            |          |
|             | \$              |            |          |
|             | \$              |            |          |
|             | \$              |            |          |
|             | \$              |            |          |
|             | \$              |            |          |
|             | \$              |            |          |
|             | \$              |            |          |
|             | \$              |            |          |
|             | \$              |            |          |
|             | \$              |            |          |
|             | \$              |            |          |

|                | SECTION VI – GENERAL INFORMATION  |     |    |
|----------------|---|-----|----|
|                | These questions must be answered and application sign by Applicant (Add separate sheets as necessary)   |     |    |
| 1.<br>2.<br>3. | How long has the agent known the Applicant? Number of years: Date that the Agent personally inspected the property: Has any policy been cancelled or non-renewed in the past 5 years? Please explain. | Yes | No |
| 4.<br>5.       | Prior carrier: Policy #: Cancellation Date: During the last 10 years, has any Applicant been convicted of any degree of the crime of arson? Please explain.   | Yes | No |
| 6.             | Has the Applicant been involved in any lawsuits? Please explain.  | Yes | No |
| 7.             | Have any judgements or liens been rendered against the Applicant? Please explain.   | Yes | No |

|          | SECTION VII - OPERATIONS  |     |    |
|----------|---|-----|----|
| 1.<br>2. | Applicant's farming/ ranching experience in number of years: Is farming/ ranching the Applicant's main source of income? If no, please explain. | Yes | No |
| 3.       | Describe the farm/ ranch operations and any incidental business activities:   |     |    |
| 4.       | Does the Applicant have a website pertaining to these operations? Website address: www.   | Yes | No |
| 5.       | Does the Applicant perform maintenance on equipment? If yes, please indicate the types of repairs done, where performed and by whom:            | Yes | No |
| 6.       | Is a formal safety program in existence? Please explain.  | Yes | No |
| 7.       | Are any of the Applicant's operations insured with another company? Please explain.   | Yes | No |
| 8.       | Does the Applicant have any other business? Please explain.   | Yes | No |
|          | SECTION VIII - PREMISES   |     |    |
| 1.       | Does the Applicant own a dog or other potentially dangerous pets? a. If yes, please provide number, breed and type of animal:                   | Yes | No |
|          | b. Any history of dog bites or destruction of property? Please explain.   | Yes | No |
| 2.       | Is there a swimming pool on premises? If yes, a Swimming Pool Questionnaire must be completed.  | Yes | No |
| 3.       | Is there an airstrip on premises?   | Yes | No |

5. Is there a trampoline on premise?Yes No

Is there any unusual hazard such as (but not limited to) open dump pits, silage pits, sump holes,

Farm Application - New York

Please explain.

Please explain.

ponds, lakes, or reservoirs?

If yes, please complete the PHLY Trampoline Questionnaire.

No

Yes

| 6.  | Are any of the farm premises open to the public for any activities such as roadside stands, "u-pick", recreational, "rent-a-garden", community supported agriculture, auctions, sales, shows, food or beverage service, hay rides, fishing, kennels, animal boarding, or Christmas tree sales? Please explain. | Yes | No |
|-----|--|-----|----|
| 7.  | Is any part of the farm/ ranch used or leased for organized recreational use? Please explain.  | Yes | No |
| 8.  | Are any portions of the farm/ ranch rented or leased or used by any individual, corporation, or interest for other than farming/ ranching? Please explain.   | Yes | No |
| 9.  | Are any premises used for hunting purposes?  a. Please explain.  | Yes | No |
|     | b. Is there a charge or fee? Please explain.   | Yes | No |
|     | c. Are any items/ services provided? Please explain.   | Yes | No |
| 10. | Does the Applicant maintain a non-farm office or private school in an insured building? Please explain.  | Yes | No |
| 11. | Are any contract or service operations performed for others such as snow removal, tiling, excavating, or ditching? Please explain.   | Yes | No |
| 12. | Does the Applicant build, repair, or design machinery, equipment or systems for anyone at a charge or fee? Please explain.   | Yes | No |
| 13. | Does the Applicant handle any product such as seed, fertilizer, sprays, etc. for resale?  a. Please explain.   | Yes | No |
| 14. | <ul><li>b. Receipts: \$</li><li>Are independent contractors hired to perform any farming operations?</li><li>Please explain.</li></ul>   | Yes | No |

| 15.        | Does the Applicant mix, process, slaughter, butcher or otherwise prepare for any "end-consumer" his or any other grower's product? Please explain.   | Yes               | No       |
|------------|--|-------------------|----------|
| 16.        | Does the Applicant milk cows?  | Yes               | No       |
|            | <ul><li>a. Number of cows milked:</li><li>b. Is there any processing of milk?</li><li>Please explain.</li></ul>  | Yes               | No       |
|            | c. Are there any sales of milk to the public? Please explain.  | Yes               | No       |
|            | SECTION IX - PROPERTY  |                   |          |
| 1.         | Is the entire premises occupied year round? Please explain:  | Yes               | No       |
| 2.<br>3.   | Identify Fire District Name: Is there a year-round water supply usable for fire protection? Source: Well Pond/ Lake Hydrant within 1,000 feet Other: Total Water Capacity: Are all residences and buildings located on a year-round accessible road? | nt:<br>Yes<br>Yes | No<br>No |
| 5.         | Are any locations prone to grass fires and/ or forest fires? If yes, which ones?   | Yes               | No       |
| 6.         | Are any of the Applicant's residences or buildings located in heavily wooded areas? If yes, which ones?  | Yes               | No       |
| 7.         | Is the clearing from forest/ wooded areas greater than 500 feet?  If no, how many feet of defensible space do they have?   | Yes               | No       |
| 8.         | Are any wood or coal fired stoves used in any buildings?  a. Identify which buildings:   | Yes               | No       |
| 9          | <ul> <li>b. Is the system checked and cleaned annually?</li> <li>Attach completed Supplemental Heating Questionnaire and photo.</li> <li>How far away from structures is gasoline or fuel stored?</li> </ul>   | Yes               | No       |
| 10.        | Is any property kept on a location(s) other than an insured location? Where is it kept?  | Yes               | No       |
| 11.<br>12. | What is the maximum value of equipment at any one location? \$ What is the radius of operations of equipment?  |                   |          |
|            | SECTION X - LIVESTOCK  |                   |          |
| 1.         | Are all areas adequately fenced, and are fences in a good state of repair?  a. Please explain:   | Yes               | No       |
|            | b. Livestock premises are in: Open Range Area Closed Range Area  |                   |          |
| 2.         | Total number of livestock on all insured locations:  |                   |          |

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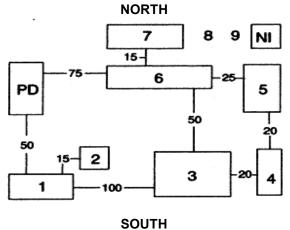
| 3.       | Does the Applicant own any horses? Number:  | Yes        | No       |
|----------|---|------------|----------|
| 4.       | Are non-owned horses on any of Applicant's premises? Please explain.  | Yes        | No       |
|          |   |            |          |
| 5.       | Does the Applicant board, race, breed, or rent horses? Please explain. (Attach completed Equine Questionnaire)  | Yes        | No       |
|          | r lease explain. (Attach completed Equille Questionnaile)   |            |          |
|          |   |            |          |
|          | SECTION XI - POLLUTION  |            |          |
| 1.<br>2. | Does the Applicant apply anhydrous ammonia to his farm?  Does the Applicant apply anhydrous ammonia to the farm of others?  a. Please explain.                | Yes<br>Yes | No<br>No |
|          |   |            |          |
|          | b. Receipts: \$ Attach a copy of the declarations page verifying coverage elsewhere.  |            |          |
| 3.       | Does the Applicant apply herbicides or pesticides for others?   | Yes        | No       |
|          | a. Please explain.  |            |          |
|          |   |            |          |
|          | b. Receipts: \$   |            |          |
|          | <ul> <li>c. Does the Applicant require a certificate of application?</li> <li>Attach a copy of the declarations page verifying coverage elsewhere.</li> </ul> | Yes        | No       |
| 4.       | Has the Applicant ever had complaints regarding overspray, waste run-off, or other pollution  | V          | NI.      |
|          | damages? Please explain.  | Yes        | No       |
|          |   |            |          |
| 5.       | Are berbigides and posticides stored in a looked analogure?   | Voo        | No       |
| <u> </u> | Are herbicides and pesticides stored in a locked enclosure?   | Yes        |          |
|          | SECTION XII – MISCELLANEOUS   |            |          |
| 1.       | Does the Applicant own a boat?  | Yes        | No       |
| 2.       | Does the Applicant maintain any vacation or seasonal premises? Please explain.  | Yes        | No       |
|          | педес схрани.   |            |          |
|          |   |            |          |
| 3.       | Are any "hold harmless" or "indemnifying" agreements in effect? Please explain.   | Yes        | No       |
|          |   |            |          |
|          |   |            |          |
| 4.       | Is any land held for real estate development or speculation?  | Yes        | No       |
|          |   |            |          |
|          |   |            |          |

### **SECTION XIII - LOCATION DIAGRAMS**

IMPORTANT: A DIAGRAM OF ALL BUILDINGS MUST BE COMPLETED, WHETHER INSURED OR NOT.

Pictures clear enough to portray the physical condition of each dwelling or building to be insured must accompany the application.

Pictures must be identified by the item number on the Application along with the name of the building. **Pictures should be submitted with the application.** Attach additional diagrams as necessary. The ACORD 405 may also be used as an alternative.



**LOCATION #1** 

# **LOCATION #2**

**LOCATION #3** 

#### **SECTION XIV - PROPERTY AND LIABILITY LOSS INFORMATION \***

| Date of<br>Loss | Prior Carrier | Description of Loss | Amount paid | Reserve |
|-----------------|---------------|---------------------|-------------|---------|
|                 |               |                     | \$          | \$      |
|                 |               |                     | \$          | \$      |
|                 |               |                     | \$          | \$      |
|                 |               |                     | \$          | \$      |
|                 |               |                     | \$          | \$      |

#### **SECTION XV - AUTOMOBILE**

- 1. Number of automobile operators with less than 5 years driving experience or under the age of 21:
  - a. Which vehicles are assigned to these operators?
  - b. Have any of those operators had major driving violations including DUI, racing, hit and run, speeding in excess of 20 mph over the posted speed limit or manslaughter?
    c. Do any of those operators have more than one (1) moving violation or at fault accident?
    d. Has any youthful operators had their license suspended or revoked?
    Are all autos owned by and titled to the individual named insured?
    Yes
    No
- 2. Are all autos owned by and titled to the individual named insured? If no, under what entity?

#### DISCLOSURE TO APPLICATION PURSUANT TO FAIR CREDIT REPORTING ACT.

You are hereby notified that as a part of our routine procedure in reviewing applications for insurance, an investigative consumer report MAY be made. This inquiry includes information obtained through personal associates, financial sources, friends, neighbors, or other with whom you are acquainted and typically includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I hereby declare I have read the above questions and Disclosure Pursuant to the Fair Credit Reporting Act and that the answers to the above questions are complete and truthful and request the Company to issue a policy of insurance in reliance thereon.

I hereby represent that the values and amounts therein stated are true and correct as of this date. And it is agreed that if this application approved I shall at all time maintain adequate insurance on all farm personal property owned by me to the extent of 80% of its actual cash value at time of loss.

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.

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# REMARKS OR OTHER INSTRUCTIONS

#### FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

#### **FRAUD NOTICE STATEMENTS**

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER AGENCY

(If this is a Florida Risk, Producer means Florida Licensed Agent)

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)