

SECTION II – ADDITIONAL INTEREST

1. Please check as applicable:
 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 and rented to others, but at least partly owner-occupied	
	Additional dwellings off insured farm location, owned by named insured or spouse and rented to others with no part owner-occupied	
	Additional dwellings on or off insured location, owned by a resident member of named 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:

Prem. No.	Bldg./ Dwlg. No.	Coverage A Farm Dwelling	Form			Coverage C Unscheduled Personal Property (Household)	Form			Class Codes	Year Systems Updated (complete if older than 25 years)	
			B a s i c	B r a d	S p e c		B a s i c	B r a d	S p e c			
		\$				\$					Roof	Elec
		\$				\$					Plbg	Heat
		\$				\$					Roof	Elec
		\$				\$					Plbg	Heat
		\$				\$					Roof	Elec
		\$				\$					Plbg	Heat
		\$				\$					Roof	Elec
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		\$				\$					Plbg	Heat
		\$				\$					Roof	Elec
		\$				\$					Plbg	Heat
		\$				\$					Roof	Elec
		\$				\$					Plbg	Heat

If more dwellings must be described, complete additional sheets.

Property Endorsements Requested:

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

LIVESTOCK								
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)				
Total 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		\$	\$
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		\$	\$
Combine		\$	\$	Cotton Picker-Water		\$	\$
Corn Or Grain Heads		\$	\$	Grinders & Mixers		\$	\$
Hay Baler		\$	\$	Wagons & Trailers (Not Licensed)		\$	\$
Grain Harvesters		\$	\$				
Plows or Chisel Plows		\$	\$	Sprayers		\$	\$
Discs		\$	\$	Self-Loading Wagons		\$	\$
Harrow		\$	\$	Hayracks		\$	\$
Cultivators		\$	\$	Milking Machines (not permanently attached)		\$	\$
Corn Planters		\$	\$				
Fertilizer Spreaders		\$	\$				

SECTION VII - OPERATIONS

- | | | |
|--|-----|----|
| 1. Applicant's farming/ ranching experience in number of years: | | |
| 2. 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

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|--|-----|----|
| 1. Does the Applicant own a dog or other potentially dangerous pets?
a. If yes, please provide number, breed and type of animal: | | |
| 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?
Please explain. | Yes | No |
| | | |
| 4. Is there any unusual hazard such as (but not limited to) open dump pits, silage pits, sump holes, ponds, lakes, or reservoirs?
Please explain. | Yes | No |
| | | |
| 5. Is there a trampoline on premise?
If yes, please complete the PHL Y Trampoline Questionnaire. | Yes | No |

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|-----|---|-----|----|
| 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 |
| | b. Receipts: \$ | | |
| 14. | Are independent contractors hired to perform any farming operations?
Please explain. | Yes | No |

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|-----|---|-----|----|
| 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 |
| | a. Number of cows milked: | | |
| | b. Is there any processing of milk?
Please explain. | Yes | No |
| | c. Are there any sales of milk to the public?
Please explain. | Yes | No |

SECTION IX - PROPERTY

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|-----|--|-----|---------------------------|
| 1. | Is the entire premises occupied year round?
Please explain: | Yes | No |
| 2. | Identify Fire District Name: | | Miles to Fire Department: |
| 3. | Is there a year-round water supply usable for fire protection?
Source: Well Pond/ Lake Hydrant within 1,000 feet Other:
Total Water Capacity: | Yes | No |
| 4. | Are all residences and buildings located on a year-round accessible road?
Please explain. | Yes | 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 |
| | b. Is the system checked and cleaned annually?
Attach completed Supplemental Heating Questionnaire and photo. | Yes | No |
| 9. | How far away from structures is gasoline or fuel stored? | | |
| 10. | Is any property kept on a location(s) other than an insured location?
Where is it kept? | Yes | No |
| 11. | What is the maximum value of equipment at any one location? \$ | | |
| 12. | What is the radius of operations of equipment? | | |

SECTION X - LIVESTOCK

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|----|--|-----|----|
| 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: | | |

- | | | |
|--|-----|----|
| 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 |

SECTION XI - POLLUTION

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|--|-----|----|
| 1. Does the Applicant apply anhydrous ammonia to his farm? | Yes | No |
| 2. Does the Applicant apply anhydrous ammonia to the farm of others?
a. Please explain. | Yes | No |
| b. Receipts: \$
Attach a copy of the declarations page verifying coverage elsewhere. | | |
| 3. Does the Applicant apply herbicides or pesticides for others?
a. Please explain. | Yes | No |
| b. Receipts: \$ | | |
| c. Does the Applicant require a certificate of application?
Attach a copy of the declarations page verifying coverage elsewhere. | Yes | No |
| 4. Has the Applicant ever had complaints regarding overspray, waste run-off, or other pollution damages?
Please explain. | Yes | No |
| 5. Are herbicides and pesticides stored in a locked enclosure? | Yes | No |

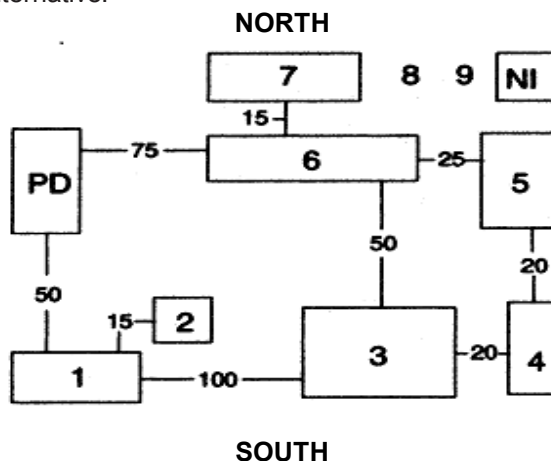
SECTION XII – MISCELLANEOUS

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|---|-----|----|
| 1. Does the Applicant own a boat? | Yes | No |
| 2. Does the Applicant maintain any vacation or seasonal premises?
Please explain. | Yes | No |
| 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 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? Yes No
 - c. Do any of those operators have more than one (1) moving violation or at fault accident? Yes No
 - d. Has any youthful operators had their license suspended or revoked? Yes No
2. Are all autos owned by and titled to the individual named insured? Yes No
 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.

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

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

AGENCY

PRODUCER LICENSE NUMBER

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

ADDRESS (STREET, CITY, STATE, ZIP)