







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 Heat
		\$				\$					Roof	Elec
		\$				\$					Plbg	Heat
		\$				\$					Roof	Elec
		\$				\$					Plbg	Heat
		\$				\$					Roof	Elec
		\$				\$					Plbg	Heat
		\$				\$					Roof	Elec
		\$				\$					Plbg	Heat
		\$				\$					Roof	Elec
		\$				\$					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.

<b>LIVESTOCK</b>								
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)				
<b>Total Livestock (1)</b>							\$	

<b>FARM PRODUCTS</b>			
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		\$	\$
<b>Total Farm Products (2)</b>			\$

<b>FARM SUPPLIES</b>			
Item	Units	Unit Value	Total
Building Supplies		\$	\$
Fencing Supplies		\$	\$
Fertilizers		\$	\$
Gasoline, Oil & Grease		\$	\$
Herbicides & Pesticides		\$	\$
Medicines		\$	\$
Spare Parts		\$	\$
Small Hand & Power Tools		\$	\$
<b>Total Farm Supplies (3)</b>			\$

<b>MACHINERY</b>							
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?<br>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?<br>Website address: www.  | Yes | No |
| 5. Does the Applicant perform maintenance on equipment?<br>If yes, please indicate the types of repairs done, where performed and by whom: | Yes | No |
|  |     |    |
| 6. Is a formal safety program in existence?<br>Please explain.   | Yes | No |
|  |     |    |
| 7. Are any of the Applicant's operations insured with another company?<br>Please explain.  | Yes | No |
|  |     |    |
| 8. Does the Applicant have any other business?<br>Please explain.  | Yes | No |

**SECTION VIII - PREMISES**

- |  |     |    |
|--|-----|----|
| 1. Does the Applicant own a dog or other potentially dangerous pets?<br>a. If yes, please provide number, breed and type of animal:                  |     |    |
| b. Any history of dog bites or destruction of property?<br>Please explain.   | Yes | No |
|  |     |    |
| 2. Is there a swimming pool on premises?<br>If yes, a Swimming Pool Questionnaire must be completed.   | Yes | No |
| 3. Is there an airstrip on premises?<br>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?<br>Please explain. | Yes | No |
|  |     |    |
| 5. Is there a trampoline on premise?<br>If yes, please complete the PHL Y Trampoline Questionnaire.  | Yes | No |



- |     |   |     |    |
|-----|---|-----|----|
| 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?<br>Please explain. | Yes | No |
| 7.  | Is any part of the farm/ ranch used or leased for organized recreational use?<br>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?<br>Please explain.   | Yes | No |
| 9.  | Are any premises used for hunting purposes?<br>a. Please explain.   | Yes | No |
|     | b. Is there a charge or fee?<br>Please explain.   | Yes | No |
|     | c. Are any items/ services provided?<br>Please explain.   | Yes | No |
| 10. | Does the Applicant maintain a non-farm office or private school in an insured building?<br>Please explain.  | Yes | No |
| 11. | Are any contract or service operations performed for others such as snow removal, tiling, excavating, or ditching?<br>Please explain.   | Yes | No |
| 12. | Does the Applicant build, repair, or design machinery, equipment or systems for anyone at a charge or fee?<br>Please explain.   | Yes | No |
| 13. | Does the Applicant handle any product such as seed, fertilizer, sprays, etc. for resale?<br>a. Please explain.  | Yes | No |
|     | b. Receipts: \$   |     |    |
| 14. | Are independent contractors hired to perform any farming operations?<br>Please explain.   | Yes | No |

- |     |   |     |    |
|-----|---|-----|----|
| 15. | Does the Applicant mix, process, slaughter, butcher or otherwise prepare for any “end-consumer” his or any other grower’s product?<br>Please explain. | Yes | No |
| 16. | Does the Applicant milk cows?   | Yes | No |
|     | a. Number of cows milked:   |     |    |
|     | b. Is there any processing of milk?<br>Please explain.  | Yes | No |
|     | c. Are there any sales of milk to the public?<br>Please explain.  | Yes | No |

**SECTION IX - PROPERTY**

- |     |  |     |                           |
|-----|--|-----|---------------------------|
| 1.  | Is the entire premises occupied year round?<br>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?<br>Source: Well      Pond/ Lake      Hydrant within 1,000 feet      Other:<br>Total Water Capacity: | Yes | No                        |
| 4.  | Are all residences and buildings located on a year-round accessible road?<br>Please explain.   | Yes | No                        |
| 5.  | Are any locations prone to grass fires and/ or forest fires?<br>If yes, which ones?  | Yes | No                        |
| 6.  | Are any of the Applicant’s residences or buildings located in heavily wooded areas?<br>If yes, which ones?   | Yes | No                        |
| 7.  | Is the clearing from forest/ wooded areas greater than 500 feet?<br>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?<br>a. Identify which buildings:   | Yes | No                        |
|     | b. Is the system checked and cleaned annually?<br><b>Attach completed Supplemental Heating Questionnaire and photo.</b>  | 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?<br>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**

- |    |  |     |    |
|----|--|-----|----|
| 1. | Are all areas adequately fenced, and are fences in a good state of repair?<br>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?<br>Number:   | Yes | No |
| 4. Are non-owned horses on any of Applicant's premises?<br>Please explain.   | Yes | No |
| 5. Does the Applicant board, race, breed, or rent horses?<br>Please explain. (Attach completed Equine Questionnaire) | Yes | No |

### SECTION XI - POLLUTION

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

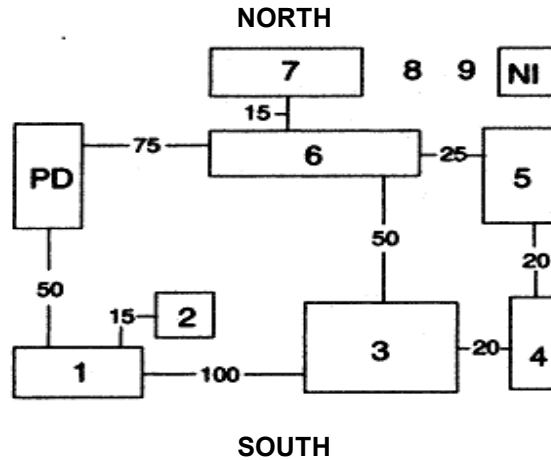
### SECTION XII - MISCELLANEOUS

- |   |     |    |
|---|-----|----|
| 1. Does the Applicant own a boat?   | Yes | No |
| 2. Does the Applicant maintain any vacation or seasonal premises?<br>Please explain.  | Yes | No |
| 3. Are any "hold harmless" or "indemnifying" agreements in effect?<br>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

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

### FRAUD NOTICE STATEMENTS

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 SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, LA, MD, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

**APPLICABLE IN CALIFORNIA:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN DISTRICT OF COLUMBIA:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**APPLICABLE IN FLORIDA** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE 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.

**APPLICABLE IN MAINE:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.



**APPLICABLE IN NEW JERSEY:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**APPLICABLE IN OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**APPLICABLE IN OKLAHOMA:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**APPLICABLE IN PENNSYLVANIA:** 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON:** 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.

**APPLICABLE IN VERMONT:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**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)