



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

# AGRICULTURE LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	APPLICANT / FIRST NAMED INSURED	
ACCOUNT NUMBER	<input type="checkbox"/> NEW <input type="checkbox"/> RNWL	EFFECTIVE DATE EXPIRATION DATE

COVERAGES	LIMITS OF LIABILITY
BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$ EACH "OCCURRENCE" LIMIT
	\$ GENERAL AGGREGATE LIMIT
PERSONAL AND ADVERTISING INJURY LIABILITY	\$ EACH "OCCURRENCE" LIMIT
	\$ GENERAL AGGREGATE LIMIT
MEDICAL PAYMENTS	\$ ANY ONE PERSON LIMIT
PROPERTY DAMAGE LIABILITY FIRE DAMAGE LIMIT	\$ EACH "OCCURRENCE" LIMIT
ADDITIONAL COVERAGE - DAMAGE TO PROPERTY OF OTHERS	\$ ANY ONE FIRE
	\$
	\$
	\$

FARM PERSONAL LIABILITY <input type="checkbox"/> Y / N	FARM COMMERCIAL LIABILITY <input type="checkbox"/> Y / N
PERSONAL LIABILITY COVERAGE <input type="checkbox"/> Y / N	NAME AND ADDRESS OF INSURED(S) (Attach additional sheets if necessary)
	NAME AND ADDRESS OF INSURED(S)

COVERAGE	BASIS	RATE	PREMIUM
INITIAL FARM PREMISES ACRES:			
TOTAL ACREAGE FOR ALL LOCATIONS, INCLUDING INITIAL FARM PREMISES:			
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	RECEIPTS		
	\$		
INCIDENTAL BUSINESS ACTIVITIES (i.e., ROADSIDE STANDS, DAY CARE, HUNTING AND FISHING)			
ACTIVITY	RECEIPTS		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
LIMITED FARM POLLUTION LIABILITY	LIMIT		
	\$		
CONTINGENT LIABILITY FOR CROP DUSTING BY INDEPENDENT AIRCRAFT	COST	LIMIT	
	\$	\$	
ANIMAL COLLISION	LIMIT PER HEAD	# OF HEAD	
	\$		
EMPLOYERS LIABILITY	# OF PERSON MONTHS	# FULL TIME EMPLOYEES	# PART TIME EMPLOYEES
	TOTAL PAYROLL		
	\$		
<b>TOTAL PREMIUM:</b>			

**ADDITIONAL INTEREST (Attach ACORD 45 for more Additional Interests)**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
							LOCATION:	BUILDING:
							VEHICLE:	BOAT:
							AIRPORT:	AIRCRAFT:
							ITEM CLASS:	ITEM:
						ITEM DESCRIPTION		
REFERENCE / LOAN #:			INTEREST END DATE:					
LIEN AMOUNT:			PHONE (A/C, No, Ext):					
REASON FOR INTEREST:			E-MAIL ADDRESS:					

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
							LOCATION:	BUILDING:
							VEHICLE:	BOAT:
							AIRPORT:	AIRCRAFT:
							ITEM CLASS:	ITEM:
						ITEM DESCRIPTION		
REFERENCE / LOAN #:			INTEREST END DATE:					
LIEN AMOUNT:			PHONE (A/C, No, Ext):					
REASON FOR INTEREST:			E-MAIL ADDRESS:					

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES APPLICANT BUILD, REPAIR OR DESIGN MACHINERY, EQUIPMENT OR SYSTEMS FOR ANYONE AT A CHARGE?	
2. DOES APPLICANT RENT OR LEASE EQUIPMENT TO OTHERS?	
3. DOES ANY MACHINERY OR EQUIPMENT OWNED OR OPERATED BY THE APPLICANT NOT CONFORM TO APPLICABLE SAFETY REGULATIONS?	
4. DOES APPLICANT MIX, PROCESS, SLAUGHTER, BUTCHER OR OTHERWISE PREPARE FOR ANY "END CONSUMER" HIS OR ANY OTHER GROWER'S PRODUCT?	
5. DOES APPLICANT HANDLE ANY PRODUCT, SUCH AS SEED, FERTILIZER, SPRAYS, ETC. FOR RESALE?	
6. ARE ANY CONTRACT OR SERVICE OPERATIONS PERFORMED FOR OTHERS SUCH AS SNOW REMOVAL, TILING (e.g., FIELD/DRAIN TILE), EXCAVATING OR DITCHING?	
7. ARE THERE ANY UNUSUAL HAZARDS SUCH AS (BUT NOT LIMITED TO) OPEN DUMP PITS, MANURE PITS, SUMP HOLES, PONDS, LAKES OR RESERVOIRS?	
8. IS THERE AN AIRSTRIP ON THE PREMISES?	
9. ARE ANY "HOLD HARMLESS" OR "INDEMNIFYING" AGREEMENTS IN EFFECT?	
10. IS THERE A SWIMMING POOL ON PREMISES? IF "YES": IN GROUND (Y/N): <input type="checkbox"/> FENCED (Y/N): <input type="checkbox"/> DIVING BOARD (Y/N): <input type="checkbox"/> SLIDE (Y/N): <input type="checkbox"/> DEPTH: _____ FEET	
11. IS THERE ANY WATERCRAFT EXPOSURE?	
12. IS THERE ANY SNOWMOBILE EXPOSURE?	

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES	Y / N
13. IS THERE ANY ATV OR DIRT BIKE EXPOSURE?	
14. IS THERE A TRAMPOLINE ON THE PREMISES?	
15. DOES APPLICANT SERVE ON ANY BOARDS FOR REMUNERATION?	
16. ARE ANY PREMISES USED BY OTHERS FOR HUNTING, FISHING OR OTHER RECREATIONAL ACTIVITIES?	
17. DOES APPLICANT HAVE ANY POTENTIALLY DANGEROUS ANIMALS OR EXOTIC PETS?	

**LIVESTOCK / DAIRY INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y / N
18. ARE ANY LIVESTOCK PRESENT ON PREMISES OR ARE ANY LIVESTOCK ANTICIPATED DURING THE YEAR?	
19. ARE LIVESTOCK KEPT IN AREAS THAT ARE NOT ADEQUATELY FENCED AND MAINTAINED IN A GOOD STATE OF REPAIR? <div style="float: right; margin-top: 5px;">                         PREMISES IS IN:  <input type="checkbox"/> OPEN RANGE AREA  <input type="checkbox"/> CLOSED RANGE AREA                     </div>	
20. ARE LIVESTOCK NEAR ANY PUBLIC ROAD OR HIGHWAY?	
21. DOES INSURED OWN, BOARD, RACE, BREED OR RENT HORSES?	
22. ANY NON-OWNED HORSES ON ANY INSURED PREMISES?	
23. IF CATTLE ARE PRESENT ON PREMISES, DO YOU NOW OR HAVE YOU IN THE PAST SUPPLEMENTED CATTLE FEED WITH BONE MEAL, PROTEIN SUPPLEMENTS OR ANIMAL BY-PRODUCTS?	
24. NUMBER OF ANIMALS MILKED:	
25. IS THERE ANY PROCESSING OF MILK?	
26. ARE THERE ANY RETAIL SALES OF MILK PRODUCTS TO PUBLIC? <div style="float: right; margin-top: 5px;">                         RECEIPTS: \$ _____                     </div>	

**REMARKS**

**SIGNATURE**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

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 FL and OK**

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)\*. \*Applies in FL Only.

**Applicable in KS**

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 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 commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

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 OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY 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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER