



Farmowners & Ranchowners Application

*Indicates required section or field for quick quote request

Upload Completed Application via RePubLink Web Site

Proposed Effective Date *

Expiration Date *

Applicant Information	Named Insured	Address, City-State-Zip	Phone #	Applicant Is:	
				<input type="checkbox"/> Individual	
				<input type="checkbox"/> Partnership	
				<input type="checkbox"/> Corporation	
				Other:	
	SSN's/FEIN(s)	Dates of Birth(s)	Billing Plan	Bill To	If other
			Select	Select	

Agent Information	Agent Name	Agent Code
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Deductible*	Select	Other	Wind & Hail
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Does applicant reside at dwelling full time Yes No (If no, explain) *

Additional Insureds	Name	Address	Co-owner in What Property
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Mortgages	Name	Address	Mortgage on What Property
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Insured Premises*	List all farm locations owned, occupied or rented by the insured.							
	Loc #	Acres	Legal Description (location)	County	State	Operator	With Buildings?	With Livestock?
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

List additional locations on a separate page and attach.

Farmowner's Liability*	Personal <input type="checkbox"/>	Commercial <input type="checkbox"/>	Total Acres
	(Farm Operations and Personal Liability) (Farm Operations only unless Personal separately endorsed)		
	Coverage L: Liability Select	Coverage M: Medical Payments to others Select	
Other	Lower Limits		

Basic Farm Exposure includes 1 dwelling and 1 set of buildings.

Dwelling Coverage & Limits*

(Provide separate Dwelling Form information for each insured occupied residence. Employee and tenant occupied dwellings will be covered under Farm Buildings FO-6. Note: Mobile Homes are not eligible for dwelling coverage except as Farm Buildings under FO-6).

Form Select	Type (for company use only)	0	
Coverage A	Residence	\$	
Coverage B	Related Private Structures (10%)	\$	
Coverage C	Personal Property (50% of Coverage A or 70% if RCV)	\$	Replacement Cost Personal Property <input type="checkbox"/> Yes <input type="checkbox"/> No
Coverage D	Additional Living Expense (20%)	\$	

Residence Information*

Include photo(s), diagram and valuation (can be obtained at binding)

Condition of Dwelling	Condition of Roof	Improvements and year completed	Dwelling value at 100% Replacement Cost \$
Occupant	Construction	# of stories	Year built
Sq. ft. all stories	Roof type	Year of roof	# of Layers
Smoke Alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	Systems? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe
Siding Type	Attached Garage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, sq. ft.	
Exposed Insulation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type	Type of Heating System	Year System Installed
Type of Energy Used	Wood Burning Stove or Space Heater? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, a surcharge applies and a wood stove questionnaire and photo must be submitted.	
Is dwelling within 5 road miles of a responding fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is dwelling within 1000 feet of a fire hydrant? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Related Private Structures

List all Structures intended to be included in coverage B. (must be used in service of residence)

Structure use & Description	Square Ft.	Ft. From Dwelling	Roof Type	Approx. Bldg Value	Contents Description	Approx. Value	Contents
				\$		\$	
				\$		\$	
				\$		\$	

Coverage B is not provided for any structure not listed, more than 250' ft. from the dwelling, attached to the dwelling, or that is used for farming, other than business purposes, or contains property which is not related strictly to the purposes of the dwelling.

History and Background*

(Complete required fields)

Primary SIC (Company Use)

Does the applicant participate in farming or ranching operations on the insured premises?*

Yes No

If yes, describe the types of farming or ranching and income from each type. *

Describe any additional business activities and indicate amount of income from each *

(such as Fishing, Hunting, Petroleum Production, Rental of farm machinery, Daycare or School, U-Pick, Roadside Stand, Rent-a-Garden, Auction, Show or Rodeo)

How long has the agent known the applicant?

Does the applicant have other personal or commercial liability, premises liability or farm property insurance?

If yes, explain

Yes No

Is the applicant's business with the same agency?

Prior Carrier: Company Name Policy #

Yes No

Explain the reason for changing companies

Notice: Missouri Applicants, do not answer this question.

If yes, explain

Has any company, within the last five years, cancelled the applicant's insurance or refused the applicant insurance?

Yes No

Have you, the agent, personally inspected this risk?

If yes, when

Yes No

Has the applicant had any property or liability losses within the past five years? *

If yes, **Attach currently valued prior carrier loss runs. Provide additional loss details and list items involved below.**

Yes No

Additional information relating to this risk (attach additional sheet if more space needed):

Underwriting Questions

(Answer all questions. Provide details when Requested).

Does the premises include any private lakes, ponds, quarries, pits recreational areas used by the public, or an air strip?

If yes, explain

Yes No

Does the applicant run livestock on or off premises?

If yes, livestock questionnaire must be completed.

Yes No

How many dogs are on the premises?

Have they ever bitten anyone?

If yes, explain

Breeds of dogs

Yes No

How many horses are on the premises?

How many used for riding?

Are any of the horses:

Used off premises:

Used by guests:

Boarded Trained Shown:

Yes No

Yes No

Explain all yes answers

Is there a pool on the premises?

If yes, diving board

Is it completely fenced

Yes No

Yes No

Yes No

If yes, what type of fence?

Gate locked?

Yes No

Distance from the dwelling
ft.

Pool is
Select

How many All Terrain Vehicles or recreational vehicles owned by the insured on the insured premises?

What use?
Select

Do you want to apply for property coverage/physical damage on these?

Yes No

Make	Model	Year	Ser #	Purchase \$	Actual Cash Value \$
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Has applicant or any member of the household ever been involved in any litigation, whether or not covered by insurance?

If yes, explain

Yes No

Is the applicant one of the following:

If any of the above are selected, explain

None

Is there a well pump on the insured premises?

If yes, is there an operational surge protector or in-line fuse installed?

Yes No

Yes No

Does applicant hire independent contractors to perform work or farming on premises?

If yes, Describe

Yes No

Does applicant mix, process, package, slaughter, butcher, or otherwise prepare a product for any end consumer?

If yes, describe

Yes No

Does applicant handle any products such as seed, fertilizer, or chemicals for resale?

Product and sales amount \$

Yes No

Does applicant contract or perform services for others such as Custom Farming, Harvesting, Excavating or Ditching?

If yes, describe

Yes No

What type of liquid storage tanks are on premises? **Select** If other, list type.

Indicate location and size on diagram.

Is any portion of the premises rented or used by others for purposes other than farming? If yes, describe

Yes No

Coverage E: * Farm Barns, Buildings, Structures and Additional Farm Dwellings* (If coverage is bound, please provide complete valuation information, photos and diagram for each dwelling. Identify structures not insured on diagram).

Building 1				(For Company Use) Type	
Location# (if residence location indicate distance & direction from residence)	Description/Use	Amount of Insurance 80% coinsurance \$7.50/sq ft min on barns \$	Deductible Select	Construction type & Year of Construction	Open Sides? Attached Pens or sheds? <input type="checkbox"/> Yes <input type="checkbox"/> No
Square Ft Total all stories	Type of Roof	Age of Roof	Layers on Roof	Heating or Drying <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupancy Select
Replacement Cost? (Must be insured for 80-100% of Replacement Value & at least \$20,000) <input type="checkbox"/> Yes <input type="checkbox"/> No	Limited Perils? Select NO if full coverage is desired. Select	Within 5 road miles of a responding fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No	Within 5 road miles of a responding fire department & within 1000 ft. Of a fire hydrant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight of Ice, Sleet, Snow? (Dwellings only) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Building 2				(For Company Use) Type	
Location# (if residence location indicate distance & direction from residence)	Description/Use	Amount of Insurance 80% coinsurance \$7.50/sq ft min on barns \$	Deductible Select	Construction type & Year of Construction	Open Sides? Attached Pens or sheds? <input type="checkbox"/> Yes <input type="checkbox"/> No
Square Ft Total all stories	Type of Roof	Age of Roof	Layers on Roof	Heating or Drying <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupancy Select
Replacement Cost? (Must be insured for 80-100% of Replacement Value & at least \$20,000) <input type="checkbox"/> Yes <input type="checkbox"/> No	Limited Perils? Select NO if full coverage is desired. Select	Within 5 road miles of a responding fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No	Within 5 road miles of a responding fire department & within 1000 ft. Of a fire hydrant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight of Ice, Sleet, Snow? (Dwellings only) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Building 3				(For Company Use) Type	
Location# (if residence location indicate distance & direction from residence)	Description/Use	Amount of Insurance 80% coinsurance \$7.50/sq ft min on barns \$	Deductible Select	Construction type & Year of Construction	Open Sides? Attached Pens or sheds? <input type="checkbox"/> Yes <input type="checkbox"/> No
Square Ft Total all stories	Type of Roof	Age of Roof	Layers on Roof	Heating or Drying <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupancy Select
Replacement Cost? (Must be insured for 80-100% of Replacement Value & at least \$20,000) <input type="checkbox"/> Yes <input type="checkbox"/> No	Limited Perils? Select NO if full coverage is desired. Select	Within 5 road miles of a responding fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No	Within 5 road miles of a responding fire department & within 1000 ft. Of a fire hydrant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight of Ice, Sleet, Snow? (Dwellings only) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Building 4				(For Company Use) Type	
Location# (if residence location indicate distance & direction from residence)	Description/Use	Amount of Insurance 80% coinsurance \$7.50/sq ft min on barns \$	Deductible Select	Construction type & Year of Construction	Open Sides? Attached Pens or sheds? <input type="checkbox"/> Yes <input type="checkbox"/> No
Square Ft Total all stories	Type of Roof	Age of Roof	Layers on Roof	Heating or Drying <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupancy Select
Replacement Cost? (Must be insured for 80-100% of Replacement Value & at least \$20,000) <input type="checkbox"/> Yes <input type="checkbox"/> No	Limited Perils? Select NO if full coverage is desired. Select	Within 5 road miles of a responding fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No	Within 5 road miles of a responding fire department & within 1000 ft. Of a fire hydrant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight of Ice, Sleet, Snow? (Dwellings only) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Building 5

Location# (if residence location indicate distance & direction from residence)	Description/Use	Amount of Insurance 80% coinsurance \$7.50/sq ft min on barns \$	Deductible Select	(For Company Use) Type Construction type & Year of Construction	Open Sides? Attached Pens or sheds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Square Ft Total all stories	Type of Roof	Age of Roof	Layers on Roof	Heating or Drying <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupancy Select	Earthquake? <input type="checkbox"/> Yes <input type="checkbox"/> No
Replacement Cost? (Must be insured for 80-100% of Replacement Value & at least \$20,000) <input type="checkbox"/> Yes <input type="checkbox"/> No	Limited Perils? Select NO if full coverage is desired. Select	Within 5 road miles of a responding fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No	Within 5 road miles of a responding fire department & within 1000 ft. Of a fire hydrant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight of Ice, Sleet, Snow? (Dwellings only) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Building 6

Location# (if residence location indicate distance & direction from residence)	Description/Use	Amount of Insurance 80% coinsurance \$7.50/sq ft min on barns \$	Deductible Select	(For Company Use) Type Construction type & Year of Construction	Open Sides? Attached Pens or sheds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Square Ft Total all stories	Type of Roof	Age of Roof	Layers on Roof	Heating or Drying <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupancy Select	Earthquake? <input type="checkbox"/> Yes <input type="checkbox"/> No
Replacement Cost? (Must be insured for 80-100% of Replacement Value & at least \$20,000) <input type="checkbox"/> Yes <input type="checkbox"/> No	Limited Perils? Select NO if full coverage is desired. Select	Within 5 road miles of a responding fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No	Within 5 road miles of a responding fire department & within 1000 ft. Of a fire hydrant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight of Ice, Sleet, Snow? (Dwellings only) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Coverage F: Scheduled Farm Personal Property* (All livestock, irrigation equipment and machinery and equipment individually valued in excess of \$25,000 must be scheduled. Serial numbers must be provided for all equipment over \$15,000).

Note: Coverage is not available for cotton pickers. ACV means Actual Cash Value. Minimum deductible \$500.

Machinery	Description	Year	Make	Model	Serial #	ACV
	Tractors					\$
						\$
	Augers					\$
	Disc					\$
	Drag					\$
	Chisel Plow					\$
	Planter					\$
	Cultivator					\$
	Drills & Seeders					\$
	Feed Grinder					\$
	Fertilizer Equipment					\$

Other Machinery						\$
						\$
						\$
						\$

Equipment	Description	Year	Make	Model	Serial #	ACV
						\$
						\$
						\$
						\$
						\$
						\$

Tools	Description	ACV	Description	ACV	Description	ACV
	Air Compressor	\$	Chain Saws	\$	Hand Tools	\$
	Jacks	\$	Power Tools	\$	Post Hole Digger	\$
	Welder	\$	Misc. Item not over \$200 each	\$	Other	\$

Feed and Grain	Description and Quantity	#	ACV	Total
		@	\$	= \$
		@	\$	= \$
		@	\$	= \$

Supplies	Fertilizer		\$
	Grease & Oil		\$
	Fuel		\$

Irrigation Equipment	(not eligible-refer to company)
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Hay In Barn†	Bales	@ \$	= \$	Bales	@ \$	= \$
Hay In Open†	Bales	@ \$	= \$	Stacks	@ \$	= \$

†Hay in Barn limit \$50,000 per barn

†Hay in open limit on one stack is \$10,000. Stacks must be at least 100 feet apart in a clear area.

Livestock (complete questionnaire) \$2000 Limit per Head

Quantity	ACV	Total		ACV	Total
Cows	@ \$	= \$	Hogs	@ \$	= \$
Calves	@ \$	= \$	Sows	@ \$	= \$
Bulls	@ \$	= \$	Feeder	@ \$	= \$
Horses	@ \$	= \$	Pigs	@ \$	= \$
			Sheep	@ \$	= \$

Other Items: attach additional schedules if needed

Optional Coverages

Check the optional coverages for which you are applying. Fill in \$ amounts where indicated.

Dwelling FO-1,2,3

- Actual Cash Value FO-15
- Theft Construction Material FO-125
- Computer FO-170 \$
- Used for business Personal
- Unscheduled Jewelry, Furs \$
- Replacement Well Pumps FO-364
- Vacancy Permit FO-75
- Earthquake FO-54
- Scheduled Personal Property FO-61
- Attach list and appraisals
- Sprinkler Leakage FO-307
- Expanded Ordinance or Law FO-70
- Private Structures Increase FO-48 \$
- Inflation Guard FO-184
- Water Damage FO-208
- Business Property FO-69 \$

Increased Limits FO-30

- Fire Department Service Charge \$
- Credit Card Forgery & Counterfeit Money \$
- Private Power & Light Poles \$
- Refrigerated Food Spoilage \$
- Outdoor Antennas \$
- Tenants Improvements \$

Farm FO-6

- Farm Extra Expenses \$
- Pollutant Cleanup & Removal Higher Aggregate Limit \$ FO-123 Refer w/reason
- Theft of Building Material FO-345
- Animal Boarding FO-348 \$
- Expanded Debris Removal FO-354
- Peak Season FO-352 \$ Item From to
- Ordinance or Law FO-257
- Farm Products in the Open FO-347
- Added Animal Perils FO-356 No Sheep
- Open Perils Machinery FO-360 No Harvesting
- Sprinkler Leakage FO-307
- Property in Transit FO-361

Increased Limits FO-330

- Farm Operations Records \$
- Glass Breakage in Cabs # @ \$ Each Signs: Electric Other
- Property in Care of Common/Contract Carrier \$
- Fire Department Service Charge \$

Liability

- Additional Farm Premises Owned or Rented Farm #
- Personal Liability GL-9 (endorses commercial liability)
- Additional Interests: Occupying Separate Residence GL-71 Other Residents GL-72
- Business Activities GL-74: Type
- Personal Injury-Personal & Farm Personal Liability GL-81 No Medical Payments
- Watercraft GL-82: HP Make Model Year Feet MPH
- Personal & Advertising Injury
- Farm Employees Liability: Select
 - Full time employee (180 days/year or more) #
 - Part time employee (41-179 days/year) #
 - Part time employee less than 40 days/year #
- Custom Farming GL-75 Receipts \$
- Incidental Business Pursuits GL-90: Description Annual Receipts \$
- Farm Chemical Limited Liability GL-614 Maximum Limit \$25,000
- Additional Residence Premises Occupied by the Insured: Location;
- Structures Rented to Others GL-40: Location
- Domestic Employees #
- Incidental Office GL-80: Description
- Care Provided for Others GL-84
- Commercial Liability GL-904 No Medical Payments
- Fruit or Vegetable "Pick Your Own" Operations GL-78 (No off ground picking) Receipts \$

Diagram and photos: Sketch a diagram of all buildings for each location. Show “**NI**” next to each building “**Not Insured**”. **Indicate distances in feet between buildings and the distances of all buildings from the main dwelling.** All buildings including related private structures must be on the diagram whether insured or not. Number the buildings to correspond with the numbers on the photos.

North^

This notice is to inform you in connection with your application for insurance:

- (1) an investigation may be made as to your insurability, including, if applicable, information as to character, general reputation, personal characteristics, and mode of living; and
- (2) additional information as to the nature and scope of any investigation requested will be furnished to you, upon your written request made within a reasonable time after you receive this notice.

I certify I have read the above and I declare to the best of my knowledge and belief of all foregoing statements are true and these statements are offered as an inducement to the Company to issue the policy for which I am applying subject to the terms, conditions, and limitations of the policies in current use by the Company.

I understand that even though I am making application for coverage, my application is subject to acceptance by the company and that certain restrictions could apply or denial of some coverages applied for.

I understand the requirement that I should insure my dwelling covered under FO-1, 2 or 3 at 80 to 100% of replacement cost or I may bear coinsurance in the event of a loss.

I understand that 80% coinsurance will apply to all property insured under Coverage E, F or G, and I shall at all times maintain contributing insurance on all property insured to at least 80% of its actual cash value at the time of loss, and failing to do so, I shall to the extent of such deficit bear my part to my proportion of any loss.

Insured: _____ **Date:** _____
|.....| |.....|

I am personally satisfied the applicant has provided honest and complete answers to all questions on this application. I recommend this risk for the insurance requested.

Agent: _____ **Date:** _____
|.....| |.....|