



*Thank you for considering ARU!*

## Quote Questionnaire

Policy Information			
Named Insured:		Insured Type:	Individual Partnership Corporation/LLC Trust
Home Phone #:		Email:	
Cell Phone #:			
Address/P.O. Box:		City:	
State:		Zip Code:	
Effective Date:		Prior Carrier:	
Current Premium:		Target Premium:	
Has the insured ever been cancelled for non-payment or loss history?			Yes      No
If yes, please explain:			
Has the insured ever been convicted of arson?			Yes      No
If yes, please explain:			
Has the insured ever filed for bankruptcy?			Yes      No
If yes, please explain:			
Describe your business relationship with this prospective insured:			
Describe how and when the information being submitted to ARU Underwriting was gathered:			

Operation Information				
Farming				
Oil Seed or Grain	Vegetable or Melon	Fruit or Tree Nut	Other Crops	
Soybean Oilseed (except soybean) Dry Pea/Bean Wheat Corn Rice Other	Potato Other veg/melons	Orange Groves Other Citrus Groves Apple Grape Strawberry Other	Tobacco Cotton Sugarcane Hay Sugarbeet Peanut Other	
Livestock				
Cattle Ranching	Hog/Pig	Poultry	Sheep and Goat	Other Animal
Beef Cattle Ranching and Farming Dairy Cattle Ranching and Farming Dual Purpose Cattle Ranch	Farrow to Finish Feeder Pig Breeding, Farrowing, Nursery, and Finishing Hog Feedlots (except stockyards for transportation) Pig Swine Weaning pig	Chicken Egg Broiler Turkey All other Poultry	Sheep Goat	Horses and other Equine Production Fur-bearing Animals All Other
Supporting Activities				
Crop		Animal		
Support activities for Crop Production		Boarding, Horseshoeing Training (excludes racehorses)		
Custom Farming receipts:				
Rural Estate				
Rural Estate				
If "other" was selected for any of the subtypes, please explain.				

Additional Named Insureds					
Additional Named Insured 1					
Insured Type:	Individual Partnership Trust Corporation	Insured Name:			
Relationship to Insured:		Address:			
City:		State:		Zip:	
Additional Named Insured 2					
Insured Type:	Individual Partnership Trust Corporation	Insured Name:			
Relationship to Insured:		Address:			
City:		State:		Zip:	
Additional Named Insured 3					
Insured Type:	Individual Partnership Trust Corporation	Insured Name:			
Relationship to Insured:		Address:			
City:		State:		Zip:	
Additional Named Insured 4					
Insured Type:	Individual Partnership Trust Corporation	Insured Name:			
Relationship to Insured:		Address:			
City:		State:		Zip:	

Locations			
Location 1			
Description:			
Address:			
City:		Does this location have any structures or FPP?	Yes No
State:			
Zip:			
County:		If no 911 address, please provide GPS coordinates.	Lat:
Acres:			Long:
Location 2			
Description:			
Address:			
City:		Does this location have any structures or FPP?	Yes No
State:			
Zip:			
County:		If no 911 address, please provide GPS coordinates.	Lat:
Acres:			Long:
Location 3			
Description:			
Address:			
City:		Does this location have any structures or FPP?	Yes No
State:			
Zip:			
County:		If no 911 address, please provide GPS coordinates.	Lat:
Acres:			Long:

(Skip to pg 6 if no additional Locations)

Locations			
Location 4			
Description:			
Address:			
City:		Does this location have any structures or FPP?	Yes No
State:			
Zip:			
County:		If no 911 address, please provide GPS coordinates.	Lat:
Acres:			Long:
Location 5			
Description:			
Address:			
City:		Does this location have any structures or FPP?	Yes No
State:			
Zip:			
County:		If no 911 address, please provide GPS coordinates.	Lat:
Acres:			Long:
Location 6			
Description:			
Address:			
City:		Does this location have any structures or FPP?	Yes No
State:			
Zip:			
County:		If no 911 address, please provide GPS coordinates.	Lat:
Acres:			Long:

Please use this format for additional Locations

(Skip to pg 8 if no Dwellings)

Dwellings									
Dwelling 1									
Location #:		Coverage Limit:		Valuation:		ACV	RC		
Dwelling Type:	Barndo Single Family Mobile Home Other		Occupancy:		Owner Occ Primary Owner Occ Seasonal Tenant Primary Tenant Seasonal				
			Construction:		Roof Type:				
Sq Ft:			Primary Heat:		Addtl. Heat:				
Is the dwelling unoccupied or vacant?	Yes No		Roof or Ground Mounted Solar:	Yes No	Any unrepaired damage or deficiencies?	Yes No			
Any Solid Fuel device inside or adjacent?	Yes No		Is the home under repair, construction, or for sale? (If 'yes', explain)			Explanation:			
Pool:	Yes No		Self-Latching Pool Fence:			Yes No			
Trampoline:	Yes No		Diving Board and/or Slide:			Yes No			
Earthquake:	Yes No		Mine Subsidence:			Yes No			
Dwelling 2									
Location #:		Coverage Limit:		Valuation:		ACV	RC		
Dwelling Type:	Barndo Single Family Mobile Home Other		Occupancy:		Owner Occ Primary Owner Occ Seasonal Tenant Primary Tenant Seasonal				
Year Built:			Construction:		Roof Type:				
Sq Ft:			Primary Heat:		Addtl. Heat:				
Is the dwelling unoccupied or vacant?	Yes No		Roof or Ground Mounted Solar:	Yes No	Any unrepaired damage or deficiencies?	Yes No			

Any Solid Fuel device inside or adjacent?	Yes	No	Is the home under repair, construction, or for sale? (If 'yes', explain)	Explanation:	
Pool:	Yes	No	Self-Latching Pool Fence:	Yes	No
Trampoline:	Yes	No	Diving Board and/or Slide:	Yes	No
Earthquake:	Yes	No	Mine Subsidence:	Yes	No
Dwelling 3					
Location #:		Coverage Limit:		Valuation:	ACV    RC
Dwelling Type:	Barndo Single Family Mobile Home Other		Occupancy:	Owner Occ Primary Owner Occ Seasonal Tenant Primary Tenant Seasonal	
Year Built:			Construction:		Roof Type:
Sq Ft:			Primary Heat:		Addtl. Heat:
Is the dwelling unoccupied or vacant?	Yes	No	Roof or Ground Mounted Solar	Yes	No
				Any unrepaired damage or deficiencies?	Yes
					No
Any Solid Fuel device inside or adjacent?	Yes	No	Is the home under repair, construction, or for sale? (If 'yes', explain)	Explanation:	
Pool:	Yes	No	Self-Latching Pool Fence:	Yes	No
Trampoline:	Yes	No	Diving Board and/or Slide:	Yes	No
Earthquake:	Yes	No	Mine Subsidence:	Yes	No

(Skip to pg 10 if no outbuildings)

Outbuildings					
Outbuilding Number 1					
Building Type:			Coverage Limit:		
Location #:		Dimensions:	Length:	Year of Original Construction:	
			Width:		
Is hay <u>ever</u> stored in this outbuilding?		Yes No	Any solid fuel heat connected to or servicing this building?		Yes No
Earthquake Coverage:		Yes    No	Mine Subsidence:		Yes    No
Outbuilding 1: Supplemental questions for poultry houses and hog confinements. (Skip if other building type).					
Are There Any Breaker Panels (Including Sub Breaker Panels) in the Confinement Space?	Yes No	Connected or Freestanding:	Connected Freestanding	Roof Mounted Solar Panels:	Yes No
Coverage for Weight of Ice/Sleet/Snow:	Most Coverage Least rate	Coverage for Fire:	Most Coverage Least rate	Number of Identical Structures:	
Outbuilding Number 2					
Building Type:			Coverage Limit:		
Location #:		Dimensions:	Length:	Year of Original Construction:	
			Width:		
Is hay <u>ever</u> stored in this outbuilding?		Yes No	Any solid fuel heat connected to or servicing this building?		Yes No
Earthquake Coverage:		Yes    No	Mine Subsidence:		Yes    No
Outbuilding 2: Supplemental questions for poultry houses and hog confinements. (Skip if other building type).					
Are There Any Breaker Panels (Including Sub Breaker Panels) in the Confinement Space?	Yes No	Connected or Freestanding:	Connected Freestanding	Roof Mounted Solar Panels:	Yes No
Coverage for Weight of Ice/Sleet/Snow:	Most Coverage Least rate	Coverage for Fire:	Most Coverage Least rate	Number of Identical Structures:	



Outbuilding Number 3					
Building Type:			Coverage Limit:		
Location #:		Dimensions:	Length:	Year of Original Construction:	
			Width:		
Is hay <u>ever</u> stored in this outbuilding?	Yes No		Any solid fuel heat connected to or servicing this building?		Yes No
Earthquake Coverage:	Yes    No		Mine Subsidence:		Yes    No
Outbuilding 3: Supplemental questions for poultry houses and hog confinements. (Skip if other building type).					
Are There Any Breaker Panels (Including Sub Breaker Panels) in the Confinement Space?	Yes No	Connected or Freestanding:	Connected Freestanding	Roof Mounted Solar Panels:	Yes No
Coverage for Weight of Ice/Sleet/Snow:	Most Coverage Least rate	Coverage for Fire:	Most Coverage Least rate	Number of Identical Structures:	
Outbuilding Number 4					
Building Type:			Coverage Limit:		
Location #:		Dimensions:	Length:	Year of Original Construction:	
			Width:		
Is hay <u>ever</u> stored in this outbuilding?	Yes No		Any solid fuel heat connected to or servicing this building?		Yes No
Earthquake Coverage:	Yes    No		Mine Subsidence:		Yes    No
Outbuilding 4: Supplemental questions for poultry houses and hog confinements. (Skip if other building type).					
Are There Any Breaker Panels (Including Sub Breaker Panels) in the Confinement Space?	Yes No	Connected or Freestanding:	Connected Freestanding	Roof Mounted Solar Panels:	Yes No
Coverage for Weight of Ice/Sleet/Snow:	Most Coverage Least rate	Coverage for Fire:	Most Coverage Least rate	Number of Identical Structures:	

Please use this format for additional Outbuildings

(Skip to pg 12 if no Farm Personal Property)

Farm Personal Property					
Item Number 1					
Location #:		Description:		Coverage Limit:	
Year:		Make:		Model:	
Serial Number:			Is this registered to be driven on public roadways? (only applicable to ATVs, UTVs, 4 wheelers, and/or golf carts)		Yes No
Item Number 2					
Location #:		Description:		Coverage Limit:	
Year:		Make:		Model:	
Serial Number:			Is this registered to be driven on public roadways? (only applicable to ATVs, UTVs, 4 wheelers, and/or golf carts)		Yes No
Item Number 3					
Location #:		Description:		Coverage Limit:	
Year:		Make:		Model:	
Serial Number:			Is this registered to be driven on public roadways? (only applicable to ATVs, UTVs, 4 wheelers, and/or golf carts)		Yes No
Item Number 4					
Location #:		Description:		Coverage Limit:	
Year:		Make:		Model:	
Serial Number:			Is this registered to be driven on public roadways? (only applicable to ATVs, UTVs, 4 wheelers, and/or golf carts)		Yes No

*(Skip to pg 12 if no additional Farm Personal Property)*

Farm Personal Property					
Item Number 5					
Location #:		Description:		Coverage Limit:	
Year:		Make:		Model:	
Serial Number:			Is this registered to be driven on public roadways? (only applicable to ATVs, UTVs, 4 wheelers, and/or golf carts)		Yes No
Item Number 6					
Location #:		Description:		Coverage Limit:	
Year:		Make:		Model:	
Serial Number:			Is this registered to be driven on public roadways? (only applicable to ATVs, UTVs, 4 wheelers, and/or golf carts)		Yes No
Item Number 7					
Location #:		Description:		Coverage Limit:	
Year:		Make:		Model:	
Serial Number:			Is this registered to be driven on public roadways? (only applicable to ATVs, UTVs, 4 wheelers, and/or golf carts)		Yes No
Item Number 8					
Location #:		Description:		Coverage Limit:	
Year:		Make:		Model:	
Serial Number:			Is this registered to be driven on public roadways? (only applicable to ATVs, UTVs, 4 wheelers, and/or golf carts)		Yes No

*Please use this format for additional Farm Personal Property*

(Skip to pg 13 if no Poultry / Hog)

Poultry / Hog Additional Information	
Poultry Information:	
Poultry Integrator:	
<b>Poultry Specialty Coverage*:</b> <i>*(Increased coverage is subject to prior underwriter approval.)</i>	<b>Package Dependant</b> <b>(base amount included with package options)</b>  <b>\$50,000 Aggregate Buy-up</b>  <b>\$100,000 Aggregate Buy-up</b>  <b>\$250,000 Aggregate Buy-up</b>
Poultry Specialty Overview:	<p>Our Poultry Specialty coverage provides a unique and needed blend of coverages for Integrator Contract Poultry Growers. Coverages that are worth noting include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Avian Flu Virus</li> <li>• Integrator Bankruptcy</li> <li>• LT Virus</li> <li>• Owner-Operator Temporary Labor</li> <li>• Poultry Vandalism</li> <li>• Public Utility Service and Infrastructure</li> </ul>
Are any poultry houses listed being used for anything other than raising birds or eggs on behalf of an integrator?	Yes No
Has any premise owned, managed, or grown under contract for the applicant had a case of, been quarantined due to, or culled due to Avian Influenza?	Yes No
Hog Information:	
Hog Integrator:	

**\*\*Please proceed to the next page for Liability coverages.\*\***

Liability			
Farm and Personal Liability Amount:	None (If none, please proceed to the next page.) \$100,000 \$500,000 \$1,000,000	Number of Full-Time Farm Employees:	
		Number of Part-Time Farm Employees:	
Number of Owned or Leased Horses:		Annual Farm Services for Hire Revenue:	
Any business other than the raising of crops and/or livestock for agricultural purposes?	Yes No	Does the Applicant sell any goods to the public?	Yes No
Is the public allowed on any premises?	Yes No	Any slaughtering, processing, or preparation of any product for the public?	Yes No
Are there any dogs?	Yes      No	Any equine activity that is not on-premises, private, and personal pleasure use only? For example: boarding, training, lessons, shows, etc.	Yes No
	If yes, please list breeds:		
Farm Employer's Liability:	\$1,000 \$50,000 \$100,000 \$250,000	Farm Pollution Limited Liability:	\$1,000 \$50,000 \$100,000 \$250,000
Fire Damage to Rented Premises Liability:	\$1,000 \$50,000 \$100,000 \$250,000	Legal Offense Limited Liability:	\$1,000 \$50,000 \$100,000 \$250,000
Please list any other liability coverages needed by the insured that are not listed above.			

Secured Parties			
Secured Party 1			
Item Description:		Loan Number:	
Mortgagee/Loss Payee:			
Address/P.O. Box:		City, State, Zip:	
Secured Party 2			
Item Description:		Loan Number:	
Mortgagee/Loss Payee:			
Address/P.O. Box:		City, State, Zip:	
Secured Party 3			
Item Description:		Loan Number:	
Mortgagee/Loss Payee:			
Address/P.O. Box:		City, State, Zip:	
Secured Party 4			
Item Description:		Loan Number:	
Mortgagee/Loss Payee:			
Address/P.O. Box:		City, State, Zip:	
Secured Party 5			
Item Description:		Loan Number:	
Mortgagee/Loss Payee:			
Address/P.O. Box:		City, State, Zip:	

*Please use this format for additional Secured Parties*

Loss History					
Loss 1					
Date:		Loss Type:		Payout:	
Claim Details:				Claim Status:	
Preventative Measures to Prevent Similar Losses:					
Loss 2					
Date:		Loss Type:		Payout	
Claim Details:				Claim Status	
Preventative Measures to Prevent Similar Losses:					
Loss 3					
Date:		Loss Type:		Payout	
Claim Details:				Claim Status	
Preventative Measures to Prevent Similar Losses:					
Loss 4					
Date:		Loss Type:		Payout	
Claim Details:				Claim Status	
Preventative Measures to Prevent Similar Losses:					
Loss 5					
Date:		Loss Type:		Payout	
Claim Details:				Claim Statu8	
Preventative Measures to Prevent Similar Losses:					

Additional Notes