



FARMATE APPLICATION

Policy No. _____

APPLICATION TO:

Property Insurer: _____

The applicant applies to the Property Insurer for insurance of the property specified below, against direct loss by:

() Fire, Windstorm and Allied Perils () Fire and Allied Perils

AGENCY NUMBER

STATE	ASSN.	G/A	AGENCY NUMBER
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Agency Telephone # _____

BILLING METHOD (check one): Agency Bill Direct Bill

Direct Bill Frequency:

Monthly Quarterly Semi-Annual Annual

GENERAL INFORMATION

Named Insured: _____ Birthdate: _____

Mailing Address: (Street Address or PO Box) (City) (State) (Zip)

Home Telephone Number: _____ Work Telephone Number: _____
 Individual Corporation Partnership Other _____

Billing Name: _____

Billing Address: _____

Mortgagee Name: _____

Mortgagee Address: _____

Loss Payee Name: _____

Loss Payee Address: _____

Agency Name: _____

Policy Period: (M/D/Y) (M/D/Y)
From _____ To _____
12:01 A.M. Standard Time at the address of the applicant as stated herein
Interest in Premises:
 Owner-Operator Owner-Nonoperator Tenant Farmer
 Absentee Landlord Other _____

LOCATION OF INSURED PREMISES

(List all property owned, leased, rented or maintained. No coverage provided unless described.)

	Acres	Section	Twp.	Range	Township Name	County	State	Fire Dist. Name	Miles To F.D.	Operated By Ins - O Rented to Others - L	Check where insured resides
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

FARMATE COVERAGE

Subject to Forms

- Policy Deductible: \$ _____
- Special Deductible: Theft \$ _____
- Special Deductible: Overturn or Collision \$ _____

COVERAGES	DIMENSIONS			Year Built	Type of Constr.	ROOF		LIMIT OF INSURANCE	ITEM INFORMATION	PREMIUM
	W	L	H			Kind	Year			
1. DWELLING										
2.										
3.										
4.										
5. HOUSEHOLD PERSONAL PROPERTY										
6. ADDITIONAL LIVING EXPENSE/LOSS OF RENTS										
FARM BUILDINGS										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
OPTIONAL COVERAGES										
21.										
22.										
23.										
24. SUBMERSIBLE PUMPS										
25. PERMANENT OUTSIDE ELECTRICAL WIRING & EQUIPMENT										
SCHEDULED FARM PERSONAL PROPERTY										
26. Cattle			not to exceed \$				per head			
27. Sheep			not to exceed \$				per head			
28. Hogs			not to exceed \$				per head			
29.			not to exceed \$				per head			
30.										
31. Hay, Straw, Silage										
32. Farm Produce, Grain, Seeds and Feeds										
33. Farm Supplies			usual or incidental to the operation of a farm							
34. Borrowed Farm Machinery and Equipment										
Specified Farm Implements										
35.										
36.										
37.										
38.										
39.										
40. Non-Specified Farm Equipment, Machinery & Tools (10%/item limitation)										
41. UNSCHEDULED FARM PERSONAL PROPERTY										
Livestock Maximum Limits per head			Cattle \$;			Sheep \$
Hogs \$;				\$;
										\$
ADDITIONAL COVERAGES										
42. Fire Department Service Charge										
Total								\$		\$

This policy will be continued to the expiration date above if you pay the required premium for each successive year or premium payment period. Required premiums will be based on our rates then in effect.

UNDERWRITING QUESTIONS

(ALL QUESTIONS MUST BE ANSWERED)

- | | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| <p>1. Type of operation:</p> <p><input type="checkbox"/> Grain <input type="checkbox"/> Grain and Livestock <input type="checkbox"/> Livestock</p> <p><input type="checkbox"/> Dairy <input type="checkbox"/> Hobby <input type="checkbox"/> Other _____</p> | | | c. Do any outbuildings have exposed insulation? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | If yes, describe in the remarks section. | | |
| <p>2. Condition of premises:</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> | | | d. Do any outbuildings have heating systems?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | If yes, describe in the remarks section. | | |
| <p>3. Name of current or last insurance carrier: _____</p> | | | e. Are any buildings vacant? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | If yes, explain in the remarks section. | | |
| <p>4. Has similar insurance been cancelled or refused by another company?</p> <p> If yes, give date and explain in the remarks section.</p> | <input type="checkbox"/> | <input type="checkbox"/> | f. At what distance is gasoline or fuel stored from buildings : . | | |
| | | | Use the remarks section. | | |
| <p>5. Dwelling information:</p> <p>Is dwelling currently occupied?</p> <p> If yes, by whom? (Use the remarks section)</p> | <input type="checkbox"/> | <input type="checkbox"/> | g. Are buildings being used as ordinarily intended?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | If no, explain in the remarks section. | | |
| <p>a. Condition of dwelling:</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> | | | 7. General Information: (Explain and describe all "yes" answers in the remarks section.) | | |
| <p>b. Type (s) of heat in dwelling: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric</p> <p><input type="checkbox"/> L.P. Gas <input type="checkbox"/> Solid Fuel <input type="checkbox"/> Woodburner</p> <p><input type="checkbox"/> Other _____</p> <p>Describe type and condition (Use the remarks section)</p> | | | a. Do you have any type of lightning or surge arrestors for electrical systems and pumps?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | b. Do you borrow, lease, or rent any farm equipment, machinery or buildings? | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>c. Is the dwelling equipped with:</p> <p>Fire Extinguishers?.....</p> <p>Sprinkler System?</p> <p>Smoke Detectors?</p> | <input type="checkbox"/> | <input type="checkbox"/> | c. Do you want insurance on this leased or rented property? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | d. Do you or any other named insureds carry any other property insurance (including insurance under a lease or financing agreement?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>d. Does the dwelling have a fireplace?.....</p> <p> How many _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | e. Are there any owned or rented farm premises by the name insured not included under the description of insured premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | f. Do you custom farm or feed livestock for others?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>e. Size (AMP) of Electrical Service Entrance _____</p> <p><input type="checkbox"/> Breakers <input type="checkbox"/> Fuses</p> <p>Quality of Service: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> | | | g. Do you have any recreational vehicles?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | h. Do you have items of special value (jewelry, guns, antiques, fine arts) which are not adequately insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>6. Outbuilding Information:</p> <p>a. Condition of outbuilding(s):</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>b. Condition of wiring in outbuildings:</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> | | | i. Do you have satellite dish or outside radio/TV equipment? . | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | j. Are crop dryers used?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | If yes, what building?..... | | |

Remarks to "yes" answers and other helpful underwriting information:

PROPERTY LOSS HISTORY INFORMATION

Dates

Type of Loss
(LIST ALL LOSSES FOR PAST 5 YEARS)

Amount Paid

AGENT MUST COMPLETE AND SIGN

1. How long have you personally known the applicant? _____
2. Previously insured through your Agency? Yes No
If yes, how long? _____
3. Have you inspected the premises? Yes No If yes, when? _____
4. Coverage HAS BEEN BOUND HAS NOT BEEN BOUND
5. Effective Date/Time of Binder _____ Expiration _____
Date Time Date Time

APPLICANT PLEASE READ AND UNDERSTAND (IMPORTANT NOTICE AND AUTHORIZATION)

Personal information about you, in connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. For insurance and subsequent amendments and renewals, such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We will consider your claims history in determining whether to decline, cancel, non-renew, or surcharge a policy. Also, a claim incurred by you will be reported to an insurance support organization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or for instructions on how to submit a request to us.

- MN APPLICANTS – I acknowledge that I have been given a copy of the Notice Concerning Policyholder Rights In An Insolvency Under The Minnesota Insurance Guaranty Association Law (GMRC 1957 MN). Upon request, we will provide to you the detailed notice required under Minnesota Statute 72A.494 Subd. 4.
- SD APPLICANTS – IMPORTANT NOTICE: THIS IS AN APPLICATION FOR AN ASSESSABLE POLICY (58-35-41). Check box to indicate acceptance of these terms.
- WI APPLICANTS – AGREEMENT TO PAY PREMIUMS AND ASSESSMENTS. I the undersigned, bind myself, to the extent of their interest in the property, my heirs and assigns, to pay the insurance company to whom this application is made the premiums for such insurance and, within the period of time stated in the notice of assessment, my share of all legal assessments, if any, levied by the company, together with all legal costs and charges incurred in legal proceedings to collect any assessment levied upon me and statutory penalties for non-payment, according to the statutes and the terms and conditions in the policy and any renewals thereof or of the insurance thereunder. My property covered by the insurance, both personal and real, shall be liable for that share, waiving all exemptions. (612.52) check box to indicate acceptance of these terms.

Any person who, knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing materially false information, or conceals for the purposes of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties.

By signing this application, you authorize collection of the above information and agree that you have read and understand all of the questions asked and information supplied, that the answers you have given in applying for coverage are true, and that no material fact has been withheld.

- Bound Coverage: Coverage is bound as of the date shown on this application.**
- Non-Bound Coverage: Coverage is not bound until the application is approved by the Fire and Allied Perils Insurer.**

DATE

APPLICANT

AGENT

REMARKS SECTION:

(Number your remarks to correspond to the questions.)