

# FARMPAC APPLICATION

Agency \_\_\_\_\_

Number \_\_\_\_\_

Town \_\_\_\_\_

I  
N  
S  
U  
R  
E  
D

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_  
(inception) (expiration)

New  Renewal of Policy No. \_\_\_\_\_

Dwelling Form:  Basic  Broad  Special  Tenant

Deductible:  \$500  \$2,500  \$7,500  
 \$1,000  \$5,000

Payment Plan:  Agency Bill  Customer Bill

Premium: \_\_\_\_\_

The following Described property is occupied by \_\_\_\_\_ and (except as herein otherwise provided) situated on and confined to \_\_\_\_\_ acres in the \_\_\_\_\_ of Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ about \_\_\_\_\_ miles from \_\_\_\_\_ and situated on \_\_\_\_\_ side of the road leading to \_\_\_\_\_ county of \_\_\_\_\_ State of \_\_\_\_\_ Zone of \_\_\_\_\_ Rural Fire Department Class \_\_\_\_\_ (where applicable)

Location	Description	Frame/ Masonry	Limit of liability	Year Built	Square Feet	Type	Ltg Rd	Premium	Important Rating
	Primary Dwlg.								Refer to manual for complete requirements. A photo of each building is required for issuance. COV. A- DWELLINGS
	Unscheduled Pers. Prop.								
	Secondary Dwlg.								
	Unscheduled Pers. Prop.								
<b>Replacement Cost Coverage on Household Goods:</b> <input type="checkbox"/> Main Dwelling <input type="checkbox"/> Secondary Dwlg <input type="checkbox"/> Additional Dwlg <b>Special Perils Coverage on Household Goods:</b> <input type="checkbox"/> Main Dwelling <input type="checkbox"/> Secondary Dwlg <input type="checkbox"/> Additional Dwlg							<b>Barns &amp; Outbuildings</b> <input type="checkbox"/> Optional Perils <input type="checkbox"/> Special Perils		<b>RC Type 1: Min. \$20,000</b> (a) Superior condition (b) Thermostatically controlled heat (c) Continuous foundation (d) Interior plumbing (e) Approved electric heat (f) Insured 80% to value
Outbuildings & Additional Dwellings									
Location	Description	USE CONSTR	Limit of liability	Year Built	Square Feet	Type	Rd Credit	Premium	Important Rating
									<b>RC Type 2: Min. \$15,000</b> Same as (c) thru (e) above plus approved heating system and be of good construction and maintenance. <b>ACV Type 3: All Others.</b> COV. F- OUTBUILDINGS <b>RC Type 1: Min. \$2,000</b> (a) Superior condition (b) One Story (c) Continuous foundation (d) Incombustible floor (e) Fully enclosed (f) No hay storage <b>RC Type 2: Min. \$1,000</b> (a) Superior condition (b) Continuous foundation (c) Fully enclosed on 3 sides <b>ACV Type 3: All Others</b>

**Additional Premises**

Location	Legal Description	No. of Acres	No. of Dwellings
2			
3			
4			
5			
6			

Complete information below for the main dwelling and all additional dwellings (include residential cost estimator for each).

Dwelling	Continuous Foundation Y/N	Central Heat Y/N	Interior Plumbing Y/N	Solar Heat Y/N	Wood Burning Stove* Y/N	Fireplace Insert* Y/N	If dwelling is over 30 years old, provide remodeling dates				
							Wiring	Heating	Plumbing	Roof	
Main Dwelling											
# 2											
# 3											
# 4											

Do all rental dwellings have a working smoke alarm installed?  Yes  No

\*Must have a questionnaire completed and photo of any such installation

**COMPREHENSIVE FARM LIABILITY**

Non Applicable

COVERAGES	LIMIT OF LIABILITY	Premium
Comprehensive Farm Personal Liability	\$ _____ each occurrence \$50,000 unless other amount is shown	
Medical Payments	\$ _____ each person \$1,000 unless other amount shown	
Custom Farming Type of Operation _____	Est. Annual Receipts: \$ _____	
Employer Liability & Employers Medical Payments	_____ Full-time farm employees _____ Part-time farm employees (Y/N) Estimated Payroll \$ _____	
Additional Named Insured 1. 2. 3.		
Additional Business Activity _____ Annual Gross Receipts: \$ _____		
Recreational Vehicle/Watercraft (Description, Value) <input type="checkbox"/> Physical Damage <input type="checkbox"/> Liability 1. 2. 3. 4. 5.		
Fire Legal Liability - \$50,000 Limit <input type="checkbox"/> Check if coverage is desired		
Family Medical Coverage:	Name	Date of Birth
		Limit of Liability

**MORTGAGEE, LOSS PAYABLE, CONTRACT OF SALE:**

Name	Address	Interest

**COVERAGE D or E**

**FARM PERSONAL PROPERTY - to be insured as indicated by the check in the block below:**

COV. D BLANKET FARM PERSONAL PROPERTY

(minimum \$10,000) Insurance must be carried to not less than 80% of value at all times to comply with policy provisions.

COV. E, SCHEDULED FARM PERSONAL PROPERTY

Note: Livestock valued at more than \$2,000 per head must be scheduled.

Grain & Feed			Livestock			Machinery	
Description	No. of	Total	Description	No. of	Total	Description	Total Value
Corn			Horses			Tractors	
Soybeans							
Wheat							
			Feeder Cattle				
			Beef Cows				
			Beef Calves				
Hay			Bulls			Combines	
Straw							
Silage							
Feed			Dairy Cows				
			Dairy Calves				
			Heifers			Corn Picker	
Total Above						Cotton Picker	
<b>Specific Person Property COVERAGE E only</b>			Boars				
			Sows				
			Feeders			Portable Elevator	
<b>Description</b>		<b>Total Value</b>					
Borrowed Farm Machinery			Rams			Plows	
Leased Farm Machinery			Ewes			Discs	
			Lambs			Harrows	
Portable Buildings						Cultipacker	
			<b>Total Above</b>			Corn Planter	
Poultry			<b>TOOLS &amp; SUPPLIES</b>			Drill	
			<b>Description</b>			Seeders	
			<b>No. of Units</b>	<b>Total Value</b>			
Hay in Stacks						Rotary Hoes	
Stack Limit of \$						Cultivators	
Straw in stacks						Fertilizer Spreader	
Stack Limit of \$						Sprayers	
Irrigation Equipment							
						Mowers	
						Hay Baler	
						Hay Bin	
						Hay Rakes	
						Forage Harvester	
						Silo Filler	
						Manure Loader	
						Manure Spreader	
<b>Total</b>			<b>Total</b>				
<b>Exclusions:</b> The following are not to be covered:						Wagons	
_____ , _____ , _____							
_____ , _____ , _____							
_____ , _____ , _____						Feed Grinder & Hammer Mill	
_____ , _____ , _____							
						Gas Engines	

Peak Season	Limit of Liability	Period of Time		Premium
		From	To	

Glass In  
Cabs

Type Of Machinery	Yr., Make, Model	Premium

<b>Total Above</b>	
<b>Other Unlisted Per. Prop.</b>	
<b>Excluded Value</b>	
<b>Total Value</b>	
<b>Total Amount of Ins</b>	<b>Premium</b>

OPTIONAL COVERAGES: Check if coverage is desired	Premium		Premium
Earthquake <input type="checkbox"/>		Sports Equipment (Attach Schedule) <input type="checkbox"/>	
Optional Perils (Machinery) <input type="checkbox"/>		Cameras (Attached Schedule) <input type="checkbox"/>	
Jewelry (Attached Schedule) <input type="checkbox"/>		Extended Replacement Cost Cov. A <input type="checkbox"/>	
Furs (Attach Schedule) <input type="checkbox"/>		Back Up of Sewers, Drains & Sumps <input type="checkbox"/>	
Silverware (Attach Schedule) <input type="checkbox"/>		Pollutant Extension to Motor Vehicles <input type="checkbox"/>	
Dairyman's Protective Endorsement <input type="checkbox"/>		Ultra Plus FARMPAC Endorsement <input checked="" type="checkbox"/>	

INCREASED LIMITS	Increase in Liability	Premium		Increase In Liability	Premium
Outdoor Radio & TV Equipment			Pollution Clean Up and Removal		
Private Power & Light Poles					

Transportation of Farm personal Property (Value & description of transported property) \_\_\_\_\_  
 Satellite Dish Description (Make, Model & Cost): \_\_\_\_\_

**AGENT'S STATEMENT - ALL QUESTIONS MUST BE ANSWERED**

Applicant known to agent  Yes  No Years \_\_\_\_\_

Are all outbuildings fully utilized?  Yes  No They are used for: \_\_\_\_\_

When did you personally inspect property? \_\_\_\_\_

Present value: Land? \_\_\_\_\_ Bldgs? \_\_\_\_\_

How are barns utilized? \_\_\_\_\_

Mortgage outstanding: \_\_\_\_\_

Income other than farming: \_\_\_\_\_ % of total Income \_\_\_\_\_

Year farming operation was started: \_\_\_\_\_

Water supply: Source: \_\_\_\_\_ Quantity \_\_\_\_\_

Distance from buildings. Approx. \_\_\_\_\_ ft. to \_\_\_\_\_

Type of farming \_\_\_\_\_

Fire Dept. or Dist. at \_\_\_\_\_

Total acreage: \_\_\_\_\_ acres of which \_\_\_\_\_ acres

Distance \_\_\_\_\_ over  Paved  Unpaved roads

are under cultivation

Risk is eligible for service  Telephone on premises

Farmed by  Owner  Manager  Other Explain: \_\_\_\_\_

Distance to fire hydrant, if any? \_\_\_\_\_

Heat in farm barns, bldgs?  Yes  No If yes, explain and give type \_\_\_\_\_

Number of losses applicant has had in last 3 years caused by perils covered. \_\_\_\_\_ Give date and kind of loss, insurer and amount paid: \_\_\_\_\_

Any undesirable wind risk?  Yes  No Details, if yes: \_\_\_\_\_

Are any dwellings vacant?  Yes  No If yes, which one(s)? \_\_\_\_\_

Has any insurer canceled or refused similar insurance?  Yes  No

If yes, what company and why? \_\_\_\_\_

Will any of the dwellings be unoccupied for more than 120 days?

Yes  No If yes, which one(s)? \_\_\_\_\_

**(NOT APPLICABLE IN MISSOURI)**

Is there horse boarding, breeding or riding lessons given on premises?

Yes  No Give details: \_\_\_\_\_

Who was prior carrier? \_\_\_\_\_

Is there hunting, fishing, or swimming allowed on premises?

Yes  No If yes, is there a charge?  Yes  No

Other insurance company has for applicant \_\_\_\_\_

If there is livestock on the insured premises, are fences in good condition and well maintained?  Yes  No

Policy No's: \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

AGENT'S SIGNATURE \_\_\_\_\_

**ATTACH A DIAGRAM INDICATING ALL BUILDINGS. SHOW DISTANCE IN FEET BETWEEN BUILDINGS.**

**Additional Information:**

**Note:** Any person who knowingly and with intent to defraud any insurance company or other person 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.