



**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE
COMPANY COLONY NATIONAL INSURANCE COMPANY**

CONTRACT DIVISION - FARM and RANCH APPLICATION

| General Agent | | Date | |
|---|---|--------------------------------------|--|
| Retail Agent | | | |
| Applicant | | | |
| Detailed Description of Operations | | | |
| Mailing Address <small>(Incl. County)</small> | | | |
| Phone Number | | Web Address | |
| Proposed Effective Date | Expiration Date | | |
| Date Business started | Years' Experience in similar operations | | |
| <input type="checkbox"/> New Business | <input type="checkbox"/> Renewal | Expiring Policy Number | |
| Entity Type | <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation | <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Partnership |
| Does the prospective insured own any subsidiaries or have ownership in any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, explain | | | |
| Federal, State and Local Licensing current? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| Compliant with all Federal, State and Local requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| Loss History – Enter all claims or occurrences for the past 3 years <input type="checkbox"/> None Attach 3-year hard copy loss runs | | | |
| Date of Occurrence | Type of Loss | Description of Occurrence | Amount Paid |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Prior Insurance Information for the past 3 years | | | |
| Prior Carrier | Type of Insurance | Policy # | Amount of coverage |
| | | | |
| | | | |
| | | | |
| | | | |
| Has any policy been cancelled or nonrenewed in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes Explain | | | |

| LOCATION INFORMATION | | | | | | | |
|---|--|---|---|---|--|---|-------------------------------|
| Loc # | Bldg # | Address | Controlled Burns ** | Seasonal and or vacant buildings | | | |
| | | | | Seasonal | Vacant | Vacant longer than 2 years | How often is property checked |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| ** Controlled or Prescribed Burns If performed, is responding fire district notified prior to burning? <input type="checkbox"/> Yes <input type="checkbox"/> No Are burns done in compliance with all state and local regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| Farm & Ranch Liability Coverage | | | | | | | |
| \$ | Each Occurrence" Limit | | Liability Deductible | | | | |
| \$ | General Aggregate Limit | | <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 | | | | |
| \$ | Personal and Advertising Liability Limit | | | | | | |
| \$ | 50,000 | Fire Damage Limit | Exclude Products / Completed Operations <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| \$ | 1,000 | Medical Payments | | | | | |
| Total Owned / leased Acreage | | | Total Receipts | | | | |
| Animals, Crops & Aqua-Culture | | | | | | | |
| | | Species (List all) | # of Animals | Owned By | | Acreage used for grazing | |
| | | | | Insured | Others | | |
| Animals and Livestock - Hooved - FR01391 | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Animals and Livestock - Other - FR01391 | | | | <input type="checkbox"/> | <input type="checkbox"/> | N/A | |
| | | Species (List all) | Acreage or area | Organic | | Receipts | |
| Aquaculture – FR56760 | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| | | Type of Crops (List all) | Acreage or area | Organic | | Receipts | |
| Hydroponics (Rate as Aqua-Culture – FR56760) | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| | | Species (List all) | Acreage or area | Owned By | | Receipts | |
| | | | | Insured | Others | Organic | |
| Poultry – FR07230 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Crops - Hemp – FR01901 | | | | Acreage | Organic | | Receipts |
| Commercial hemp is defined as a cannabis plant that has a THC content of 0.3 % or less on a dry weight basis by U.S. Code § 1639o | | <input type="checkbox"/> Less than .3% THC <input type="checkbox"/> More than .3% THC All THC levels above .3% THC are prohibited, and coverage will not be provided | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| | | Type of Crops (List all) | | Acreage | Organic | | Receipts |
| Crops – FR01901 | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Fruits / Vegetables / Nuts | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Grains / Field Crops / Tobacco | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Trees | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Nursery Stock | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N | | Refer to Bus. Pursuits |
| Bees – FR01901 | | Number of Hives | Receipts | | | | |
| Bees – Honey | | | | | | | |

Fences

Fences Yes No

Appropriate height for animal species Yes No

Inspected and repaired as necessary on a regular basis Yes No

Liability - Business Activities

| Activity | | Receipts | Activity | | Receipts |
|--------------------------|---|----------|--------------------------|---|----------|
| <input type="checkbox"/> | Agritainment ** | | <input type="checkbox"/> | Hunting by Third Parties | |
| <input type="checkbox"/> | Airbnb / VRBO / Cabins / Vacation Rentals / Bed & Breakfast Number of Units | | <input type="checkbox"/> | Land Leased to Others Acreage _____ Purpose _____ | |
| <input type="checkbox"/> | Animal rental to others Type of Animal (s) _____ Purpose _____ | | <input type="checkbox"/> | Livestock Sales, Dealer or Merchants | |
| <input type="checkbox"/> | Archery Ranges | | <input type="checkbox"/> | Mazes / Pumpkin Patches | |
| <input type="checkbox"/> | Athletic / Sports Contests ** | | <input type="checkbox"/> | Nursery / Garden Sales - direct to public | |
| <input type="checkbox"/> | Boat or Watercraft Rental | | <input type="checkbox"/> | Orchard / Vineyard Operations for others | |
| <input type="checkbox"/> | Breeding of Animals for sale Species _____ Number of Breeding Females _____ | | <input type="checkbox"/> | Parks / Picnic Areas / Playgrounds** | |
| <input type="checkbox"/> | Buildings Leased to Others Barns / Farm Buildings _____ Dwellings (not vacation type) _____ | | <input type="checkbox"/> | Pick-Your-Own – Fruits, Nuts, Vegetables | |
| <input type="checkbox"/> | Campgrounds / Camping ** | | <input type="checkbox"/> | Produce Handling or Packing for Others | |
| <input type="checkbox"/> | Christmas Tree Sales "Cut Your Own" <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> | Retail Stores – Non-Food Items Items Sold _____ <input type="checkbox"/> On Premises <input type="checkbox"/> Off Premises | |
| <input type="checkbox"/> | Construction / Renovating / Renovation <input type="checkbox"/> Cosmetic <input type="checkbox"/> Structural GC Used? <input type="checkbox"/> Y <input type="checkbox"/> N Certificates of insurance provided <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> | Rodeos | |
| <input type="checkbox"/> | Custom Farming/Ranching ** | | <input type="checkbox"/> | Semen sales From Specific / Prize Animals <input type="checkbox"/> Y <input type="checkbox"/> N | |
| <input type="checkbox"/> | Dairy Product or Egg Sales | | <input type="checkbox"/> | Smoking of Meat, Fish or Seafood <input type="checkbox"/> For Third Parties <input type="checkbox"/> For insured use only | |
| <input type="checkbox"/> | Docks / Piers # of Docks or Piers | | <input type="checkbox"/> | Snow Removal for Others | |
| <input type="checkbox"/> | Dude Ranch | | <input type="checkbox"/> | Stabling of Animals for others – For a Fee | |
| <input type="checkbox"/> | Farmers Markets -Concession Stands – Restaurants – Retail Sales ** | | <input type="checkbox"/> | Towers – Owned by Others Number _____ Max height _____ Certificate of Insurance provided <input type="checkbox"/> Y <input type="checkbox"/> N | |
| <input type="checkbox"/> | Fishing (including tournaments) | | <input type="checkbox"/> | Trails – Hiking – Used by Others Length _____ Difficulty _____ | |
| <input type="checkbox"/> | Fostering Animals | | <input type="checkbox"/> | Vineyards / Winery / Retail Sales | |
| <input type="checkbox"/> | Fruit or Vegetable Harvesting for Others | | | Other - Describe | |
| <input type="checkbox"/> | Glamping | | <input type="checkbox"/> | | |
| <input type="checkbox"/> | Grain / Hay Sales | | <input type="checkbox"/> | | |
| <input type="checkbox"/> | Grain Milling <input type="checkbox"/> For Third Parties <input type="checkbox"/> For insured use only | | <input type="checkbox"/> | | |
| <input type="checkbox"/> | Grain Storage for Others | | <input type="checkbox"/> | | |
| <input type="checkbox"/> | Guides/Outfitters/Hunting ** | | <input type="checkbox"/> | | |
| <input type="checkbox"/> | Haunted Attractions | | <input type="checkbox"/> | | |
| <input type="checkbox"/> | Hay / Carriage Rides ** | | <input type="checkbox"/> | | |

** Additional Description of Business Activities on next page

**** Additional Description of Business Activities**

Habitational Exposures

| | | | | | |
|--------------------------|------------------------------|-------------|--------------------------|-------------------------------|--|
| <input type="checkbox"/> | # Owner Occupied Dwelling(s) | | <input type="checkbox"/> | # Employee Occupied Dwellings | |
| <input type="checkbox"/> | Bunkhouse / Dormitories | # Buildings | | # Sleeping Units | |

All habitational occupancies are required to comply with our [Life Safety Guidelines](#)

Homeowners liability and property insurance will be placed with another Carrier Yes No

If yes Carrier, Policy #, Policy Period, Liability Limit

Miscellaneous Exposures

Are alcoholic beverages served on premises? Yes No
 If yes: Who provides or serves alcohol? Applicant Vendor Event Sponsor Tenant
 Is liquor liability coverage with equal or greater limits in place? Yes No
 If vendor, event sponsor or tenant, is the applicant named as an additional insured? Yes No

| | | | | | |
|--------------------------|--|---|--|----------------------------|-----------------------------|
| <input type="checkbox"/> | Swimming Pools / Above / Below Ground | # | <input type="checkbox"/> | Jacuzzis / Spas / Hot Tubs | # |
| | Fenced w/Self Locking Gate <input type="checkbox"/> Yes <input type="checkbox"/> No | | Diving Board /Slide <input type="checkbox"/> No <input type="checkbox"/> Yes | | Height <input type="text"/> |
| | Compliant w/State and local regulations <input type="checkbox"/> Yes <input type="checkbox"/> No | | Virginia Graeme Baker Pool and Spa Safety Act <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | | | |
|--------------------------|--|--|---|------------------|--|
| <input type="checkbox"/> | # ATV's | Owned | | Rented to Others | |
| <input type="checkbox"/> | Dogs | How Many? | | Breeds | |
| <input type="checkbox"/> | Lakes, Ponds, Reservoirs | | | acres | |
| <input type="checkbox"/> | Mowing activities along public roads | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, roads are <input type="checkbox"/> Dirt/Gravel <input type="checkbox"/> Paved | | |
| <input type="checkbox"/> | Tower stands, tree/elevated blinds or stands | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Liability Coverage Options

| | | |
|--------------------------|--|---|
| <input type="checkbox"/> | Limited Fire Damage, Heat, Smoke, Fumes or Chemical Drift Coverage | Hostile Fire <input type="checkbox"/> \$ 25,000 / \$ 25,000 Included <input type="checkbox"/> \$ 50,000 / \$ 50,000 <input type="checkbox"/> \$100,000 / \$100,000 Chemical Drift \$ 25,000 / \$ 25,000 Included when coverage is selected |
| <input type="checkbox"/> | Farm Machinery or Equipment Used on Public Roads | <input type="checkbox"/> \$ 25,000 / \$ 25,000 Included <input type="checkbox"/> \$ 50,000 / \$ 50,000 <input type="checkbox"/> \$100,000 / \$100,000 |
| <input type="checkbox"/> | Identity Recovery Coverage | \$15,000 Limit |
| <input type="checkbox"/> | Limited Fungi or Bacteria Coverage | <input type="checkbox"/> \$ 25,000 Included <input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$100,000 |

| Additional Insured(S) - Liability | | | |
|-----------------------------------|------|---------|----------|
| | Name | Address | Interest |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

PROPERTY

Is any property location in an area designated by the State as a Wildfire or Brush Zone? Yes No

If yes, specify location number(s)

- Brush, grass, hedges, plants, shrubs, trees, dead vegetation is trimmed within 300 feet insured structures Y N
- Leaves, pine needles and other debris is removed from the roof, decks and gutters on a regular basis Y N
- Propane storage tanks are a minimum of 30 feet from any insured object Y N

Describe water source(s) on property (i.e. tanks, pumps, pond)

Has the fire authority approved the source of water

Miles to nearest responding fire station (paid – not volunteer)

Select Per Claim Deductible*

\$500 \$1,000 \$2,500 \$5,000 \$10,000

*Applies all property, at all locations scheduled on the policy

Dwellings

Cause of Loss*

Basic Broad Special

*Applies all dwellings, at each location scheduled

Valuation*

Dwelling and Appurtenant Structures ACV RC

Household Personal Property ACV RC

*Applies all dwellings, at all locations scheduled

| LOC # | BLDG # | Bldg Area | Construction | Year Built | Protection Class | Occupied by | | Vacant | Seasonal | Mobile Home |
|-------|--------|-----------|--------------|------------|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | | Owner | Tenant | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Building Updates

Roof

Electrical

Plumbing

Heating/AC

Roofing material

Solar Panels Yes No

If yes, is there a shut off or "kill" switch at ground level Yes No

Is primary heat source coal, pellet or wood stove? Yes No

| A – Dwelling | \$ | <table border="1"> <thead> <tr> <th colspan="4">Building Updates</th> </tr> <tr> <td>Roof</td> <td></td> <td>Electrical</td> <td></td> </tr> <tr> <td>Plumbing</td> <td></td> <td>Heating/AC</td> <td></td> </tr> </thead> </table> | | | | Building Updates | | | | Roof | | Electrical | | Plumbing | | Heating/AC | |
|-----------------------------------|----|---|--|--|--|------------------|--|--|--|------|--|------------|--|----------|--|------------|--|
| Building Updates | | | | | | | | | | | | | | | | | |
| Roof | | | | | | Electrical | | | | | | | | | | | |
| Plumbing | | | | | | Heating/AC | | | | | | | | | | | |
| B – Personal Use Structures | \$ | | | | | | | | | | | | | | | | |
| C – Household Personal Property | \$ | | | | | | | | | | | | | | | | |
| D – Personal Property Loss of Use | \$ | | | | | | | | | | | | | | | | |

| LOC # | BLDG # | Bldg Area | Construction | Year Built | Protection Class | Occupied by | | Vacant | Seasonal | Mobile Home |
|-------|--------|-----------|--------------|------------|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | | Owner | Tenant | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|-------------------------|------|------------|----------|------------|
| Building Updates | Roof | Electrical | Plumbing | Heating/AC |
|-------------------------|------|------------|----------|------------|

| | |
|------------------|--|
| Roofing material | |
|------------------|--|

| | |
|---|---|
| Solar Panels <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, is there a shut off or "kill" switch at ground level <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

| |
|---|
| Is primary heat source coal, pellet or wood stove? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

| A – Dwelling | \$ | <table border="1"> <thead> <tr> <th colspan="4">Building Updates</th> </tr> </thead> <tbody> <tr> <td>Roof</td> <td></td> <td>Electrical</td> <td></td> </tr> <tr> <td>Plumbing</td> <td></td> <td>Heating/AC</td> <td></td> </tr> </tbody> </table> | Building Updates | | | | Roof | | Electrical | | Plumbing | | Heating/AC | |
|-----------------------------------|----|--|------------------|--|--|--|------|--|------------|--|----------|--|------------|--|
| Building Updates | | | | | | | | | | | | | | |
| Roof | | | Electrical | | | | | | | | | | | |
| Plumbing | | | Heating/AC | | | | | | | | | | | |
| B – Personal Use Structures | \$ | | | | | | | | | | | | | |
| C – Household Personal Property | \$ | | | | | | | | | | | | | |
| D – Personal Property Loss of Use | \$ | | | | | | | | | | | | | |

| LOC # | BLDG # | Bldg Area | Construction | Year Built | Protection Class | Occupied by | | Vacant | Seasonal | Mobile Home |
|-------|--------|-----------|--------------|------------|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | | Owner | Tenant | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|-------------------------|------|------------|----------|------------|
| Building Updates | Roof | Electrical | Plumbing | Heating/AC |
|-------------------------|------|------------|----------|------------|

| | |
|------------------|--|
| Roofing material | |
|------------------|--|

| | |
|---|---|
| Solar Panels <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, is there a shut off or "kill" switch at ground level <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

| |
|---|
| Is primary heat source coal, pellet or wood stove? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

| A – Dwelling | \$ | <table border="1"> <thead> <tr> <th colspan="4">Building Updates</th> </tr> </thead> <tbody> <tr> <td>Roof</td> <td></td> <td>Electrical</td> <td></td> </tr> <tr> <td>Plumbing</td> <td></td> <td>Heating/AC</td> <td></td> </tr> </tbody> </table> | Building Updates | | | | Roof | | Electrical | | Plumbing | | Heating/AC | |
|-----------------------------------|----|--|------------------|--|--|--|------|--|------------|--|----------|--|------------|--|
| Building Updates | | | | | | | | | | | | | | |
| Roof | | | Electrical | | | | | | | | | | | |
| Plumbing | | | Heating/AC | | | | | | | | | | | |
| B – Personal Use Structures | \$ | | | | | | | | | | | | | |
| C – Household Personal Property | \$ | | | | | | | | | | | | | |
| D – Personal Property Loss of Use | \$ | | | | | | | | | | | | | |

Scheduled Farm Personal Property - Coverage E

Cause of Loss* Basic Broad *Applies to all Farm Personal Property, at all locations scheduled on the policy

| # | Item | Limit of Insurance |
|---|---|--------------------|
| 1 | Grain, Beans, Ground feed, "Livestock" feed, Silage, Threshed seeds - <ul style="list-style-type: none"> In buildings, structures, sacks, trucks or wagons only Does not include Hemp or Cannabis | \$ |
| 2 | Grain <ul style="list-style-type: none"> In stacks, shocks, swathes or piles – In the open only Does not include Hemp or Cannabis | \$ |
| 3 | Hay, Fodder, and/or Straw <ul style="list-style-type: none"> In buildings or structures only – Up to \$25,000 Does not include Hemp or Cannabis | \$ |
| 4 | Hay, Fodder in stacks, windrows or bales and/or Straw <ul style="list-style-type: none"> In the open only – Up to \$10,000 Does not include Hemp or Cannabis | \$ |
| 5 | Computers & Related Software <ul style="list-style-type: none"> Farm business use | \$ |
| 6 | Farm Products, Materials, Supplies <ul style="list-style-type: none"> Not hay, hemp, cannabis, grain, feed, fodder, silage, seeds, straw | \$ |
| 7 | Misc. Equipment – Values Less than \$1,000 Per Item <input type="checkbox"/> Includes Beekeeping Equipment <ul style="list-style-type: none"> Machinery, supplies, tools or vehicles usual or incidental to farm operations. | \$ |
| 8 | Rented/Borrowed - Equipment, Machinery and/or Farm Vehicles | \$ |
| 9 | Trays, Boxes, Box shooK (i.e. unassembled wood crates) | \$ |

| | | | | | | | | |
|--|--|-----------------------------------|----------------|--|---------|--------------------------|--------------------|----------------------|
| 10 | Farm Machinery, Equipment or Vehicles – Values \$1000 or greater per Item | | | | | | | |
| | <input type="checkbox"/> Includes Beekeeping Equipment <input type="checkbox"/> Includes Motorized Golf Cart | | | | | | | |
| | All Items must be scheduled for coverage to apply | | | | | | | |
| | Year | Description – Make – Model | | | | VIN/Serial Number | | Value of Item |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | Total of all Equipment | | | | | | | \$ |
| 11 | “Livestock” - Actual Death/Destruction (Animal Mortality) | | | | | | Total Limit | \$ |
| | Species | # Head | Value Per Head | | Species | # Head | Value Per Head | |
| | | | | | | | | |
| | | | | | | | | |
| 12 | Bees (Blanket Value) – Actual Death or Destruction (Animal Mortality) | | | | | | \$ | |
| 13 | Fish (Blanket Value) – Actual Death or Destruction (Animal Mortality) | | | | | | \$ | |
| 14 | Worms (Blanket Value) – Actual Death or Destruction (Animal Mortality) | | | | | | \$ | |
| 15 | “Livestock” - Collision Only | | | | | | Total Limit | \$ |
| | Species | # Head | Value Per Head | | Species | # Head | Value Per Head | |
| | | | | | | | | |
| | | | | | | | | |
| 16 | Misc. – describe i.e. nursery stock | | | | | | \$ | |
| 17 | Misc. – describe | | | | | | \$ | |
| 18 | Misc. – describe | | | | | | \$ | |
| 19 | Misc. – describe | | | | | | \$ | |
| 20 | Misc. – describe | | | | | | \$ | |
| Unscheduled Farm Personal Property - Coverage F | | | | | | | | |
| <input type="checkbox"/> | Cause of Loss* <input type="checkbox"/> Basic <input type="checkbox"/> Broad | | | | | | | |
| | Limit \$5,000 – Blanket limit for all locations listed | | | | | | | |

Barns, Outbuildings and Other Farm Structures - Coverage G

Cause of Loss* Basic Broad *Applies all Barns, Outbuildings at all locations scheduled on the policy

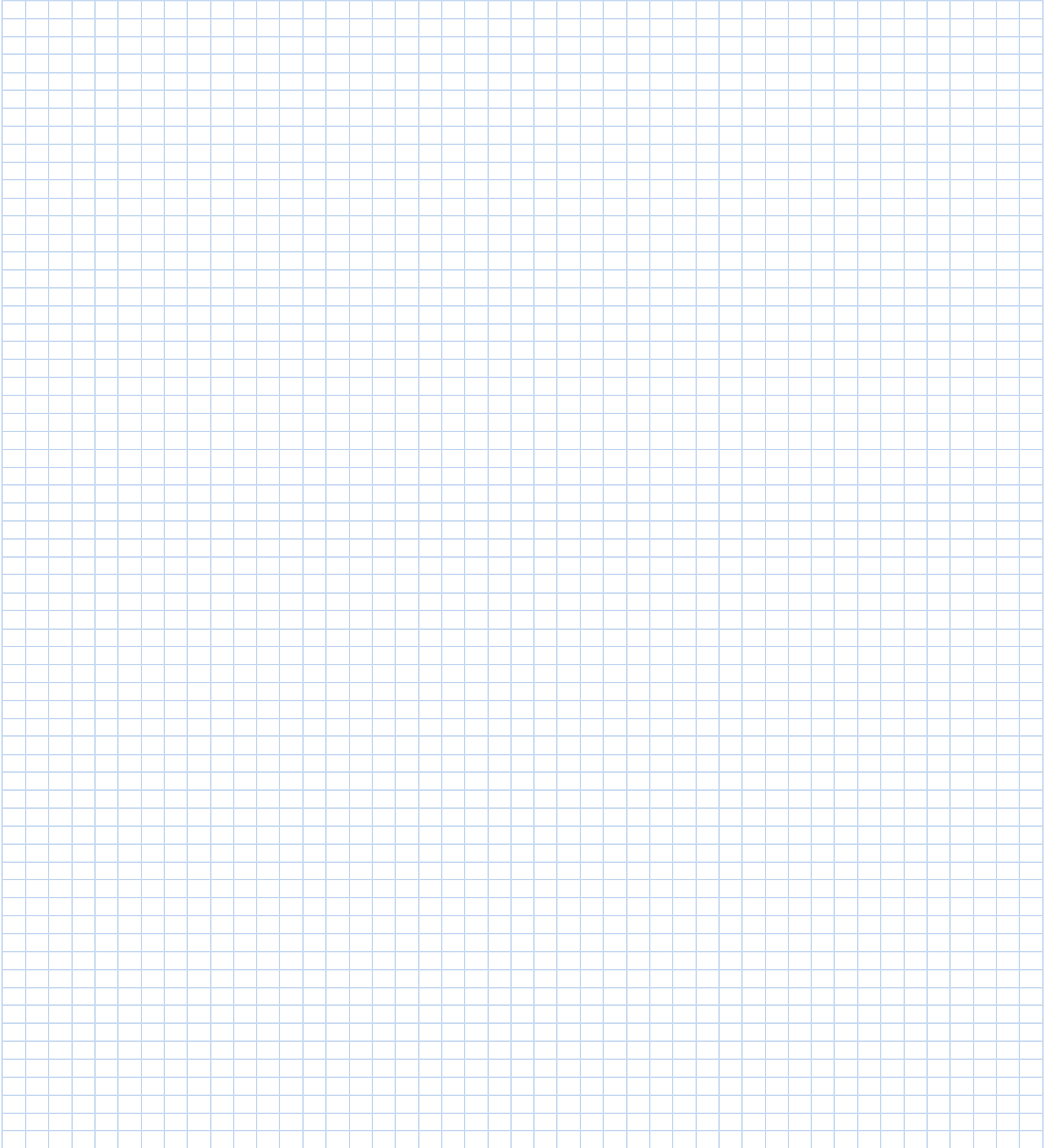
| LOC # | BLDG # | Bldg Area | Construction | Occupancy | Limit of Insurance |
|-----------------------------|--------|-----------|--------------|-----------|--------------------|
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| Total of all Farm Buildings | | | | | \$ |

Optional Property Coverage

| | | | |
|--------------------------|----------------------------------|-------------------------|--|
| <input type="checkbox"/> | Disruption of Farming Operations | \$ | |
| <input type="checkbox"/> | Equipment Breakdown | Follows Property Limits | |
| <input type="checkbox"/> | Milk Contamination Coverage | \$10,000 Limit | |

FARM/RANCH PREMISES DIAGRAM

- Identify all buildings, lakes, ponds and storage tanks
- Identify any structure(s) not to be insured for property (if applicable) with an “X” over the structure
- Indicate estimated distance between structures



FRAUD STATEMENT

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry 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.

Signature / Date: _____