



FARM/RANCH APPLICATION
 ATTACH PHOTOGRAPHS FOR ALL INSURED BUILDINGS
 INDICATE BUILDING NUMBER AND DATE TAKEN

GENERAL INFORMATION

Quote Issue

Effective Date _____

Agency _____ Producer Code _____

Named Insured _____ Insured Telephone No. _____

Mailing Address _____
 Number Street Town State Zip

Named Insured Is: Individual Corporation Partnership Joint Venture L.L.C. Other

Premium to be Paid Direct Bill Agency Bill
 Prepaid Prepaid
 Two Pay Semi-annual
 Four Pay Quarterly
 Six Pay Monthly
 Ten Pay
 Ten Equal

UNDERWRITING QUESTIONS

1. Describe Farming operations:
2. Number of years farming experience by insured:
3. Is farming the major source of insureds income? <input type="checkbox"/> Yes <input type="checkbox"/> No if no, explain
4. Are there any fire and/or burglary alarms on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and indicate kind
5. Does Insured maintain smoke detectors in employees living quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are there any UL approved lightning rods on any buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which building Master Label # (s)
7. Are any of the dwellings constructed with or contain asbestos material? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which dwellings
8. Are any livestock present on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate kind
9. Are any livestock anticipated during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, indicate kind
10. Are all livestock areas fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are livestock near any public road or highway? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. If Cattle are present on premises do you now or have you in the past supplemented cattle feed with bone meal, protein supplements or animal by-products. <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain including dates supplements where used.
13. Does the Insured slaughter, butcher, process, or otherwise prepare for "end consumer" his or any one else's cattle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Annual Income \$
14. Does Insured grow or store tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Has the Insured ever filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Does Insured prepare and sell animal feed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide details and receipts
17. Does Insured mix, process or otherwise prepare for "end consumer" his or any other grower's product? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide details and receipts.

18. Swimming pools? Yes No If Yes, Diving Board Yes No

19. Other bodies of water? Yes No If yes, describe

20. Any horses? Yes No If yes, check: Public Riding Boarding Racing Other

21. Any commercial food processing by insured? Yes No If yes, describe

22. If dairy farm, are there any processing and/or retail sales of milk products to the public? Yes No
Receipts \$ Number of cows milked?

23. Does the Insured have any camping areas or places where trailers can be parked? Yes No
Receipts \$

24. Any paying guests on premises (hunting, fishing, dude ranch or resort facility) Yes No
If yes, Annual income \$ Services Rendered

25. List all non-farming activities including: excavating snow removal or other non-farming pursuits
Describe Receipts \$

26. Does the Insured allow his premises to be used for any activities like snowmobile races, rodeos, roping contests or any other premises type activities? Yes No If yes, indicate activities and scope

27. Does the Insured rent, lease or allow any individuals, corporations or other interests to use a portion of the farm for activities other than farming? Yes No If yes, indicate activities and scope:

28. Does the Insured operate snowmobiles, four wheelers or dirt bikes? Yes No If yes, are they used exclusively on the Insured location? Yes No If no, number of vehicles used off premises:

29. Does the Insured maintain any vacation, seasonal premises or short term rental properties? Yes No If yes, provide details:

30. Is any land held for real-estate development or speculation? Yes No If yes, provide details:

31. Does the Insured plan any construction or renovation work to be done on the premises in the next 12 months? Yes No

32. Does Insured build, repair or design machinery, equipment or systems for a charge or fee? Yes No If yes, Annual income \$

33. Are there any unusual hazards on the insured premise such as, but not limited to; open dump pits, silage pits, sump holes, lakes, reservoirs, trampoline? Yes No If yes, provide details:

34. Is there an airstrip on the premises? Yes No If yes, provide type of use, who uses it and frequency of use:

35. Custom Farming Receipts \$

WHAT INSURERS, INCLUDING TRAVELERS, PRESENTLY CARRY THE APPLICANT'S COVERAGE?

Present Insurer	Coverage	Expiration Date	Premium

LIST ALL LOSSES PAST THREE YEARS FOR THE COVERAGE REQUESTED (For larger accounts attach statement of policy year premiums, losses, number of claims and any pricing modifications by coverage.)

Coverage	Date	Loss Amount	Describe loss and any corrective action

DURING THE PAST THREE YEARS HAS ANY COVERAGE BEEN CANCELLED, DECLINED, NON-RENEWED? Yes No (If yes, give dates, insurer and reasons.) (Not applicable in Missouri)

Details _____

GENERAL FRAUD STATEMENT

(Not Applicable in California, Colorado, Florida, Kentucky, Louisiana, Maine, New Mexico, New Jersey, New York,
Ohio, Pennsylvania, Rhode Island)

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

APPLICABLE IN THE STATE OF CALIFORNIA

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN THE STATE OF VIRGINIA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance.

APPLICABLE IN THE STATE OF MAINE

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits".

APPLICABLE IN THE STATE OF NEW MEXICO

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

PENNSYLVANIA 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 commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

APPLICABLE IN THE STATE OF KENTUCKY

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.

APPLICABLE IN THE STATE OF LOUISIANA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in person.

APPLICABLE IN NEW YORK STATE

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, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICABLE IN THE STATE OF OHIO

FRAUD WARNING

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD. This notice is given as required by the laws of the State of Ohio.

APPLICABLE IN THE STATE OF COLORADO

"It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory services".

APPLICABLE IN THE STATE OF FLORIDA

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

APPLICABLE IN THE STATE OF NEW JERSEY

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 commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

APPLICABLE IN THE STATE OF RHODE ISLAND

DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? YES NO

In Rhode Island, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.

The signing of this Application does not bind the Applicant or The Travelers Companies to complete this insurance unless otherwise indicated below:

Coverage Bound A.M., Date _____ Exceptions: _____
P.M

Agent _____ Applicant _____

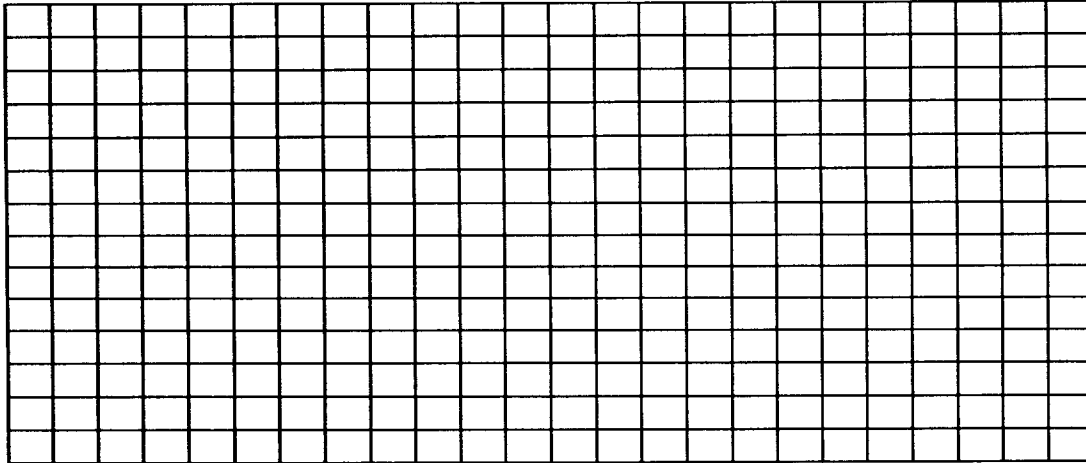
Date _____ Title _____

DIAGRAM (Provide a diagram showing insured and uninsured buildings and distance between, when there are more than two building on the premises.)

NORTH

WEST

EAST



SOUTH

Type of Farm Ranch

- (921) Berries, Fruits, & Nuts
- (923) Vegetables
- (924) Grain & Field Crops
- (925) Dairy

- (926) Poultry
- (928) Horses
- (929) Livestock-Containment
- (935) Ranches-Open Range

- (90A) Citrus
- (90B) Nurseries
- (90C) Fish Farms
- (90D) Gentlemen Farms

- (92A) Cotton
- (92B) Tobacco
- (92C) Hobby Farms
- (927) Other

Animal Collision 500 1,000 2,500
 Number of Head _____

Borrowed Farm Equipment Yes No

GENERAL LIABILITY

Total Acreage _____

Choose either:

Farm Liability OR

Commercial General Liability with:

(Personal liability and product liability is included, subject to the provisions and conditions of the coverage forms)

Personal Liability

- Included Excluded
- Included Excluded

	Limit of Insurance		Limit of Insurance
General aggregate (other than products/completed operations)	\$ _____	Employers Liability	\$ _____
Products-completed operations aggregate limit	\$ _____	Medical Payments	\$ _____
Personal and advertising injury	\$ _____		
Each occurrence	\$ _____		
Fire damage (any one fire)	\$ _____	Total Payroll	\$ _____
Medical payments (any one person)	\$ _____	Total Number of Employees	_____
		Total Farming Receipts	\$ _____

Additional insureds: (Relationship to Named Insured)
 Property or General Liability what are their insurable interests

_____ Watercraft Liability _____ Length
 _____ Horsepower

PREMISES INFORMATION List primary location 1st; other location; then other land

Loc. No.	Buildings? (Circle)	Route/Road	Section	Township	Range	County	State	Zip Code	Prot. Class
1	<input type="checkbox"/> Yes <input type="checkbox"/> No								
2	<input type="checkbox"/> Yes <input type="checkbox"/> No								
3	<input type="checkbox"/> Yes <input type="checkbox"/> No								
4	<input type="checkbox"/> Yes <input type="checkbox"/> No								
5	<input type="checkbox"/> Yes <input type="checkbox"/> No								
6	<input type="checkbox"/> Yes <input type="checkbox"/> No								
7	<input type="checkbox"/> Yes <input type="checkbox"/> No								

DWELLINGS (Including additional Dwellings) and HOUSEHOLD PROPERTY COVERAGES

Coverages and Amounts of Insurance: 10% of Coverage A amount applies to Coverage B – other Private Structures Appurtenant to Dwelling. 10% of Coverage A applies to Coverage D. Other structure must be scheduled under Coverage G.

Loc. No.	Dwelling No.	Coverage A Dwelling	Coverage C Unscheduled Personal Property (1)	Coverage D Loss of Use	Mobile Home Y/N	Type of Constr.	Rented-Others Y/N	Deductible	Causes of Loss (2)

DWELLING DETAIL INFORMATION

Dwg No.	Type 1, 2 or 3	Lighting Rod Y/N	Local Alarm Y/N	Central Station Y/N	Smoke Heat Detec Y/N(3)	Wood Stoves Y/N	Space Heater Y/N	Year Built	Year Last Up-dated	EQ. Cov Y/N	Repl, Full Bldg Repl or A.C.V.	Pers Prop R.C.	Sq Ft of Grd Floor	Occup Seas or Vac Y/N	Define Heating System and Fuel	Rural Fire District Y/N	Miles to Fire Dept	Near Water Source N/Y
1																		
2																		
3																		
4																		
5																		
6																		
7																		

Inflation Guard 0% 4% 6% 8% 10% 12% 14%

Are any dwellings/premises rented to others? Yes No If yes, describe

Mortgagee/Loss Payee _____

Agents Comments: _____

- Footnotes: (1) Options - % of Dwelling
 0% 50% 70%
 40% 60% 80%
- (2) Cause of Loss Options
 Basic
 Broad
 Special (Dwelling)/Broad (Contents)
 Special (Dwelling)/Special (Contents)
- (3) Smoke detectors are required for all dwellings

FARM PERSONAL PROPERTY APPLICATION AND INVENTORY

APPLICANT'S NAME

Indicate after each item on Inventory whether insured by {Coverage E (Scheduled Farm Personal Property)}
 (Attached Schedule if more space is needed) {Coverage F (Unscheduled Farm Personal Property)}

MACHINERY

Description	E	F	Make	Model	VIN	Cause of Loss Basic, Broad, Special	Foreign Obj. Y/N	Limit of Insurance	Ded Amt

LIVESTOCK AND POULTRY

Description	E	F	No. of Units	Unit Price	Cause of Loss Basic, Broad, Special	Limit of Insurance	Ded Amt

GRAIN, FEED, HAY OR HARVESTED PRODUCE

Description	E	F	No. of Units	Unit Price	Cause of Loss Basic, Broad, Special	Limit of Insurance	Ded Amt

Hay, straw & fodder in the open is only eligible for fire and lightning, vehicles, windstorm or hail and theft. Grain in the open is only eligible for fire of lightning, vehicles or theft.

TOOLS, EQUIPMENT AND SUPPLIES

Description	E	F	No. of Units	Unit Price	Cause of Loss Basic, Broad, Special	Limit of Insurance	Ded Amt

IRRIGATION EQUIPMENT

Description	E	F	No. of Units	Unit Price	Cause of Loss Basic, Broad, Special	Limit of Insurance	Ded Amt

Highest value of all equipment at any one location
 Which Location

