



AGRIBUSINESS INSURANCE APPLICATION

Renewal of #	APPLICANT INFORMATION SECTION	Date:
Producer: Agency Contact: Agency Phone #:	Carrier: Website:	Underwriter:
Code:	Sub Code:	Please indicate applications attached:
Status of Submission:	<input type="checkbox"/> Property <input type="checkbox"/> Farm or General Liability <input type="checkbox"/> Umbrella <small>(may not be bound)</small>	
<input type="checkbox"/> Quote <input type="checkbox"/> Issue Policy <input type="checkbox"/> Bound (give date and/or attach binder)	<input type="checkbox"/> Automobile <input type="checkbox"/> Farm personal property <input type="checkbox"/> Cargo/Transit <input type="checkbox"/> Personal articles & recreation vehicles <input type="checkbox"/> Other	
Effective Date:	Expiration Date:	Quote Desired By:
Name of Applicant:		
Mailing Address:		
City, State, Zip:		
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other		
Inspection Contact:		Accounting Contact:
Telephone #:		Telephone #:
Method of Payment:	<input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill	Number of Payments
Type of Farm or Ranch <input type="checkbox"/> (921) Berries, Fruits, & Nuts <input type="checkbox"/> (928) Horses <input type="checkbox"/> (90C) Fish Farms <input type="checkbox"/> (92E) Vineyards <input type="checkbox"/> (923) Vegetables <input type="checkbox"/> (929) Livestock-Containment <input type="checkbox"/> (90D) Estate Farms <input type="checkbox"/> (92F) Bee Keeper <input type="checkbox"/> (924) Grain & Field Crops <input type="checkbox"/> (935) Ranches-Open Range <input type="checkbox"/> (92A) Cotton <input type="checkbox"/> (927) Other <input type="checkbox"/> (925) Dairy <input type="checkbox"/> (90A) Citrus <input type="checkbox"/> (92C) Hobby Farms <input type="checkbox"/> (926) Poultry <input type="checkbox"/> (90B) Nurseries <input type="checkbox"/> (92D) Wineries		
Total number of acres:	Number of acres cultivated:	Number of acres grazed:
Farmed by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Manager <input type="checkbox"/> Other <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
How long has applicant actively farmed?		Gross farming receipts?
Date you last inspected premises and buildings?		Photo(s) attached?
Is this new business to your agency?		How long have you known applicant?
Does applicant have another source of income other than farming?		If yes, explain:
Remarks:		
Applicant's signature: _____		Agent's signature: _____
Date: _____		Date: _____

Applicant:

Producer:

PRIOR CARRIER INFORMATION				
Line	Category	Year	Year	Year
PROPERTY	Carrier	•		
	Policy No.			
	Policy Type			
	S PD			
	Mod Factor			
	Total Premium	•		
LIABILITY	Carrier	•		
	Policy No.			
	Policy Type			
	BI/CSL			
	PD			
	Total Premium	•		
OTHER	Carrier	•		
	Policy No.			
	Policy Type			
	Amount			
	Total Premium	•		

LOSS HISTORY

Enter all claims or occurrences that may give rise to claims for the prior five years Check here if none

Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed

NOTE: Fidelity requires a six year loss history See attached loss summary

Has any policy been cancelled? Yes No Nonrenewed? Yes No Declined? Yes No

Explain yes answers:

Name of prior carrier and policy number:

- Not required in California

OPERATIONS OVERVIEW

Applicant:

Producer:

ADDITIONAL INTERESTS	Affiliated or subsidiary companies to be insured	Relationship		
	Additional insureds	Interest	Sec.I	Sec.II

Loc. #	Sec.I	Sec.II	Location to be insured (incl. zip code)	*PC	# of Acres	Check if no Bldgs.	Insured's Interest		
							Owner Occupant	Lessee	Lessor
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Protection Class

SEE ADDITIONAL SCHEDULE OF OPERATIONS CP-4857A

UNDERWRITING INFORMATION

Applicant:

Producer:

PROPERTY

Please explain all "yes" answers marked with an asterisk.

1. Is there a telephone on the premises? Yes No
2. Is there a year-round usable water supply? Yes No
 - If yes, (a) Source = Well
 Pond/Lake
 - Hydrant within 1,000 ft.
 - Other
 - (b) Quantity = Less than 1,000 gallons
 1,000-3,000 gallons
 Over 3,000 gallons
3. Are any wood or coal fired stoves used in outbuildings? Yes No
4. Does applicant own rental property? Yes* No

LIABILITY

If yes is answered to any question, please explain (use reverse of form) and provide annual gross receipts or cost.

1. Are independent contractors hired to perform any farming operations? Yes No
2. Is any part of the farm used or leased for organized recreational use? Yes No
3. Does applicant build, repair or design machinery, equipment or systems for anyone at a charge or fee? Yes No
4. Does applicant mix, process, slaughter butcher or otherwise prepare for any "end consumer" his or any other grower's product? Yes No
5. Does applicant handle any product, such as seed, fertilizer, sprays, etc. for resale? Yes No
6. Are any contract or service operation performed for others such as tilling, excavating or ditching? Yes No
7. Are the farm premises open to the public for roadside stands, "U-Pick", recreational, "rent-a garden", auction sales show, food or beverage service, animal boarding, or Christmas tree sales uses? Yes No
8. Are any portions of the farm rented or leased or used by any other individual, corporation or interest for other than farming? Yes No

9. Is there any unusual hazard such as (but not limited to) open dump pits, silage pits, sump holes, lakes or reservoirs? Yes No
10. Is there an airstrip on the premises? Yes No
11. Are any "hold harmless" or "indemnifying" agreements in effect? Yes No
12. **Is the applicant engaged in any other business, profession or trade?** Yes No
13. If livestock is kept, are all areas well-fenced? Yes No
If no, please explain
Premises is in: open range area
 closed range area
14. Are the described insured premises the only premises which the applicant or spouse owns, rents or operates as a farm or ranch, or maintains as a residence, other than business property? If no, explain. Yes No
15. Any non-owned horses on any insured premises? Yes No
Any owned horses? Yes No
16. Does insured board, race, breed or rent horses? Yes No
17. Is any land held for real estate development or speculation? Yes No
18. Does applicant maintain any vacation or seasonal premises? Yes No
19. If dairy farm, is there any processing of milk? Yes No
20. If dairy farm, is there any retail sales of milk products to the public? Yes No
Receipts
21. Number of cows milked
22. Are any premises used for hunting purposes? Yes No.
 By owners: no charge fee
23. Does applicant maintain a non-farm office or private school in an insured building? Yes No
24. Is there a swimming pool on premises? Yes No
If yes, is it fenced? Yes No
Diving Board? Yes No
25. Does applicant serve on any boards for remuneration? Yes No
26. Is the applicant a subsidiary of another or does the applicant have subsidiaries? Yes No
27. Is a formal safety program in existence? Yes No

Explain Yes Answers:

AGRIBUSINESS PROPERTY

(ISO Coverage A, B, C, D & G)

Applicant:

Producer:

Property Deductible:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> Other (specify)			
Location #	Fire Protection Class		District Name				
Coverage (A, B, C, D)	R/C	Covered Causes of Loss			Limit	Rate	Premium
Main Dwelling	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	<input type="checkbox"/> Special			
Other Structures	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	<input type="checkbox"/> Special			
Household Personal Prop.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Broad	<input type="checkbox"/> Broad	<input type="checkbox"/> Special			
Loss of Use	N/A		N/A				

MAIN DWELLING (underwriting information)

Year Built	Sq. Ft.	Type of Construction	Type 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Age of Roof	Occupancy Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/>	Type of Heat	Woodstove or Wood Insert Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please complete woodstove application CP-4866
Mortgagee: Loss Payable: Address:						Are any burglary and/or fire alarms on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? Type of Alarm?	

Other Dwellings and Farm Structures (Coverage G)

No.	Description	Diag. #	Valuation*	Const.	Type Heat	Sq. Ft.	Causes of	Type 1 2 3	Limit
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Dwelling and Farm Structures Detail Information

No.	Type 1,2 or 3	Smoke/Heat Detectors Y/N	Wood Stoves Y/N	Year Built	Year Last Updated	Sq. Feet of Ground Floor	Occupied Seasonal or Vacation Y/N

* Valuation

** Causes of loss

R = RC

A = ACV

U = Utility Value (functional RC)

1 = Basic

2 = Broad

3 = Special

SEE UNIT OWNERS COVERAGE SUPPLEMENTAL APPLICATION CP-6660

SEE ADDITIONAL PROPERTY SCHEDULE CP-4857B

AGRIBUSINESS SCHEDULED FARM PERSONAL PROPERTY

(ISO Coverage E)

Applicant:

Producer:

Deductible: \$250 \$500 \$1,000 Other (specify)

Cause of Loss (Perils)
1) Basic 2) Broad
3) Special

Company Use Only	Description (include year, make, model & serial #; livestock info., etc.)	1	2	3	Custom Use	Limit of Insurance
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					
	12.					
	13.					
	14.					
	15.					
	16.					
	17.					
	18.					
	19.					
	20.					
	21.					
	22.					
	23.					
	24.					
	25.					
	26.					
	27. Transit					
	28.					
	29. Hay on premises in open (stack \$ maximum clear space ft.)					
	30. Hay on premises in barn (stack \$ maximum clear space ft.)					
TOTAL LIMIT						\$0
		Cause of Loss (perils)			Limit of	
1.	Miscellaneous tools, equipment and supplies (Not exceeding \$2,000 per item)					
TOTAL LIMIT						\$0

OPTIONAL COVERAGES

Agri-Plus II Property Endorsement <input type="checkbox"/>		
Computer Coverage <input type="checkbox"/>		
Watercraft Hull Coverage:	Year	Length
	Horsepower	
	Model/Mfg	Limit
Extra Expense <input type="checkbox"/>		
Restoring Records <input type="checkbox"/>		
Dwelling Glass <input type="checkbox"/>		
Dairy Farms Endorsement <input type="checkbox"/>		
Equine Property Endorsement <input type="checkbox"/>		
Sewer Back-up <input type="checkbox"/>		
Orchard and Vineyard Growers Property Endorsement <input type="checkbox"/>		
Disruption of Farming Operations <input type="checkbox"/>		
High Value Dwelling Endorsement <input type="checkbox"/>		
Identity Fraud Expense Coverage <input type="checkbox"/>		
Equipment Breakdown Coverage <input type="checkbox"/>		
Extended Replacement Cost Coverage		
Location Number	Building Number	RC %

AGRIBUSINESS FARM LIABILITY SECTION

Applicant:

Producer:

Coverages	Limits of Liability
Coverage H – Bodily Injury and Property Damage Liability	Each "Occurrence" Limit General Aggregate Limit
Coverage I – Personal and Advertising Injury Liability	Each "Occurrence" Limit General Aggregate Limit
Coverage J – Medical Payments	Any One Person Limit Each "Occurrence" Limit
Coverage H – Bodily Injury and Property Damage Liability Fire Damage Limit	Any One Fire
Additional Coverage b. – Damage to Property of Others	\$
Commercial General Liability <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete commercial general liability application

Code	Coverage	*ILF	Basis/Rate	Premium
<input type="checkbox"/>	Initial farm premises, 0 to 160 acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated			
<input type="checkbox"/>	Initial farm premises, 161 to 500 acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated			
<input type="checkbox"/>	Initial farm premises, 501 to 2000 acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated			
<input type="checkbox"/>	Initial farm premises, Over 2000 acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated			
01418 <input type="checkbox"/>	Additional farm premises maintained by named insured Loc. #			
09250 <input type="checkbox"/>	Additional non-farm premises occupied by insured Loc. # <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent			
05117 <input type="checkbox"/>	Additional residence rented to others, numbers of families Loc. #			
04122 <input type="checkbox"/>	Additional insured – non-relative resident			
	Additional insured			
	Additional CPL Name:			
07106 <input type="checkbox"/>	Custom farming receipts \$ (rate per \$1,000 Receipts)			
01235 <input type="checkbox"/>	Roadside stands – farm products principally on the insured farm – (rate per \$1,000 gross sales) Sales \$			
* <input type="checkbox"/>	Enhanced Pollutant Clean-up (refer to company) Limit:			
<input type="checkbox"/>	Chemical Drift			
01360 <input type="checkbox"/>	Contingent Liability for Crop Dusting by Independent Aircraft – (rate per \$1,000 cost) Cost \$ Limit \$			
<input type="checkbox"/>	Domestic Workers' Comp <input type="checkbox"/> Inservant <input type="checkbox"/> Outservant			
<input type="checkbox"/>	Animal Collision # of Livestock Limit per Head:			
<input type="checkbox"/>	Products:			
<input type="checkbox"/>	Other:			

*ILF – Increased Limits Factors

Supplemental Application (Snowmobiles, All Terrain Vehicles, Watercraft)

Named Insured

A: Snowmobiles/All Terrain Vehicles										
Unit No.	Model Year	Type (Snow/ATV)	Make	Identification Number	C.C./C.I. Displacement	Horse-power	Limit of Liability	Stated Amt. or Cost New	Where Used?	Licensed For Highway?
A1										
A2										

B: Watercraft — Under 26 feet in length.										
Unit No.	Description	Model Year	Manufacturer	Model Name and/or No.	Identification or Serial Number	Horse-power	Rated Speed	Length	Original Cost New	
B1	Boat & attached equipment								\$	
	Outboard Motor #1								\$	
	Outboard Motor #2								\$	

<input type="checkbox"/> Outboard <input type="checkbox"/> Sail <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Inbound (Prop Shaft) <input type="checkbox"/> Inboard (Jet Drive)		<input type="checkbox"/> Runabout <input type="checkbox"/> Cabin Cruiser <input type="checkbox"/> Other (describe)		<input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other		Waters To Be Navigated Use (i.e., fishing, skiing, pleasure) Operator Discount <input type="checkbox"/> U.S. Coast Guard Aux. I.D. No. <input type="checkbox"/> U.S. Power Squadron I.D. No.				
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C. Trailers				
Unit No.	Model Year	Manufacturer	Stated Amt. of Coverage	Used With (Boat, Snowmobile, Etc.)
			\$	

Coverages and limits of liability — enter limits of liability and/or deductibles for each unit.												
Unit No.	Part I				Part II	Part III				Part IV		
	Bodily Injury (Thousands) Each Person Each Occurrence		Property Damage (Thousands) Each Occurrence	Single Limit B.I. and P.D. (Thousands) Each Occurrence	Medical Payments (Dollars) Each Person	Comprehensive Enter Deductible Applicable	Collision Enter Deductible Applicable	All Risk Physical Loss-Enter Deductible Applicable	Limit of Liab. Actual Cash Value Or As Shown Below	Uninsured Motorists (Thousands) B.I. Each Person B.T. Each Accident P.D. Each Accident		
A1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
A2	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
B1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
C1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
C2	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Premiums												Premium Totals	
A1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
A2	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
B1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Other Coverages	Personal Effects Or Unattached Board Equipment	Limit of Liability \$	Unit No.	Premium \$
	Equipment	Limit of Liability \$	Unit No.	Premium \$
	Other		Unit No.	Premium \$

Coverage Parts, Forms and Endorsements Attached To and Becoming A Part of This Policy:	Total Annual Premium At Inception	\$
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Any Loss Is Payable As Interest May Appear To The Named Insured And	Unit No.	Unit No.
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Has Any Operator	Yes	No
1. Membership in an organized club concerned with any recreational vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
2. Less than one year's experience in the operation of type of vehicle or watercraft insured?	<input type="checkbox"/>	<input type="checkbox"/>

Is Any Recreational Vehicle:		
8. Stored or moored at a location other than the applicant's residence?	<input type="checkbox"/>	<input type="checkbox"/>
9. Uses as a primary residence premises?	<input type="checkbox"/>	<input type="checkbox"/>
10. Used in organized races or competitive events?	<input type="checkbox"/>	<input type="checkbox"/>
11. Equipped for amphibious use?	<input type="checkbox"/>	<input type="checkbox"/>
12. Homemade, kit built or modified from factory specifications?	<input type="checkbox"/>	<input type="checkbox"/>
13. Rented or leased to others or used for other commercial purposes?	<input type="checkbox"/>	<input type="checkbox"/>

Recreational Vehicle Condition And Equipment		
14. Does any vehicle or boat have body damage or cracked or broken glass?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is any boat equipped with a stove? (Describe installation and fuel in remarks)	<input type="checkbox"/>	<input type="checkbox"/>
16. Is any boat equipped with Coast Guard approved type fire extinguishers and personal flotation devices?	<input type="checkbox"/>	<input type="checkbox"/>
17. Is any boat equipped with auto engine converted to marine use by anyone other than the manufacturer of the boat?	<input type="checkbox"/>	<input type="checkbox"/>

You may use this page to supplement your application with any additional information.

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the applicant to provide additional information to supplement their application.