

Name of Agent, Applicant or Agency

Athena Insurance and Financial Services's

CaliforniaFarmInsurance.com

"Keeping the Farm in the Family"

P.O. Box 390, Pine Grove CA 95665
Pnone 209-223-1870 Fax 209-223-3227

Instructions. Please read carefully.

Complete the form to the best of your ability . If you need assistance in the completion of this form call 209-223-1870 or 888-299-1870 and schedule time to have one our our Agricultural Certified Agents assist you.

Note: You must print a completed copy of this application in order to "save it". You cannot email it until you print it out. Attempting to save this form will delete the data. In order to save a copy please print it out. You can then fax it to 209-223-3227 or email to insurance@athenainurance.com If you attempt to " save or "save as " the data will be lost and you will have to begin over again.Most Farm and Ranch quotes take approximately one week or longer.

Submission Requirements

1. Your must supply us with current loss runs (aka claims experience letter) from you current and past insurance carrier if you have been insured or are insured now.

2. We must have photos of all structures (even those that are to be excluded) showing all four sides of each structure. Use a number sequence to identify each structures and list the location. Show on diagram.

For example. Start with the primary residences this would be id: Location 1 building 1.

If you id. the barn Then a barn would be id: . Location 1. barn building 2. (if the barn is on the same acreage)

If the barn was on a different address location then it would be location 2. building 1.

4. All location must be listed, Even those used temporarily used.

5. All Independent contractors providing services for your operations must carry their own liability insurance and name your and your farm operations as "Additionally insured."

How much value do you place on having a dedicated Certified Agricultural Agent on your side?

How soon will you be ready to make your purchase if we can provide you with a quote?

How many other Agents / Agencies have you contacted for this quote?

Please list the names of all "Insurance carriers" with whom you "have" or "will" receive a quote

Brief Narrative:

Describe your operations. For example do you grow your vegetables from seed? How do you Harvest? Are your "own" employees used as labor or do you sub-contract? Where do you store your product? Do you transport your own goods? Do you process or manufacturer? If so describe the e process? Do you ha any hazardous waste or unusual exposures?

FARM / RANCH / ESTATE APPLICATION

Renewal of #	APPLICANT INFORMATION SECTION	Date:
CaliforniaFarmInsurance.com Broker / Agent Steve Valencia Athena Insurance and Financial Services (NIPR 2709340) P.O. Box 390 Pine Grove CA 95665 Phone 209-223-1870 Fax 209-223-3227		General Agent / Underwriter: <input type="checkbox"/> American Bankers / American Reliable <input type="checkbox"/> Rain & Hail <input type="checkbox"/> Capitol <input type="checkbox"/> Other <input style="width: 100px; height: 20px;" type="text"/>
Code:	Sub Code:	Please indicate applications attached:
Producer Email: Insurance@AthenaInsurance.com <input type="checkbox"/> Quote <input type="checkbox"/> Issue Policy (Agent use only) <input type="checkbox"/> Bound (give date and/or attach binder) {Agent use only}		<input type="checkbox"/> Property <input type="checkbox"/> Farm or General Liability <input type="checkbox"/> Umbrella <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:
Applicant Mailing Address: City, State, Zip:		
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other		
Inspection Contact:		Email:
Telephone # (Required):		Website:
Social Security / Federal Tax ID:		
Method of Payment: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill Payments: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (25%+9)		
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?		Farm Products:
Is this new business to your agency?		How long have you known applicant?
Does applicant have sources of income other than farming?		If yes, explain:
I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. The insured assigns as security for the total premium and/or fees payable any and all unearned premiums which may become payable. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary.		
Applicant's signature: Date:		Agent's signature: Date:

Print Name

Print Name

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

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

Has any policy been cancelled? Yes No Non-renewed? Yes No Declined? Yes No

Explain yes answers:

Name of prior carrier and policy number:

• Not required in California

OPERATIONS OVERVIEW

Applicant

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 (Include County and Zip Code)	*PC	# Acres	Check if NO Buildings	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

PROPERTY

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

Protection: All questions must be answered or application will be returned

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 (Explain)

(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

5. **Distance To Fire Dept:** _____ Miles
Response Time _____ Minutes

Is it a Paid Full Time Department? Yes No
If NO distance to nearest paid department? _____ Miles

6. Are any burglary and or fire alarms on the premises? Yes No
 If yes, Monitored? 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

If Yes, how many?

Any Owned horses? Yes No

If Yes, how many?

16. Does insured board, race, breed or rent horses? Yes No

[If Yes, Complete Equine Supplement](#)

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

Number of cows milked

21. _____
 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?
 Diving Board?

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:

Copy this page for multiple locations

FARM / RANCH / ESTATE PROPERTY

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

Copy this page for multiple locations

Applicant

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	Age of Roof	Occupancy		Type of Heat	Manufactured or Mobile Home?
		<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Incombustible			Type of Roof	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Permanent Seasonal		<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/>	<input type="checkbox"/>	Age of Unit	Wood stove or Insert? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgagee: Loss Payable: Address:						Are any burglary and/or fire alarms on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Alarm? <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> Smoke Detect			

Other Dwellings and Farm Structures (Coverage G)

Loc / Bld	Building Description	Diag. #	Valuation* RC / ACV	Type of Construction	Causes Loss**	Building Type 1 2 3	Insured Limit
							\$
							\$
							\$
							\$
							\$
							\$
							\$

Dwelling and Farm Structures Detail Information

Loc / Bld	Type Heat	Smoke/Heat Detectors Y/N	Wood Stoves Y/N	Year Built	Year Last Updated	Sq. Feet Ground Floor	Occupied Seasonal or Vacation Y/N

* Valuation

R = RC A = ACV U = Utility Value (functional RC)

** Causes of loss form

1 = Basic 2 = Broad 3 = Special

Refer to page 10 for definitions

Attachments: Replacement Cost Estimator Dwelling / Outbuilding Survey

SCHEDULED FARM PERSONAL PROPERTY (ISO Coverage E)

Applicant

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						\$
		Cause of Loss (perils)			Limit of	
1.	Miscellaneous tools, equipment and supplies (Not exceeding \$2,000 per item)					
TOTAL LIMIT						\$

UNSCHEDULED FARM PERSONAL PROPERTY (ISO Coverage F)

Applicant

Agricultural Produce	# of Units	Unit Price	Total Value	Agricultural Machinery and Implements	# of Units	Unit Price	Total Value	Agricultural Tools, Equipment and Supplies	# of Units	Unit Price	Total Value														
Barley		\$	\$	Tillage: Tractors Discs Harrowes Plows Other				Agricultural Chem Fertilizers Herbicides Insecticides Pesticides Air Compressors Bins Boxes and Box Shook ElectricMotors Farm Lubricants Fencing and Posts Gasoline/Diesel Fuel Hand Tools Materials and Supp Milking Equipment Office Equipment																	
Corn		\$	\$																						
Fodder		\$	\$																						
Fruit		\$	\$																						
Ground Feed		\$	\$																						
Hay		\$	\$																						
Mfg. Stock Feed		\$	\$																						
Nuts		\$	\$																						
Oats		\$	\$																						
Silage		\$	\$																						
Soybeans		\$	\$	Cultivating: Cultipackers Cultivators Drills Planters Rotary Hoes Seeders Spreaders Sprayers																					
Straw		\$	\$																						
Wheat		\$	\$																						
Total Value \$																									
Poultry	# of Birds	Unit Price	Total Value								Harvesting: Picking				Equipment										
Chickens											Augers Blowers Choppers Combines Corn Pickers Cotton Pickers Driers Elevators (Port.) Forage Harvesters Grain Cleaners Grain Heads Grape Harvesters Hay Balers Mowers Nut Shakers Rakes Rice Harvesters Roods Silo Filters Silo Unloaders Tomato Harvesters Wagons				Poultry Equipment Power Tools Saddles and Tack Spare Parts Tires Vet Supplies Welders and Torches										
Turkeys																									
Total Value \$0																									
Livestock	# of Head	Unit Price	Total Value																						
Dairy Cows																									
Dairy Heifers																									
Dairy Calves																									
Beef Cows																									
Beef Calves																									
Feeder Cattle																									
Bulls																									
Sows and Gilts																									
Boars																									
Feeder Pigs																									
Ewes																									
Rams																									
Lambs																									
Horses																									
Mules																									
Total Value \$0				Total Value \$0				Total Value \$0																	

IF EXCLUSION OF PROPERTY FROM BLANKET COVERAGE IS DESIRED, PLEASE LIST THE SPECIFIC ITEMS ON PAGE 8

	Limit of Insurance		
Agricultural Poultry LIMITS OF INSURANCE	Produce	\$	
	Livestock	\$	
	Agri. Machinery & Implements	\$	
	Agri. Tools, Equip. & Supplies	\$	
	Irrigation	Equipment	\$
Total		\$	
			Rate Premium
		X	= \$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"/>				

CLASSIFICATION OF BUILDINGS AND STRUCTURES

The dwellings, barns and other structures on the farm property are classified in accordance with minimum requirements for each type of building and structure. There are three types of dwellings classified, three types of barns and outbuildings, and three types of silos. The following are important features of the classification system:

TYPE 1 DWELLINGS (minimum insurance of \$40,000; \$12,000 for tenants): must be of superior character and in excellent condition, showing evidence of proper maintenance and good housekeeping, and with roof in excellent repair. Foundation must be continuously enclosed (porches excepted) and building must have interior plumbing, a modern electrical system, be in good condition, and properly installed by a competent electrician in compliance with local building code requirements.

TYPE 2 DWELLINGS (min. limit: \$25,000; tenants: \$8,000) Must have good quality interior and exterior modern construction in good condition with proper maintenance and housekeeping and with a roof in good repair.

TYPE 3 DWELLINGS are those not eligible for types 1 or 2 classifications.

TYPE 1 BARN, STABLE OR OUTBUILDING (min. Limit of Insurance: \$10,000) Must have superior characteristics and be in excellent repair. No floor or mow above the lowest ground level and not exceeding a height of 26 feet from the lowest ground level to peak. The foundation under all exterior walls must be continuous and of mortared masonry or concrete construction. The door must be incombustible, and the building must be fully enclosed with no open sheds attached. No hay or straw storage is permitted.

TYPE 2 BARN, STABLE OR OUTBUILDING (min. limit: \$5,000) Must have better than average characteristics and maintenance. Conforms to the same foundation requirements of type 1. Building must be framed on poles of minimum six inch diameter at ground line, set a minimum of four feet below the ground. Must be fully enclosed and open sheds are permitted at an additional premium charge. Hay or straw storage is permitted.

TYPE 3 BARNS, STABLES AND OUTBUILDINGS: are all buildings not eligible for type 1 or 2 classifications. They also may be constructed for crop drying, grain grinding, seed grain cleaning, and drying, alfalfa or hay chopping; private greenhouses and portable buildings and structures.

FARM PROPERTY COVERED CAUSES OF LOSS – Refer to coverage form for complete descriptions / limitations

BASIC COVERAGE

- Fire or lightning.
- Coverage is excluded for loss or damage to buildings or contents of a tobacco barn, if loss results from the use of open fire for curing or drying tobacco in the barn, and occurs during, or within the 5-day period following, open-fire curing or drying.
- Windstorm or hail, excluding loss caused by frost or cold weather; ice, snow or sleet, whether driven by the wind or not.
- Livestock or poultry is not covered under this peril when caused by running into streams, ponds or ditches, or against fences or other objects; smothering; or resulting from fright. Livestock or poultry is not covered when loss is caused by freezing or smothering in blizzards or snowstorms; or loss to dairy or farm products in the open (other than hay, straw or fodder).
- Explosion. - The policy excludes loss under Coverages E, F and G caused by explosion of alcohol stills, steam boilers, steam pipes, steam engines, or steam turbines owned, leased or operated by the insured and electric arcing, rupture or bursting of pipes, pressure relief devices, or as the result of water swelling or expanding the contents of any building or structure.
- Riot or civil commotion.
- Coverage includes acts of striking employees at the insured location, and looting occurring at the time of the riot or civil commotion.
- Aircraft.
- Vehicles.
- Smoke, excluding smoke from agricultural smudging or industrial operations.
- Vandalism.
- Loss is excluded if the dwelling has been vacant for more than 30 days.
- Theft, including attempt thereat.

The Farm Property Form includes the cause of loss of theft in its Causes of Loss section which is not included in most Commercial Property Forms (see PF&M section 130.6-1).

BROAD COVERAGE

The covered causes of loss under the basic form, plus the following:

- Electrocution of covered livestock.
- Attacks on covered livestock by dogs and wild animals, except loss or damage to sheep, or caused by dogs or wild animals owned by the insured, employees, or other persons residing on the premises.
- Accidental shooting of covered livestock, excluding damage caused by insured, employees or other resident persons.
- Drowning of covered livestock from external causes, except drowning of swine less than 30 days old.
- Loading/unloading accidents, meaning sudden, unforeseen and unintended events, causing or necessitating death of covered livestock and occurring while being unloaded or loaded on to transporting vehicles.
- The cause of loss does not include loss caused by or resulting from disease.
- Breakage of glass.
- Falling objects.
- Weight of ice, snow or sleet.
- Sudden and accidental tearing apart, cracking, burning, or bulging of a steam or hot water heating system, an air conditioning or automatic fire protective system, or appliance for heating hot water, except loss caused by or resulting from freezing.

- Accidental discharge or leakage of water or steam as a result of the above cause of loss.
- The broad form of the policy will pay for personal property damaged by leaking water or steam, and if parts of the building or structure have to be torn out and replaced in order to make repairs to the damaged system or appliance.
- The policy excludes the cost to repair the defect that caused the leakage; loss or damage caused by continuous or repeated seepage or leakage; loss or damage caused by discharge or overflow occurring off the insured location; for loss on a building vacant more than 30 days; and for loss or damage caused by or resulting from freezing.
- Freezing of a plumbing, heating, air conditioning, or automatic fire protective system or a household appliance.
- The policy excludes losses while vacant, unoccupied, or being constructed, unless the insured uses reasonable care to maintain heat in the building or to shut off the water supply and drain the appliance or system.
- Sudden and accidental damage from artificially generated electrical current (Coverages A, B, C and D).
- Coverage is excluded for loss or damage to tubes, transistors or similar electronic components.

SPECIAL COVERAGE

Covered Causes of Loss means risks of direct physical damage, unless the loss is excluded. The following are exclusions applicable to special coverage in the Farm Property form:

- Fire, if loss or damage is sustained by buildings or contents usual to tobacco barns, as a result of using open fire to cure or dry tobacco, and occurs while tobacco is being fired or within a 5-day period thereafter.
- Collapse, except as provided in the additional coverage entitled Collapse.
- Windstorm or hail to dairy or farm products in the open, or watercraft or their trailers, furnishings, equipment and motors, unless in fully enclosed building.
- Rain, snow, ice, or heat to personal property in the open.
- Rain, snow, sleet, sand, or dust, whether driven by wind or not, to the interior of a building or structure or property within, unless the building first sustains wind or hail damage to roof or walls.
- Freezing or thawing, or pressure or weight of water or ice to foundations, retaining walls, pavements, patios, fences, swimming pools, or bulkheads, docks, piers, or wharves.
- Discharge or overflow of water or steam from plumbing, heating, air conditioning, or automatic fire protective systems or within a household appliance, if in the form of continuous seepage over a long period; is caused by discharge taking place off the insured location; caused by freezing in a vacant or unoccupied building, unless heat is properly maintained or the water supply is shut off; if in a building or structure vacant for more than 30 days.
- Freezing of plumbing, heating, air conditioning, or automatic fire protective system, unless heat is maintained or the water is shut off.
- tires or inner tubes if caused by collision, upset or overturn; contact between a tractor and an implement during towing, hitching or unhitching; foreign objects taken into any farm machine or mechanical harvester; and contact of a vehicle with a roadbed or ground, causing loss to farm machinery.
- Artificially generated electrical current that disturbs electrical devices, appliances and wires, and to tubes, transistors or other electronic components (under Coverage A, B, C and D).

FARM / RANCH / ESTATE LIABILITY SECTION

Applicant

Coverage	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 Equine Liability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete commercial equine liability supplement	Automobile Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No Submit ACORD automobile application	Excess Liability? <input type="checkbox"/> Yes <input type="checkbox"/> No Complete excess liability application

Code	Coverage *ILF	Premium Basis/Rate			
<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"/> In-servant <input type="checkbox"/> Out-servant				
<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)

Applicant

A: Snowmobiles/All Terrain Vehicles									
Unit No.	Model Year	Type (Snow/ATV)	Make Identification	Number C.C./C.I.	Displacement	Horse-power	Insured Value	Where Used?	Licensed For Highway?
A1							\$		
A2							\$		

Operator Information		Snowmobiles/All Terrain Vehicles/ Watercraft			
Operator Name	Date of Birth	Driver License Number	Gender	Marital Status	Accidents / Citation past 36 months

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								\$

Power	Type of Hull	Construction	Waters To Be Navigated
<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	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.

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 Pr (Thousands) Damag	roperty (Thousands) Occurrence	Single Limit B.I. and P.D. (Thousands) Each Person	Medical Payments (Dollars)	Compre-hensive Enter Deductible Applicable	Collision Enter Deductible Applicable	All Risk Physical Loss-Enter Deductible Applicable	Limit of Liab. Actual Cash Value Or As Shown Each Below Person	B.I. Each Accident	Uninsured Motorists (Thousands) B.T	P.D. Each Accident	
A1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
A2	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
B1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
C1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
C2	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	

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

Loss Is Payable Unit	Unit No.	No.

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:	Yes	No
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	Yes	No
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"/>

Residential Dwelling Survey

Insured	Acct Date	
Site Address	Inspector	
City, State	Bld #	

Owner Occupied Tenant Occupied Farm Manager Employee Vacant Other _____

Insured Amount \$ _____ Replacement Cost Actual Cash Value

Quality of Construction	Construction Type	General Condition
<input type="checkbox"/> Average or Standard <input type="checkbox"/> Semi-Custom <input type="checkbox"/> Custom	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Frame & Stucco <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> 1 Story <input type="checkbox"/> 2 Story	<input type="checkbox"/> Excellent - Above Average <input type="checkbox"/> Good - Average <input type="checkbox"/> Poor - Below Average
Year of Construction:		
Year Remodeled:	Total Sq Ft Under Roof:	Total Acres:

Attachments Renovation	Roof Covering	Condition
Garage <input type="checkbox"/> Yes <input type="checkbox"/> No Porch <input type="checkbox"/> Yes <input type="checkbox"/> No _____ sq ft Deck <input type="checkbox"/> Yes Steps <input type="checkbox"/> Yes <input type="checkbox"/> No Construction _____ Condition _____ Hand Rail <input type="checkbox"/> Yes <input type="checkbox"/> No	Renovation dates: _____ Heating _____ Plumbing _____ Roofing _____ Wiring _____	<input type="checkbox"/> Composition <input type="checkbox"/> Asphalt <input type="checkbox"/> Shingle <input type="checkbox"/> Slate <input type="checkbox"/> Tile <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shake <input type="checkbox"/> Other <input type="checkbox"/> Foam
Has building been remodeled <input type="checkbox"/> Yes <input type="checkbox"/> No Extent: _____		
Approx Age: _____ <input type="checkbox"/> New <input type="checkbox"/> Average <input type="checkbox"/> Patched <input type="checkbox"/> Worn/Poor		

Fencing: Wood Block Pipe Chain Link Wire Barbed Wire Other

Heating Air	Conditioning	Plumbing
<input type="checkbox"/> Gas: <input type="checkbox"/> Natural <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other	<input type="checkbox"/> None <input type="checkbox"/> Central <input type="checkbox"/> Evaporative <input type="checkbox"/> Window/Wall	<input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> Galvanized

Wiring Safe Poor* Open Splices* Over fused* * Explain in narrative
 Type: Conduit Romex Other* _____ Protection: Circuit Breakers Fuses
 Extension Cords / Multi-tap Outlets? Yes* No Any temporary wiring? Yes* No

Alarm Systems	Responding Fire Dept:
Burglar Alarm? <input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Central Station Fire Alarm? <input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Battery <input type="checkbox"/> Hard Wired * Monitored system mandatory if dwelling over \$500,000	Name: _____ <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer Protection Class: _____ Distance to station: _____ Miles Estimated Response time: _____ Minutes Water Source <input type="checkbox"/> Hydrant <input type="checkbox"/> Well <input type="checkbox"/> Other Distance to hydrant: _____
Gated Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Swimming Pool <input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dogs? # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Brush Hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trampoline? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

Refer to diagrams, photos, Replacement Cost Estimator and other supplements attached.