

BROKER:			
Policy period: From:		To:	12:01 A.M. standard time at the address of the Applicant

APPLICANT INFORMATION			
Name:			
Mailing address:			
If applicant does not reside on the farm, provide applicant's legal address including lot, concession number (if applicable) and postal code:			
Loss, if any, payable to:			
Contact name and phone number for inspection:			
Website Address:		E-Mail address:	
Number of years in Farming Business:	Date of Birth:	Is applicant a full time farmer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If No, provide details including other occupation:			

OPERATIONS	
Type of Farm:	
<input type="checkbox"/> Apiary <input type="checkbox"/> Beef <input type="checkbox"/> Cash Crop <input type="checkbox"/> Dairy <input type="checkbox"/> Ginseng <input type="checkbox"/> Hobby <input type="checkbox"/> Hog <input type="checkbox"/> Horse <input type="checkbox"/> Livestock <input type="checkbox"/> Orchard <input type="checkbox"/> Poultry <input type="checkbox"/> Tobacco <input type="checkbox"/> Vegetable <input type="checkbox"/> Other (describe):	*** Hog, Poultry & Horse Questionnaires must be completed.
Any other business conducted on the premises? If Yes, provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any of the buildings insured not used for farming purposes? If Yes, provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the farm for sale? If Yes, provide details :	Yes <input type="checkbox"/> No <input type="checkbox"/>

PRIOR EXPERIENCE AND LOSS HISTORY			
Has the Applicant had any farm related losses including pollution or environmental losses in the past 5 years? If Yes, provide full details below:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Loss	Description of loss	Type of policy (Property)	Amount Paid
Has any Insurer declined, cancelled or refused to renew coverage including pollution liability in the last 5 years? If Yes, provide details:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Farm Insurer Name and Policy Number: _____			
Current Pollution Liability Insurer Name and Policy Number (if requesting pollution coverage): _____			
Other Insurance w/ Aurora Underwriting Solutions: Yes <input type="checkbox"/> No <input type="checkbox"/> Policy Number: _____			

THIS PAGE MUST BE COMPLETED FOR EVERY DWELLING

FARM DWELLING – OWNER OCCUPIED, SEASONAL OR RENTED (If additional dwelling, complete this section for each dwelling to be insured)

Location Address, including road, 911 number, lot and concession number and township:

Occupant details: Relationship to applicant:

If dwelling is rented out does Landlord require tenant to carry a Tenant's Package policy? Yes No

<u>OCCUPANCY:</u>	<u>STRUCTURE:</u>	<u>CONSTRUCTION:</u>	<u>RENOVATION:</u>	<u>Year</u>	<u>Full</u>	<u>Partial</u>
Primary <input type="checkbox"/>	Single dwelling <input type="checkbox"/>	Fire Resistive	Heating			
Secondary <input type="checkbox"/>	2-3 dwellings <input type="checkbox"/>	Frame <input type="checkbox"/>	Wiring			
Seasonal <input type="checkbox"/>	4 dwellings and more <input type="checkbox"/>	Masonry <input type="checkbox"/>	Plumbing			
Rental <input type="checkbox"/>	Mobile Home <input type="checkbox"/>	Masonry Veneer <input type="checkbox"/>	Roofing			
Vacant <input type="checkbox"/>	Tenants <input type="checkbox"/>	Masonry/Non Combustible <input type="checkbox"/>	Roof Type:			
Unoccupied <input type="checkbox"/>	Other <input type="checkbox"/>	Non Combustible <input type="checkbox"/>				
Under Construction <input type="checkbox"/>						

<u>PRIMARY HEATING:</u>	<u>AUXILIARY HEATING:</u>	<u>OIL TANK:</u>	<u>Electrical:</u>
Bi-energy (oil with other fuel) <input type="checkbox"/>	Approved Floor-model heating appliance <input type="checkbox"/>	Year:	Amps:
Central – All Types <input type="checkbox"/>	Gas appliance <input type="checkbox"/>	Inside <input type="checkbox"/>	<input type="checkbox"/> Breakers <input type="checkbox"/> Fuses
Central – Hot Air <input type="checkbox"/>	None <input type="checkbox"/>	Outside <input type="checkbox"/>	<input type="checkbox"/> Knob & tube <input type="checkbox"/> Copper
Central – Hot Water <input type="checkbox"/>	Oil Appliance <input type="checkbox"/>	Above ground <input type="checkbox"/>	<input type="checkbox"/> Aluminium
Central – Oil Combination (Wood with other fuel) <input type="checkbox"/>	Other type of heating <input type="checkbox"/>	Under ground <input type="checkbox"/>	
Combination furnace without wood <input type="checkbox"/>	Portable electric space heaters <input type="checkbox"/>	12 Gauge <input type="checkbox"/>	Plumbing:
Furnace <input type="checkbox"/>	Solid fuel heating appliance <input type="checkbox"/> Farm Woodstove Questionnaire required	14 Gauge <input type="checkbox"/>	Copper % Plastic %
Heat Pump <input type="checkbox"/>		Fibreglass <input type="checkbox"/>	Water Heater Year:
Multiple systems in building <input type="checkbox"/>	Use of Auxiliary Heating:	Other <input type="checkbox"/>	Automatic water shut off <input type="checkbox"/>
Radiant Heat <input type="checkbox"/>	Regular <input type="checkbox"/>		Water leak detector:
Skirting-boards <input type="checkbox"/>	Emergency <input type="checkbox"/>	Is there a Sump Pump? Yes <input type="checkbox"/> No <input type="checkbox"/>	Monitored <input type="checkbox"/> Monitored integral group <input type="checkbox"/>
Stove (space heater appliance) <input type="checkbox"/>	Not Used <input type="checkbox"/>	Battery Backup on Pump? Yes <input type="checkbox"/> No <input type="checkbox"/>	Backwater valve (sewer backup valve) <input type="checkbox"/>
Out door wood furnace <input type="checkbox"/>	Heating Unit professional installation:	Is basement finished? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other <input type="checkbox"/>			

<u>Fire Protection:</u>			
<u>Distance to fire hydrant:</u>	<u>Distance to fire hall:</u>		
No Hydrants <input type="checkbox"/>	Less than 2.5 km <input type="checkbox"/>	Unprotected <input type="checkbox"/>	
No operating hydrants <input type="checkbox"/>	2.6 km to 5 km <input type="checkbox"/>		
Operating within 500ft <input type="checkbox"/>	5.1 km to 8 km <input type="checkbox"/>		
Operating within 1000ft <input type="checkbox"/>	More than 8 km <input type="checkbox"/>		

<u>Security System:</u>			
<u>Fire</u>	<u>Burglar</u>		
Other <input type="checkbox"/>	None <input type="checkbox"/>	Line Protection: <input type="checkbox"/>	
Protection Program <input type="checkbox"/>	Local <input type="checkbox"/>	Protection:	
Remote alarm (connected to Fire Hall) <input type="checkbox"/>	ULC Listed Central Station <input type="checkbox"/>	Area <input type="checkbox"/>	
	Not ULC Listed Central Station <input type="checkbox"/>	Perimeter <input type="checkbox"/>	
Smoke Detectors: <input type="checkbox"/> Yes <input type="checkbox"/> No	ULC Listed Monitoring Station <input type="checkbox"/>		
Sprinkler:	Not ULC Listed Monitoring Station <input type="checkbox"/>	Monitored by:	
No Sprinkler <input type="checkbox"/>		Alarm Cert. attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
100% <input type="checkbox"/>		Security Type:	
Less than 100% <input type="checkbox"/>			

HOMEOWNERS COVERAGE: FORMS, LIMITS AND DEDUCTIBLES - <input type="checkbox"/> BROAD FORM <input type="checkbox"/> COMPREHENSIVE			
Limit	\$	Deductible	\$
SECONDARY/RENTAL/SEASONAL/TENANTS: <input type="checkbox"/> Broad Form <input type="checkbox"/> Named Perils			
Forms	Secondary/Rental Broad Form <input type="checkbox"/> Named Perils <input type="checkbox"/>	Seasonal Dwelling Named Perils <input type="checkbox"/>	Tenant's Package Broad <input type="checkbox"/> Comprehensive <input type="checkbox"/>
Limit	\$	Deductible	\$
ADDITIONAL COVERAGES HOMEOWNERS		ADDITIONAL COVERAGES SECONDARY/SEASONAL	
Guaranteed Replacement Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rental Income	Yes <input type="checkbox"/> No <input type="checkbox"/>
Single Limit Endorsement	Yes <input type="checkbox"/> No <input type="checkbox"/>	Seasonal – Vandalism & Malicious Acts	Yes <input type="checkbox"/> No <input type="checkbox"/>
Identity Theft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Secondary/Seasonal – Burglary Damage to Bldg.	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Secondary/Seasonal – Optional Burglary & Robbery	Yes <input type="checkbox"/> No <input type="checkbox"/>

FARM BARN AND OUTBUILDINGS										
Occupancy	Size	Year Built	Construction Walls	Construction Roof	Heating Type	Coverage (NP or BF)	ACV	RC	Deductible \$	Amt. of Insurance
							<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"/>		
Describe type of lighting protection system:										
Hydro Poles and Transmission Lines – on property Yes <input type="checkbox"/> No <input type="checkbox"/>										
Are any of the buildings Insured vacant? Yes <input type="checkbox"/> No <input type="checkbox"/>										
If Yes, provide details:										

FARM LIVESTOCK – Please complete Appropriate Questionnaire					
Scheduled Animals & Description	Registration #	Limit per Head	# of Head	Deductible	Amount of Insurance
Coverage Required: <input type="checkbox"/> Broad Form <input type="checkbox"/> Consequential Loss <input type="checkbox"/> Heat Prostration If Yes, complete Hog/Poultry Questionnaire					
<input type="checkbox"/> Named Perils <input type="checkbox"/> Attack by wild dog (sheep or goats only) <input type="checkbox"/> Entrapment and Loading					

FARM EQUIPMENT - <input type="checkbox"/> SCHEDULED <input type="checkbox"/> BLANKET <input type="checkbox"/> TACK						
Item #	Type of equipment	Model Year	Manufacturer	Serial Number	Deductible	Amount of Insurance
1.	Miscellaneous Unscheduled equipment maximum of \$2500. per item					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

FARM PRODUCT			
Item #	Item Description	Deductible	Amount of Insurance
1.			
2.			
3.			
4.			
5.			

- Stock reporting form required: Average Limit \$_____ Max Limit \$_____

Item #	Description of Articles	Amount of Insurance
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

BUSINESS INTERRUPTION

<input type="checkbox"/>	Profits	Limit:
<input type="checkbox"/>	Gross Earnings Mercantile Non-Manufacturing	Limit:
<input type="checkbox"/>	Gross Earnings Manufacturing	Limit:
<input type="checkbox"/>	Earnings Insurance No Co-Insurance	Limit:
<input type="checkbox"/>	Extra Expense	Limit:

FARMERS LIABILITY - Indicate location including rented or leased farms

Loc. #	Location address, including road, 911 number, lot and concession number, Township and Postal Code	Use	Acreage
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
OTHER OPERATIONS		REVENUE	
1.			
2.			
3.			
4.			
5.			

If custom farming, provide full description:

Gross revenue generated in the past 12 months?

Number of acres on farm?

Number of acres in crops?

Any sales to United States? Yes No

If Yes, provide details including revenue:

ADDITIONAL NAMED INSURED

Name of Additional Named Insured	Relationship to Insured

LIMITED POLLUTION LIABILITY

Any application of chemical fertilizers, insecticides, pesticides or herbicides away from premises you own, rent, lease or farm (other than a neighbourly exchange of labour)?

Yes No

If Yes, provide details:

Any processing, storage or sales of chemical fertilizers, insecticides, pesticides or herbicides other than for own use?

Yes No

If Yes, provide details:

Any storage or usage of polychlorinated biphenyl's (PCB's), other than those in hydro transformers in current use?

Yes No

If Yes, provide details:

Are you in compliance with all Federal, Provincial and Municipal statutes, standards and regulations regarding environmental protection? Yes No

If No, provide details:

Are there any ponds, creeks, rivers or other bodies of water on or immediately adjacent to premises you own, rent, lease or farm?

Yes No

If Yes, provide details:

Additional Comments:

COVERAGES REQUIRED

Coverage description	Amount of Insurance Required
Farm Liability	
Tenant's Legal Liability – \$250,000 limit included	
Non-owned Automobile Liability	Included
Limited Pollution Liability	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000
Umbrella Liability (completed application required)	
Other coverage:	

BROKER'S REPORT

Provide date the property was last inspected by you:

Was an interior inspection of the insured building(s) completed? Yes No If Yes, please advise the following:

What is your opinion of housekeeping? Excellent Good Average Poor

What is your opinion of maintenance? Excellent Good Average Poor

Are all buildings insurable for windstorm? Yes No

If No, indicate which buildings should be excluded:

Are all buildings insurable for snowload? Yes No

If No, indicate which buildings should be excluded:

Is applicant personally known to you? Yes No

How long has applicant lived on the farm?

Do you recommend acceptance of this risk? Yes No

If No, provide an explanation:

Additional Notes:

DRAW A DIAGRAM OF ALL BUILDINGS ON THE PREMISES.

INCLUDE INSURED OR UNINSURED BUILDINGS

SHOW OCCUPANCY OF ALL BUILDINGS

SHOW DISTANCE IN FEET OR METRES BETWEEN BUILDINGS

NORTH

WEST

EAST

SOUTH

Include Photographs and number them to correspond with the buildings on the diagram

DECLARATION

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada. Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker, or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. **THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED**

- I certify that all statements made in this application are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied, shall form the basis of any contract of insurance agreed upon.
- I undertake to inform Underwriters of any material change to these facts occurring before the completion of the contract.

Signatures(s) of All named Insureds (only required if binding):

Full Name(s):

Position(s) Held at Insured:

Date: