

Dwelling (Coverage A, B, C and D) (AP7204)

Complete underwriting information on page 5 before proceeding.

| | | LIMITS OF INSURANCE | | | | | RATING INFORMATION | | | | | | | | | |
|--------------------------|----------------|---------------------|------------------------|-------------------|------------|-------------|--------------------|---------------|--------------|------------|----|-------------------|-------------------|--------------|-------------|-----------|
| | Loc. No. | Dwelling | Appurtenant Structures | Personal Property | Deductible | Loss of Use | Bldg. Class | Cause of Loss | Construction | Earthquake | MS | Repl. Cost Cov. C | Rebuilding Clause | Wood-Burning | Prot. Class | Photo No. |
| <input type="checkbox"/> | Owner Occupied | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Tenant | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Owner Occupied | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Tenant | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Owner Occupied | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Tenant | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Owner Occupied | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Tenant | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Owner Occupied | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Tenant | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Owner Occupied | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Tenant | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Owner Occupied | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Tenant | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Owner Occupied | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Tenant | | | | | | | | | | | | | | | |

Coverage A, B, C, D

Deductible: \$500 \$1,000 \$ _____

Outdoor Radio and TV Antennas or Satellite Systems Increased Limits
 Loc. _____ Coverage A \$ _____ Loc. _____ Coverage B \$ _____

| | Yes | No |
|---|--------------------------|--------------------------|
| Protective Devices – Dwellings If yes, description _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Extended Replacement Cost – Dwelling If yes, description _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Credit Cards and Fund Transfers: Increased Limit \$ _____ | | |
| Increased Special Limits of Business Personal Property: Increased Limit \$ _____ | | |
| Is Main Dwelling Within The City Limits Distance From Fire Hydrant _____ feet. | <input type="checkbox"/> | <input type="checkbox"/> |
| Dwelling Enhancement If yes, description _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Coverage E & F

Coverage E – Schedule Farm Personal Property (AP7206) Coverage F – Blanket Farm Personal Property (AP7207)

Farm Personal Property

| Description | Year | Make | Model | Insurable Value | Irrigation Equipment | Quantity | Insurable Values |
|-------------|------|------|-------|-----------------|----------------------|------------------|------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | Sub-Total | |

Farm Personal Property Continued

| Description | Quantity | Insurable Value | Personal Property (Noc) | Quantity | Insurable Values |
|-------------|----------|-----------------|-------------------------|----------|------------------|
| | | | Bulk Milk Tank* | | |
| | | | Milking Equip.* | | |
| | | | Portable Bldg.* | | |
| | | | Seed | | |
| | | | Fertilizer | | |
| | | | Chemicals | | |

Coverage E & F Continued

Grain or Produce in Buildings**

| Description | Const. | | Quantity | Insurable Value | Livestock | | | Insurable Values |
|--|--------------------------|--------------------------|----------|-----------------|--------------------|---|----|------------------|
| | M | F | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | Calves under 6 mo. | @ | \$ | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | Heifers-Open | @ | \$ | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | Heifers-Bred | @ | \$ | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | Dairy Cows | @ | \$ | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | Bulls | @ | \$ | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | Beef Cattle | @ | \$ | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | Feeder Cattle | @ | \$ | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | Horses | @ | \$ | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | Hogs | @ | \$ | |
| Sub-Total | | | | | Shoats | @ | \$ | |
| <i>**M-All Metal, F-Frame/Other Construction</i> | | | | | Market Hogs | @ | \$ | |
| | | | | | Sheep | @ | \$ | |
| | | | | | Poultry | @ | \$ | |
| | | | | | Other | @ | \$ | |

Items Excluded From Coverage F

*Poultry, Tobacco, Cotton, Milk Tanks, Milking Equipment, Portable Building, etc., are excluded property under Coverage F and must be scheduled under Coverage E. Refer to Coverage F form for other excluded property

Sub-Totals

Machinery _____ Irrigation _____
 Personal Property _____ Hay/Straw/Fodder _____
 Grain _____ Livestock _____
Grand Total _____
Coinsurance % _____ X _____
Limit of Insurance _____

Covered Causes of Loss

Basic Broad Special EQ Suffocation - Livestock or Poultry

Coverage E or F Deductible

\$500 \$1,000 \$ _____

Optional Coverages - Coverage E or F

Sheep - Additional Causes of Loss (AP7248)

Peak season (AP7217)

Amount of Increase \$ _____ from _____ to _____
\$ _____ from _____ to _____
\$ _____ from _____ to _____

Cab Glass* (AP7218) Total Number of Units _____

Description of each unit:

Collision Resulting in Death of Livestock (AP7222)

Number of Head _____ Value per Head \$ _____

Note: No other Cause of Loss Form can apply when requesting this coverage.

Refrigerated Farm Personal Property (AP7226) Limit of Insurance \$ _____

Description:

Replacement Cost-Office Contents (AP8706)

Farm Operations Records restoration Increased Limit: \$ _____

Replacement Cost-Tack (AP8122)

Extra Expense Increased Limit: \$ _____

Damage In Course of Transit Increased Limit: \$ _____

Computer Coverage (AP7224)

| Class I - Hardware | | Class I - Software | |
|--------------------|--------------------|--------------------|--------------------|
| Description | Limit of Insurance | Description | Limit of Insurance |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| | | _____ | \$ _____ |
| | | _____ | \$ _____ |
| | | _____ | \$ _____ |

Report Form (Stock or Produce) (AP7261 or AP7262)

Reporting: Daily Weekly Monthly Quarterly Annually

*Coverage included with Special Causes of Loss.

Equine Coverage Extension (AP7272)

Milk Contamination and Leakage Coverage (AP8771)

Coverage G Continued

Other Optional Coverages

- Unoccupancy or Vacancy Permit For Dwellings (AP7223) From _____ to _____ (Maximum 60 days)
Location and Property Description: _____
- Mine Subsidence (AP7238 and AP7264) Illinois, (AP7225) Indiana and Kentucky and (AP7255) Ohio only.
 - I do want Mine Subsidence Coverage on all my farm structures. I do **NOT** want Mine Subsidence Coverage on all my farm structures.
- Loss of Farm Income Coverage (AP7228) - Complete Loss of Farm Income Worksheet
 - 30 60 180 Other _____ days
 - Coinsurance _____ % (Minimum 30%) Limit of Insurance \$ _____ Location No. _____
- Debris Removal Increased Limit (AP7230)
Insured Location(s) _____ Increased Limit \$ _____

Personal Inland Marine

Scheduled Personal Property (AP7221)

| | Limit of Insurance | Schedule |
|-------------------------------------|--------------------|----------|
| A. Jewelry | _____ | _____ |
| B. Furs | _____ | _____ |
| C. Cameras | _____ | _____ |
| D. Musical Instruments | _____ | _____ |
| E. Silver, etc. | _____ | _____ |
| F. Golfer's Equipment | _____ | _____ |
| G. 1. Fine Arts | _____ | _____ |
| 2. Fine Arts with Breakage Coverage | _____ | _____ |
| H. Postage Stamps | _____ | _____ |
| I. Coin Collection | _____ | _____ |
| J. Guns | _____ | _____ |
| K. Other | _____ | _____ |

Schedule all items with complete description above or on separate sheet of paper. An appraisal less than three years old must accompany this application for all items over \$10,000.

Underwriting Information

| | Yes | No |
|---|---|---|
| 1. Applicant is: | | |
| <input type="checkbox"/> Owner-Occupant | <input type="checkbox"/> Owner-Non Occupant | <input type="checkbox"/> Non Owner-Occupant |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| | <input type="checkbox"/> Limited Liability Corp | <input type="checkbox"/> Other _____ |
| 2. Does Owner have other employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , explain: | | |
| 3. How long has Insured been farming? _____ | | |
| 4. Name of responding fire department _____ | Distance from Main Dwelling _____ | miles |
| 5. Are there any dwellings that are Unoccupied or Vacant? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , which dwellings? _____ | | |

Farm General Liability Continued

- 1. Total Acreage Owned or Leased _____ Acres Class Code _____
- 2. Number of Non-Owner Occupied Dwellings _____ Class Code _____
- 3. Incidental Business Pursuits Receipts \$ _____
Describe Business Pursuits _____ Class Code _____
- 4. Custom Farming: Receipts \$ _____ Description _____ Class Code _____
- 5. Livestock Surcharge Yes No Class Code _____
- 6. Gross Receipts (Including Government Payments) _____, if more than one enterprise,
break out receipts by enterprise _____
- 7. If Gross receipts exceed \$1,000,000 or risk is more appropriately classified from CLM-Division Six, complete the following Schedule:

| Loc. No. | Description | Class Code | Premium Basis | Territory |
|---------------------------|-------------|------------|---------------|-----------|
| Premise/Operations | | | | |
| | | | | |
| | | | | |
| | | | | |

| Loc. No. | Description | Class Code | Premium Basis | Territory |
|--------------------------------------|-------------|------------|---------------|-----------|
| Products/Completed Operations | | | | |
| | | | | |
| | | | | |
| | | | | |

Personal Liability Coverage

Yes No

PERSONAL LIABILITY for "Personal Activities" desired? Yes No

1. If yes, then please list below the names and addressess of all individuals to be afforded Personal Liability coverage.

(Note that it is not necessary to list the spouse, children and relatives of these listed individuals if they live in a "residence premises" or dwelling that we insure for a premium charge.)

| Name | Address (Include Zip) |
|------|-----------------------|
| | |
| | |
| | |

Farm Employers Liability (AL7406) Not Available in All States

| | | |
|---|---------------|------------------|
| Full Time Employees (Working more than 180 days per year) _____ | Payroll _____ | Class Code _____ |
| Part Time Employees (Number of Man-days) _____ | Payroll _____ | Class Code _____ |
| Residence Employee (in excess of 2) _____ | Payroll _____ | Class Code _____ |
| Employers' Liability "Stop Gap" (Montana and Washington) _____ | Payroll _____ | Class Code _____ |

Unlicensed/Unregistered Farm Truck Coverage (AL7409) (Special Plates)*

*Not available for use in all states.

| Year | Make | Model | Title GVW | Serial Number |
|------|------|-------|-----------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Recreational Motor Vehicle (AL7405)

Class Code 07990

| Year | Make | Model | Serial or Motor Number | Number of | Use |
|------|------|-------|------------------------|-----------|-----|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Limited Crop Dusting Coverage (AL7435)

Class Code _____

Cost (including chemicals and application) \$ _____ Aggregate Limits of Insurance \$ _____

Note: Copy of Aerial Applicator's policy declarations required prior to binding coverage.

Watercraft Coverage (Navigator)

Class Code _____

Note: Jet Skis Not Eligible.

Boat 1 Registration Number _____

| | | | | |
|---|-----------------------------------|--|------------------------------------|-------------------------------------|
| Power | Type of Hull | Hull Material | Fuel Tank | Hull Identification Number |
| <input type="checkbox"/> Inboard | <input type="checkbox"/> Waterjet | <input type="checkbox"/> Cabin Cruiser | <input type="checkbox"/> Houseboat | <input type="checkbox"/> Fiberglass |
| <input type="checkbox"/> Outboard | <input type="checkbox"/> Sail | <input type="checkbox"/> Open Cockpit | <input type="checkbox"/> Other | <input type="checkbox"/> Metal |
| <input type="checkbox"/> Inboard/Outdrive | <input type="checkbox"/> Sailboat | <input type="checkbox"/> Wood | | |

| Year | Manufacturer/Model | Horsepower | Length | Max. Speed | Date Purch | Cost New \$ | Present Value \$ | Name of Boat |
|------|--------------------|------------|--------|------------|------------|-------------|------------------|--------------|
| | | | | | | | | |
| | | | | | | | | |

| Waters Navigated | Territory | Berth/Storage Location | Lay-Up Period | Dry Afloat |
|------------------|-----------|------------------------|---------------|------------|
| | | | | |

Boat 2 Registration Number _____

| | | | | |
|---|-----------------------------------|--|------------------------------------|-------------------------------------|
| Power | Type of Hull | Hull Material | Fuel Tank | Hull Identification Number |
| <input type="checkbox"/> Inboard | <input type="checkbox"/> Waterjet | <input type="checkbox"/> Cabin Cruiser | <input type="checkbox"/> Houseboat | <input type="checkbox"/> Fiberglass |
| <input type="checkbox"/> Outboard | <input type="checkbox"/> Sail | <input type="checkbox"/> Open Cockpit | <input type="checkbox"/> Other | <input type="checkbox"/> Metal |
| <input type="checkbox"/> Inboard/Outdrive | <input type="checkbox"/> Sailboat | <input type="checkbox"/> Wood | | |

| Year | Manufacturer/Model | Horsepower | Length | Max. Speed | Date Purch | Cost New \$ | Present Value \$ | Name of Boat |
|------|--------------------|------------|--------|------------|------------|-------------|------------------|--------------|
| | | | | | | | | |
| | | | | | | | | |

| Waters Navigated | Territory | Berth/Storage Location | Lay-Up Period | Dry Afloat |
|------------------|-----------|------------------------|---------------|------------|
| | | | | |

Watercraft Coverage Continued

| Engine/Outboard Motor 1 | | | | | |
|-----------------------------------|---------------------------------|--------------------|----------|---------------|-------|
| Boat # | Year | Manufacturer/Model | | Serial Number | |
| Horsepower | | Date Purchased | Cost New | Present Value | Other |
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Diesel | | \$ _____ | \$ _____ | |

| Engine/Outboard Motor 2 | | | | | |
|-----------------------------------|---------------------------------|--------------------|----------|---------------|-------|
| Boat # | Year | Manufacturer/Model | | Serial Number | |
| Horsepower | | Date Purchased | Cost New | Present Value | Other |
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Diesel | | \$ _____ | \$ _____ | |

Coverages/Limits of Liability

| Physical Damage Coverage | Boat # | Limit of Insurance | | | |
|---|--------|--------------------|------|-------------|----------|
| Hull | 1 | \$ | | | |
| | 2 | \$ | | | |
| Outboard Motor | 1 | \$ | | | |
| | 2 | \$ | | | |
| Portable Accessories | 1 | \$ | | | |
| | 2 | \$ | | | |
| Trailer | 1 | \$ | Year | Model/Manf. | Serial # |
| | 2 | \$ | | | |
| Liability (Or Protection & Indemnity) | | \$ | | | |
| Medical Payments | | \$ | | | |
| Deductibles (Boat #, Type, Amount) _____ | | | | | |

Additional Interest

| Boat # | Addl Int | Name and Address | Loan Number | Loss Pay |
|--------|----------|------------------|-------------|----------|
| | | | | \$ _____ |
| | | | | \$ _____ |

Operators

(List all residents and dependents (licensed or not) and regular operators)

| No. | Name | Sex | Mar Stat | Date of Birth | Auto Drivers License #/Licensed State | Social Security # |
|-----|------|-----|----------|---------------|---------------------------------------|-------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

Underwriting Information

| | Yes | No |
|---|--|--|
| Liability | | |
| 1. Do you allow the general public on any insured location to pick their own fruits and/or vegetables? If yes , explain operation and provide amount of receipts. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you process (<i>make juices, preserves, butcher, etc.</i>) your farm products for resale to others? If yes , explain operation and amount of receipts. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is hunting or fishing for a fee permitted on an insured location? If yes , please explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is any business other than farming not described above, conducted on insured locations? If yes , please explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there an airstrip on an insured location? If yes , please explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are any independent contractors hired to perform any operations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are migrant workers hired or contracted to perform farm work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is there a swimming pool on premise? If yes , <input type="checkbox"/> above ground <input type="checkbox"/> inground Is the swimming pool enclosed by at least a 4' high fence? Is gate to swimming pool kept locked when not in use? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 9. Is any part of the farm used or leased for organized recreational use for a fee or not? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does applicant build, repair or design machinery, equipment or systems for anyone at a charge or fee? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does applicant handle any product, such as seed, fertilizer, sprays, etc. for resale? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does applicant lease farm or ranch land under written lease agreement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are any locations described in this application leased to others for vacation or other recreational purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Any nonowned animals or livestock kept on premise? If yes , please describe: | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Any horses owned or nonowned? If yes , please describe: | <input type="checkbox"/> | <input type="checkbox"/> |

Underwriting Information Continued

Yes

No

Miscellaneous

1. Date you last inspected premise and buildings? _____

2. Does this Company have other insurance for the Insured?
Type and Policy Numbers _____

3. Has any other Company refused to carry your insurance?
If yes, explain:

Note: This question not applicable in the state of Missouri.

4. Who is your current Insurance Company? _____

5. Have you had any losses during the past 5 years?
If yes, describe below:

Date of Loss

Description

Amount of Loss Reported, Paid or Reserved

| Date of Loss | Description | Amount of Loss Reported, Paid or Reserved |
|--------------|-------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

6. Is this risk produced by you or your employee?
If no, explain:

Other Comments

Large empty text area for other comments.

Insurance Fraud Warning

Applicant's Initials

| | |
|---------------------------|---|
| _____ California | For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. |
| _____ Colorado | It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for 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 knowingly provides false, incomplete, or misleading facts or information to a policy holder 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 agencies. |
| _____ Delaware | Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. |
| _____ Florida | Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. |
| _____ Kentucky | Any person who knowingly and with intent to defraud any insurance company or other person files a 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. |
| _____ Michigan | Any person who knowingly and with intent to injure or defraud any insurer files any application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment of up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000,000. |
| _____ Minnesota | A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. |
| _____ New York | All insurance applications and claim forms except auto: 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 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. |
| _____ Ohio | Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. |
| _____ Oklahoma | WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information of guilty of a felony. |
| _____ Pennsylvania | Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000. |

The above statements given above are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material, fact or circumstance concerning this application.

Applicant's Signature _____

Date _____

Agent's Signature _____

Date _____