



# FARM INSURANCE APPLICATION

**BILLING** COMPANY  BROKER/AGENT

INSURANCE COMPANY

 QUOTE  NEW  RENEWAL

POLICY NUMBER

BINDER NUMBER

**1. APPLICANT'S FULL NAME AND POSTAL ADDRESS****2. BROKERAGE/AGENCY INFORMATION**

POSTAL CODE

POSTAL CODE

CONTACT NUMBER(S)  
TYPE NO. TYPE NO.BROKER CODE  
PHONE NO.CONTACT NAME  
FAX NO.PREFERRED DOCUMENT LANGUAGE  ENGLISH  FRENCH

CONTRACT NUMBER

SUB-CONTRACT NUMBER

EMAIL ADDRESS

GROUP / PROGRAM NAME

GROUP ID

WEBSITE ADDRESS

BROKER CLIENT ID

COMPANY CLIENT ID

**3. POLICY PERIOD**EFFECTIVE DATE TIME A.M.  P.M.  EXPIRY DATE AT 12:01 A.M.

ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.

**4. APPLICANT DATA**LEGAL ENTITY  INDIVIDUAL  JOINT VENTURE  CORPORATION 

PRINCIPAL(S) NAME(S)

DESCRIPTION OF OPERATIONS

BUSINESS START DATE

RELATED PRIOR EXPERIENCE:  
NUMBER OF YEARS

INSURED NAME

CO-INSURED NAME

OCCUPATION

OCCUPATION

YEARS CONTINUOUSLY EMPLOYED

DATE OF BIRTH

YEARS CONTINUOUSLY EMPLOYED

DATE OF BIRTH

OCCUPANCY DATE

IF OCCUPANCY DATE IS LESS THAN 3 YEARS, PROVIDE PREVIOUS ADDRESS

POSTAL CODE

**5. LOSS HISTORY**

CLAIMS HISTORY REPORT DATE

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS?  YES  NO IF YES, COMPLETE THE CHART BELOW

LOSS DATE	LOC. #	CAUSE	CLAIM SETTLED (Y/N)	PAID AMOUNT	POLICY NUMBER	INSURANCE COMPANY

**6(A). POLICY HISTORY**FIRST TIME INSURED HAS ANY INSURANCE COMPANY REFUSED TO PROVIDE INSURANCE IN THE PAST 5 YEARS?  YES  NO IF YES, INDICATE INSURANCE REFUSAL TYPE:  CANCELLED  DECLINED  REFUSED RENEWAL  RESTRICTED COVERAGE

BY WHICH INSURANCE COMPANY REASON

NAME OF PREVIOUS INSURANCE COMPANY

POLICY NUMBER EXPIRY DATE SINCE WHAT DATE HAS THE APPLICANT HAD PROPERTY INSURANCE WITH ANY INSURANCE COMPANY?

**6(B). CROSS REFERENCE INFORMATION**

LIST OTHER POLICIES WITH THIS INSURANCE COMPANY LINE OF BUSINESS POLICY NUMBER LINE OF BUSINESS POLICY NUMBER

**7. PREMIUM INFORMATION**

TOTAL ESTIMATED POLICY PREMIUM	SALES TAX (if applicable)	PAYMENT PLAN	ESTIMATED INSTALLMENT AMOUNT	\$ / % ADDITIONAL CHARGES	TOTAL ESTIMATED COST
				<input type="checkbox"/> \$ <input type="checkbox"/> %	

**8(A). FULL DISCLOSURE**

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that:

• **For all provinces and territories except Quebec:** If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

• **For Quebec:** I am bound to represent all the facts known to me which are likely to materially influence an insurer in the setting of the premium, the appraisal of the risk or the decision to cover it. The same applies to the Insured if the Insurer requires it. Any misrepresentation or concealment of relevant facts by me or the Insured nullifies the contract, even in respect of losses not connected with the risk so misrepresented or concealed.

• **For all provinces and territories:** Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

**8(B). PERSONAL INFORMATION CONSENT**

I have provided personal information in this document and otherwise (e.g., by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or the Insurer to collect, use and disclose any of this personal information, subject to my broker's or the Insurer's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is contained in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers.

Les Parties ont convenu que cette proposition et les documents connexes soient rédigés en anglais. The Parties have specifically agreed that this application and any attachments to this application be drawn in the English language.

SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE	SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE
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**9. BROKER / AGENT QUESTIONNAIRE**

IS THIS BUSINESS NEW TO YOUR OFFICE?  YES  NO SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT? HAVE YOU BOUND THIS RISK?  YES  NO

ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW?  YES  NO IF YES, PROVIDE DETAILS IN REMARKS

HAVE YOU SEEN THIS PROPERTY?  YES  NO IF YES, WHEN CONDITION OF PROPERTY  GOOD  FAIR  POOR

BROKER / AGENT NAME (Please print)	SIGNATURE OF BROKER / AGENT	DATE
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# FARM INSURANCE APPLICATION

## TYPE OF FARM (CHECK MAIN SOURCE(S) OF REVENUE)

CASH CROPS     FRUIT/VEG     DAIRY     BEEF     HOG     POULTRY     HOBBY     HORSE     TOBACCO     OTHER \_\_\_\_\_

### 10(A). PRINCIPAL LOCATION AND RATING INFORMATION

LOC. #	LOCATION ADDRESS	DWELLING Y/N	EXT. LIAB.	FARM USE	OWNED/ RENTED	ACREAGE

### 10(B). ADDITIONAL LOCATION(S) AND RATING INFORMATION

LOC. #	LOCATION ADDRESS(ES)	DWELLING Y/N	EXT. LIAB.	FARM USE	OWNED/ RENTED	ACREAGE
TOTAL NUMBER OF ADDITIONAL LOCATIONS						

### 11. ADDITIONAL INTEREST(S)

LOC. #	NAME	ADDRESS	INTEREST RANK	NATURE OF INTEREST

### 12. DISCOUNTS AND SURCHARGES (POLICY LEVEL)

### DISCOUNTS AND SURCHARGES (POLICY LEVEL) - continued

DESCRIPTION	%	APPLIED TO PREMIUM (Y/N)	PREMIUM	DESCRIPTION	%	APPLIED TO PREMIUM (Y/N)	PREMIUM



# HABITATIONAL SECTION

UNDERWRITING INFORMATION LOC # \_\_\_\_\_

PREMIUM TABLE  
TOWN ID CODE  
NO. OF ATTACHMENTS

**13. RISK ADDRESS**  SAME AS POSTAL ADDRESS

ACCESS:  EASY ACCESS ROAD  DIFFICULT ACCESS ROAD  ISLAND  ISOLATED RURAL  OTHER \_\_\_\_\_

**14. MORTGAGEE / LOSS PAYEE(S)** **NATURE OF INTEREST**

**15. RATING INFORMATION**

REPLACEMENT COST EVALUATOR PRODUCT \_\_\_\_\_ YEAR BUILT \_\_\_\_\_ # OF STOREYS \_\_\_\_\_ # OF FAMILIES \_\_\_\_\_ # OF UNITS \_\_\_\_\_ TOTAL LIVING AREA (excluding basement)  SQ. FT.  SQ. M.

DATE EVALUATION COMPLETED (YYYY/MM/DD) \_\_\_\_\_ SMOKER(S)? Y/N \_\_\_\_\_ DATE OF BIRTH OF ELDEST OCCUPANT (YYYY/MM/DD) \_\_\_\_\_ RELATIONSHIP TO APPLICANT \_\_\_\_\_

OCCUPANCY	EXTERIOR WALL FRAMING	HEATING TYPE	SECURITY SYSTEM	Y/N	LOCAL	MONITORED
PRIMARY	WOOD FRAME	PRIMARY HEATING APPARATUS	FIRE			
SECONDARY	CONCRETE BLOCK / MASONRY FRAME	FUEL	BURGLAR			
SEASONAL	LOG	LOCATION	SMOKE DETECTORS			
RENTAL	FIRE RESISTIVE	AUXILIARY HEATING APPARATUS	DETECTOR TYPE			NO:
VACANT		FUEL	MONITORED BY			
UNOCCUPIED	EXTERIOR WALL FINISH	LOCATION	ALARM CERTIFICATE ATTACHED			
UNDER CONSTRUCTION		NO. OF FACE CORDS PER YEAR	SPRINKLER			
	BRICK VENEER	HEATING UNIT PROFESSIONAL INSTALLATION	SECURITY TYPE			
<b>STRUCTURE TYPE/STYLE</b>	VINYL SIDING	HEATING UNIT ULC, CSA, OR WH APPROVED	WATER MITIGATION MEASURES IN PLACE			
DETACHED	STUCCO	RADIANT HEATING AREA SQ.M. _____	UPDATE YEAR		FULL (YY)	PARTIAL (YY)
SEMI-DETACHED	STONE VENEER	MAKE _____ YEAR _____	HEATING			
ROWHOUSE / TOWNHOUSE (END)	SOLID BRICK	<b>OIL TANK</b>	ROOFING			
ROWHOUSE / TOWNHOUSE (INSIDE)	ALUMINUM/METAL SIDING	YEAR _____ <input type="checkbox"/> INSIDE <input type="checkbox"/> IN GROUND	TYPE _____			
HIGHRISE	WOOD	<input type="checkbox"/> OUTSIDE <input type="checkbox"/> ABOVE GROUND	ELECTRICAL _____ AMPS			
MOBILE HOME		<input type="checkbox"/> UNPROTECTED <input type="checkbox"/> SUPERIOR SHUTTLE TANKER SERVICE	<input type="checkbox"/> BREAKERS <input type="checkbox"/> KNOB & TUBE <input type="checkbox"/> COPPER			
MULTIPLEX		_____ M. OF HYDRANT _____ KM. OF FIREHALL	<input type="checkbox"/> FUSES <input type="checkbox"/> ALUMINUM			
<b>FOUNDATION</b>		FIREHALL NAME: _____	PLUMBING			
POURED CONCRETE	SLAB/CONCRETE SLAB		COPPER _____% PLASTIC _____%			
CONCRETE BLOCK	STONE		GALVANIZED _____% _____%			
CRAWLSPACE						
FINISHED BASEMENT _____%						

INTERIOR DETAILS	TYPE	%	TYPE	%	TYPE	%
INTERIOR WALL CONSTRUCTION						
INTERIOR FLOOR FINISH						
CEILING CONSTRUCTION						

**ADDITIONAL INTERIOR DETAILS**

WALL HEIGHT  FT.  M. \_\_\_\_\_ %

NUMBER OF KITCHENS: \_\_\_\_\_ NUMBER OF BATHROOMS: FULL \_\_\_\_\_ HALF \_\_\_\_\_

NO. QUALITY \_\_\_\_\_

\_\_\_\_\_  BUILDER'S GRADE  CUSTOM  \_\_\_\_\_

\_\_\_\_\_  BUILDER'S GRADE  CUSTOM  \_\_\_\_\_

SWIMMING POOL	GARAGE / CARPORT
YEAR _____ <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> WITH FENCE <input type="checkbox"/> INDOOR <input type="checkbox"/> IN GROUND <input type="checkbox"/> WITHOUT FENCE	ATTACHED GARAGE? Y/N _____ SIZE - # OF CARS _____ <input type="checkbox"/> BUILT-IN <input type="checkbox"/> BASEMENT
	ATTACHED CARPORT? Y/N _____ SIZE - # OF CARS _____

**DETACHED OUTBUILDING(S)/OTHER STRUCTURE(S) (Additional limits required or any heated outbuildings)**

STRUCTURE NO.	YEAR BUILT	STRUCTURE TYPE	EXTERIOR WALL FRAMING	HEATING APPARATUS	FUEL	TOTAL AREA <input type="checkbox"/> SQ. FT. <input type="checkbox"/> SQ. M.	VALUE (Included in detached private structure limit)



# HABITATIONAL SECTION

COVERAGE AND LIABILITY EXTENSIONS LOC # \_\_\_\_\_

**16. COVERAGE: FORMS, LIMITS & DEDUCTIBLES**

PACKAGE FORM AND TYPE					RATING PLAN	DED. \$	DED. TYPE
DWELLING BUILDING	DETACHED PRIVATE STRUCTURE	PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	LEGAL LIABILITY	VOLUNTARY MEDICAL PAYMENTS	VOLUNTARY PROPERTY DAMAGE	ESTIMATED BASE PREMIUM
\$	\$	\$	\$	\$	\$	\$	\$

**17. ADDITIONAL COVERAGE (Specify rating information, limits, deductibles, etc.)**

CODE	COVERAGE DESCRIPTION	COVERAGE REQUESTED Y/N	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					PREMIUM	
						1	2	3	4	5		
GUARR	GUARANTEED REPLACEMENT COST-BUILDING											
GRCE	REPLACEMENT COST ON CONTENTS											
	UNIT OWNERS BUILDING IMPROVEMENTS AND BETTERMENTS	<input type="checkbox"/> ALL RISK <input type="checkbox"/> NAMED PERILS										
	LOSS ASSESSMENT	<input type="checkbox"/> ALL RISK <input type="checkbox"/> NAMED PERILS										
CCLA	CONDOMINIUM CONTINGENT LEGAL LIABILITY											
HSL	SINGLE LIMIT											
SEWER	SEWER BACK-UP											
IDTFT	IDENTITY THEFT											
RENT	RENTAL INCOME											
BYLAW	BYLAWS ENDORSEMENT											
ERQK	EARTHQUAKE											
ERQKF	POST-EARTHQUAKE DAMAGE											
PERLI	PERSONAL LIABILITY (UMBRELLA)											

**PREMIUM FOR THIS SECTION \$**

**18(A). LIABILITY EXPOSURES (Yes answers require liability extension coverage or remarks explaining coverage declined.)**

DO YOU OWN / RENT MORE THAN ONE LOCATION?		DO YOU OWN ANY WATERCRAFT?	
NUMBER OF WEEKS LOCATION RENTED TO OTHERS?		NUMBER OF FULL TIME RESIDENCE EMPLOYEES	
NUMBER OF ROOMS RENTED TO OTHERS?		IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE?	
DAYCARE OPERATION - NUMBER OF CHILDREN		CO-OCCUPANT NAME	
DO YOU OWN A TRAMPOLINE?		IS THERE ANY KIND OF BUSINESS OPERATION?	
DO YOU HAVE A GARDEN TRACTOR?		IF YES, DESCRIBE BUSINESS	
DO YOU HAVE A GOLF CART?		NUMBER OF DOGS IN THE HOUSEHOLD	
NUMBER OF SADDLE / DRAFT ANIMALS?		BREED(S) OF DOGS	
DO YOU HAVE ANY UNLICENSED RECREATIONAL VEHICLES?		OTHER EXPOSURES	
RENEWABLE ENERGY INSTALLATION ON PREMISES?			

**18(B). LIABILITY EXTENSIONS FROM PRIMARY LOCATION**

CODE	LIABILITY COVERAGE DESCRIPTION	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					PREMIUM	
					1	2	3	4	5		

**PREMIUM FOR THIS SECTION \$**

**19. DISCOUNTS AND SURCHARGES**

DISCOUNTS AND SURCHARGES					DISCOUNTS AND SURCHARGES continued				
CODE	DISCOUNTS AND SURCHARGES DESCRIPTION	%	APPLIED TO PREMIUM Y/N	PREMIUM	CODE	DISCOUNTS AND SURCHARGES DESCRIPTION	%	APPLIED TO PREMIUM Y/N	PREMIUM

**PREMIUM FOR THIS SECTION \$**

**TOTAL ESTIMATED PREMIUM THIS PAGE \$**



# LIABILITY SECTION

LIABILITY LIMIT \$	_____
AGGREGATE LIMIT \$	_____
PROPERTY DAMAGE DEDUCTIBLE \$	_____

**20.**

										PREMIUM
PRINCIPAL LOCATION										
ADDITIONAL DWELLING(S)	# of Additional Dwellings (Refer to Section 10B)									
ADDITIONAL LOCATION(S)	# of Additional Locations to Ext. Liab. (Refer to Section 10B)									
ADDITIONAL INSURED										
CROSS LIABILITY										
BOARDING OF LIVESTOCK	LOC #	NO. OF ANIMALS				TYPE OF LIVESTOCK				
	LOC #	NO. OF ANIMALS				TYPE OF LIVESTOCK				
	LOC #	NO. OF ANIMALS				TYPE OF LIVESTOCK				
STABLEMAN'S LIABILITY (CCC)	LOC #	AGGREGATE PER OCCURRENCE				PER ANIMAL				
	LOC #	AGGREGATE PER OCCURRENCE				PER ANIMAL				
	LOC #	AGGREGATE PER OCCURRENCE				PER ANIMAL				
NON OWNED LIVESTOCK	LOC #	AGGREGATE PER OCCURRENCE				PER ANIMAL				
	LOC #	AGGREGATE PER OCCURRENCE				PER ANIMAL				
	LOC #	AGGREGATE PER OCCURRENCE				PER ANIMAL				
TENANT'S LEGAL LIABILITY	LOC #	DESCRIPTION				AMOUNT				
	LOC #	DESCRIPTION				AMOUNT				
	LOC #	DESCRIPTION				AMOUNT				
EMPLOYER'S LIABILITY	RATEABLE PAYROLL									
NON-OWNED AUTO	U.S. EXPOSURE <input type="checkbox"/>									
VOLUNTARY COMPENSATION										
WATERCRAFT (Refer to Watercraft and Trailer Supplement)										
VEHICLES - UNLICENSED	YEAR	MAKE	MODEL	SERIAL NO.	CC	H.P.				
										<b>TOTAL ESTIMATED PREMIUM \$</b>
<b>REMARKS</b>										





# LIABILITY SECTION

LIMITED POLLUTION LIABILITY LIMIT \$ \_\_\_\_\_  
 AGGREGATE LIMIT \$ \_\_\_\_\_  
 PROPERTY DAMAGE DEDUCTIBLE \$ \_\_\_\_\_

### 23. FARMERS LIMITED POLLUTION LIABILITY

	<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>
DO YOU APPLY PESTICIDES, INSECTICIDES, CHEMICAL FERTILIZERS, OR HERBICIDES AWAY FROM THE PREMISES YOU OWN, RENT OR LEASE? (OTHER THAN A NEIGHBOURLY EXCHANGE OF LABOUR)	<input type="checkbox"/>	<input type="checkbox"/>	ARE THERE ANY GOVERNMENT STATUTES, STANDARDS, OR REGULATIONS (FEDERAL, PROVINCIAL, MUNICIPAL) FOR THE PROTECTION OF THE ENVIRONMENT WITH WHICH TO YOUR KNOWLEDGE YOU DO NOT COMPLY?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU PROCESS OR SELL ANY CHEMICALS (FERTILIZERS, PESTICIDES, ETC.) OR STORE CHEMICALS FOR OTHER THAN YOUR OWN USE?	<input type="checkbox"/>	<input type="checkbox"/>	CLAIM OR LOSS EXPERIENCE: HAVE THERE BEEN ANY POLLUTION OR ENVIRONMENTAL OCCURRENCES IN THE PAST FIVE YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU PERFORM ANY PROCESSING OPERATIONS INVOLVING CHEMICALS OTHER THAN FOR YOUR OWN USE?	<input type="checkbox"/>	<input type="checkbox"/>	DO YOU HAVE STORAGE TANKS WITH MORE THAN 500 GALLON CAPACITY? (IF YES, COMPLETE TANK DATA SUPPLEMENT)	<input type="checkbox"/>	<input type="checkbox"/>
DO GROSS RECEIPTS FROM CUSTOM FARMING EXCEED YOUR OTHER FARMING INCOME?	<input type="checkbox"/>	<input type="checkbox"/>	HAS ANY POLLUTION LIABILITY COVERAGE BEEN DECLINED IN THE PAST, OR DO YOU HAVE ANY COVERAGE CURRENTLY IN EFFECT?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU EVER USE OR STORE POLYCHLORINATED BIPHENYLS (PCB'S)? (OTHER THAN THOSE IN HYDRO TRANSFORMERS IN CURRENT USE)?	<input type="checkbox"/>	<input type="checkbox"/>	ARE THERE ANY CREEKS, RIVERS, OR OTHER BODIES OF WATER ON THE PREMISES YOU OWN, RENT, LEASE, OR DO WORK ON?	<input type="checkbox"/>	<input type="checkbox"/>

### 24. TANK DATA SUPPLEMENT

**INFORMATION IS REQUIRED ON ALL TANKS**

<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) IS THERE A WRITTEN TANK FILLING PROCEDURE CONTAINING INFORMATION TO PREVENT SPILLS OR OVERFLOWS?		2) IS THERE A WRITTEN EMERGENCY PROCEDURE OUTLINING ACTIONS TO BE TAKEN IN THE EVENT OF A TANK SPILL OR OVERFLOW?	

LOC. #	TANK #	PRODUCT STORED	CAPACITY	ABOVE OR BELOW GROUND	INDOORS OR OUTDOORS	CONSTRUCTION	YEAR BUILT	HIGH LEVEL ALARM	
								YES	NO

### 25. REMARKS

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