

FARM & RANCH APPLICATION

THIS IS NOT A BINDER

Policy Type _____

SAI # _____

Policy # _____ Target Pricing _____

Application # _____

Binder # _____

MKL Agency
Agent # SQ30
Travelers Code: SW450

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #cccccc;">INSURED</td> <td>Name _____</td> </tr> <tr> <td>Address</td> <td>_____</td> </tr> <tr> <td>City _____</td> <td>State _____ Zip _____</td> </tr> <tr> <td></td> <td>Phone # _____</td> </tr> <tr> <td colspan="2">Insured is an <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other</td> </tr> </table>	INSURED	Name _____	Address	_____	City _____	State _____ Zip _____		Phone # _____	Insured is an <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #cccccc;">AGENT</td> <td>Completed By _____</td> </tr> <tr> <td>Agency</td> <td>_____</td> </tr> <tr> <td>Address</td> <td>12555 NW 198 St Rd</td> </tr> <tr> <td>City _____</td> <td>State _____ Zip _____</td> </tr> <tr> <td>Phone #</td> <td>_____</td> </tr> <tr> <td>Agent E-mail</td> <td>_____</td> </tr> </table>	AGENT	Completed By _____	Agency	_____	Address	12555 NW 198 St Rd	City _____	State _____ Zip _____	Phone #	_____	Agent E-mail	_____
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City _____	State _____ Zip _____																								
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Agent E-mail	_____																								

Premises #1 is located on _____ acres. 911 Address _____ Town _____ County _____ Zip _____ State _____

GPS Coordinates: _____

POLICY PERIOD	_____ TO _____	Coverage H - Bodily Injury and Property Damage Liability	\$ _____ Each "Occurrence" Limit
	Mo. Day. Yr. Mo. Day. Yr.		\$ _____ General Aggregate
Coverages		Limit of Liability	
A. Main Dwelling	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$ _____	<input type="checkbox"/> RC
B. Other Private Structures			
C. Household Personal Prop	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$ _____	<input type="checkbox"/> RC
D. Loss of Use			
E. Machinery (schedule attached)	Yes No		
G. Farm Property (schedule attached)	Yes No		
		Coverage I - Personal and Advertising Injury Liability	\$ _____ Each "Occurrence" Limit
		Coverage J - Medical Payments	\$5,000 Any One Person Limit
		Fire Damage Limit	\$50,000 Any One Fire
		Products	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
TOTAL PREMIUM		\$ _____	Annual Receipts _____

Main Dwelling Deductible \$1,000 \$2,500 \$5,000 \$7,500 Other _____

Wind/Hail (Applies to All Structures) 1% 2% 5%

Mortgagee(s) Mailing Address Including Zip Code

1st _____

2nd _____

MAIN DWELLING INFORMATION			
Type	Modular Hm Site Built Mobile Hm Barn w/Living	Construction	Roof
		<input type="checkbox"/> Masonry <input type="checkbox"/> Frame	<input type="checkbox"/> Comp <input type="checkbox"/> Shake
		<input type="checkbox"/> Masonry Veneer	<input type="checkbox"/> Metal <input type="checkbox"/> Tile
		<input type="checkbox"/> Fire Resistive	
Occupied By		Protection Class # _____	
<input type="checkbox"/> Owner-Primary	<input type="checkbox"/> Manager	Name of Nearest Fire Dept: _____	
<input type="checkbox"/> Tenant	<input type="checkbox"/> Unoccupied	Dist to Hydrant _____ Dist. to fire station _____	
<input type="checkbox"/> Employee	<input type="checkbox"/> Vacant		
<input type="checkbox"/> Seasonal			
		Square Footage _____	
		Year Home Built _____	
		Stories _____	
		<input type="checkbox"/> Suppl. Heating	
		<input type="checkbox"/> Protective Safeguard	

<p>Roof Replaced? When _____ Yes No</p> <p>Wood burning stove/space heater? _____ If yes, Primary Heat Source (provide questionnaire)? _____</p> <p>Wiring replaced/checked? When _____</p> <p>Plumbing replaced/checked? When _____</p> <p>Central Air/Heat? _____</p> <p>Is there a mortgage? _____</p> <p>Does insured require tenant occupants of rental dwellings to maintain separate renter's coverage? _____</p>	<p style="text-align: center;">Dwelling Alarm</p> <p><input type="checkbox"/> Local <input type="checkbox"/> Heat/Water Sensors</p> <p><input type="checkbox"/> Central (Buglar/Fire Reporting) <input type="checkbox"/> Carbon Monoxide Detectors</p> <p><input type="checkbox"/> Smoke Detectors (How many?) _____</p> <p>Remarks: _____</p>
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UNDERWRITING INFORMATION

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> (921) Berries, Fruits, & Nuts | <input type="checkbox"/> (928) Horses | <input type="checkbox"/> (90C) Fish Farms* | <input type="checkbox"/> (92D) Wineries** |
| <input type="checkbox"/> (923) Vegetables | <input type="checkbox"/> (929) Livestock Confinement* | <input type="checkbox"/> (90D) Estate Farms* | <input type="checkbox"/> (92E) Vineyards** |
| <input type="checkbox"/> (924) Grain & Field Crops | <input type="checkbox"/> (935) Ranches - Cattle, Goats, Sheep | <input type="checkbox"/> (92A) Cotton | <input type="checkbox"/> (92F) Bee Keeper* |
| <input type="checkbox"/> (925) Dairy* | <input type="checkbox"/> (90A) Citrus | <input type="checkbox"/> (92B) Tobacco* | <input type="checkbox"/> (92K) Leafy Greens* |
| <input type="checkbox"/> (926) Poultry* | <input type="checkbox"/> (90B) Nurseries | <input type="checkbox"/> (92C) Hobby Farms* | <input type="checkbox"/> (927) Other..Describe* |

* Contact your underwriter

** (92D/92E) Winery Questionnaire

1. Describe farming operations: _____ Row Crop Receipts: \$ _____ Livestock Receipts: \$ _____
 Other Receipts: \$ _____ Specify "Other": _____
2. Describe custom farming (meaning farming for others) operations: _____ Receipts: \$ _____
3. Number of years farming experience by insured: _____
4. Is farming the major source of insureds income? Yes No
 If no, state occupation: _____
5. Is any Named Insured involved with any non-farming activities/operations? Yes No
 If yes, give details _____
 Is separate coverage placed elsewhere? Yes No
6. Has the Insured ever filed for bankruptcy? Yes No
 If yes, what year? _____
7. Any migrant farmworkers? Yes No
 If yes, are the farmworkers part of the H-2A program? Yes No
 If yes, complete H-2A questionnaire
8. Does the Insured grow or store tobacco or marijuana? Yes No
9. Does the Insured grow hemp? Yes No
 If yes, please complete hemp questionnaire
10. Are any livestock present on premises at any time during the year? Yes No
 If yes, indicate kind: _____
11. Are all livestock areas fenced? Yes No
12. Are livestock near any public road or highway? Yes No
13. Does the Insured slaughter, butcher, process, or otherwise prepare for "end consumer" his or anyone else's cattle? Yes No
 If yes, what is the annual income? \$ _____
14. Does the Insured prepare and sell animal feed other than hay or whole grain? Yes No
 If yes, provide details and receipts. _____
15. Does the Insured mix, process or otherwise prepare for "end consumer" his or any other grower's product? Yes No
 If yes, provide details and receipts. _____
16. Any guests on premises (hunting, fishing, camping, RV hookup, dude ranch or resort facility)? Yes No
 If yes, give details: _____
 Is separate coverage placed elsewhere? Yes No
17. Do any agritainment activities take place during the year, including but not limited to, corn and/or straw mazes, U-pick operations, pumpkin patches, hayrides, or any other farm-based entertainment primarily operated on an insured premise? Yes No
 If yes, give details: _____
 Is separate coverage placed elsewhere? Yes No

UNDERWRITING INFORMATION

18. Does the Insured offer to the public any vacation rental or any other short-term rental properties for a fee? Yes No

If yes, give details: _____

Is separate coverage placed elsewhere? Yes No

19. Does the Insured rent, lease or allow any individuals, corporations, or other interested parties to use a portion of the insured premises for non-farming activities or events of any kind? Yes No

If yes, give details: _____

Is separate coverage placed elsewhere? Yes No

20. Does the Insured hire any outside contractors, including but not limited to, applicators, aerial contractors, and custom farmers? Yes No

If yes, give details: _____

Are COIs obtained annually? Yes No

21. Does the Insured build, repair or design machinery, equipment or systems for a charge or fee? Yes No

If yes, give details: _____

Is separate coverage placed elsewhere? Yes No

22. Is any land held for real-estate development or speculation? Yes No

If yes, give details: _____

23. Any unusual hazards on any insured premise such as, but not limited to, course of construction, major renovation, oil & gas or mineral extraction, open dump pits, silage pits, sump holes, lakes, and reservoirs? Yes No

If yes, give details: _____

Is separate coverage placed elsewhere? Yes No

24. Is there an airstrip or helipad on the premises? Yes No

If yes, provide type of use, who uses it, and the frequency of use: _____

Is there an aviation policy in place? Yes No

25. Does the insured use any unmanned aircraft/drones? Yes No

If yes, for what purpose? _____

26. Trampolines? Yes No

If yes, is it fully enclosed with safety net? Yes No

27. Swimming pools? Yes No

If yes, is it fenced with latching gate or retractable safety cover? Yes No

If yes, is there a diving board or slide? Yes No

28. Any horses? Yes No

If yes, Personal/Pleasure Use Number: _____ Working/Ranch Use Number: _____

Boarding/Breeding/Training/Instruction/Public Riding/Racing - *If selected, complete commercial equine application*

29. Does the insured operate any watercraft? Yes No

If yes, give number: _____

If yes, list in space provided _____

If yes, are all operators experienced? Yes No

Is separate coverage placed elsewhere? Yes No

30. Does the Insured operate ATVs/UTVs, snowmobiles or dirt bikes? (ATV/UTV Questionnaire required) Yes No

If yes, give number: _____

If yes, list in space provided _____

If yes, are all operators experienced? Yes No

Is separate coverage placed elsewhere? Yes No

31. Any dogs on the property? Yes No

If yes, how many and what breed? Yes No

Has any dog bitten or caused injury to anyone? Yes No

If yes, please explain: _____

1. Has the insured carried insurance coverage for this risk the previous 12 months?

Yes NO Explain if lapse _____

2. What insurers presently carry the applicant's coverage?

Coverage	Present Insurer	Policy No.	Expiration	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Any cancellations, declinations, non-renewals, or lapse in coverage in the past 3 years?
 Yes NO Explain if yes _____

3. Please list all losses in the last 5 years or provide carrier loss runs

Policy #	Eff. Date	Date of Loss	Amount Paid/ Reserved	Describe loss and any corrective measures

FRAUD STATEMENTS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: Auto: Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties. Other Than Auto: The "All Other States" statement applies to lines of business other than auto.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the 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 who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

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.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY, MASSACHUSETTS (OTHER THAN AUTO INSUREDS), NEW YORK (OTHER THAN AUTO INSUREDS), OHIO, AND PENNSYLVANIA (OTHER THAN AUTO INSUREDS): 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 subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

MASSACHUSETTS AUTO: If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK AUTO: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

OKLAHOMA: 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 is guilty of a felony.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA AUTO: 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 seven years and payment of a fine of up to \$15,000.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

ALL OTHER STATES: Any person who knowingly and with intent to injure, defraud any insurance company or another 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 subjects the person to criminal and civil penalties.

Full Pay 4/6 Pay * 8/10 Pay No Payment attached - Bill Mortgagee

DECLARATIONS OF THE INSURED

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 subjects the person to criminal and civil penalties

SIGNATURE OF APPLICANT _____ **DATE** _____

SIGNATURE OF PRODUCE _____ **DATE** _____

SCHEDULED PERSONAL PROPERTY

Total Amount of Insurance by Class (current appraisals required)	Amount of Insurance	Items kept in Safe <input type="checkbox"/> No <input type="checkbox"/> Yes Appraisals Attached <input type="checkbox"/> No <input type="checkbox"/> Yes
1. Jewelry (attach list for quote - appraisals for issuance)		
2. Furs (attach list for quote - appraisals for issuance)		
3. Cameras		
4. Musical instruments		
5. Silverware, silverplated ware, goldware, goldplated ware and pewterware		
6. Fine arts		
7. Golf equipment		
8. Postage stamps		
9. Rare and current coins		
10. Guns (attach list)		
11. Other (specify)		

Other Private Structures (Coverage B) UNDERWRITING INFORMATION (Maximum of 10% Extension Applies)
 (limited to small storage buildings, detached garages or well houses, used in connection with the Main Dwelling only)

Description* List items covered by 10% extension	Diag #	Valuation	Const	Type/Heat & Age/Unit	Sq. Ft.	Type	Occup O T	Type of Roof	Age of Roof	Smoke Detector		Wood-stove or insert		**Limit
										Yes	No	Yes	No	
1.							<input type="checkbox"/> <input type="checkbox"/>							
2.							<input type="checkbox"/> <input type="checkbox"/>							

*If 30 years old or more, when was it last updated for: Heat _____ Wiring _____
 **If +10% of Main - Use Farm & Ranch Property Schedule Plumbing _____ Roofing _____

Outdoor Radio & TV Antennas/Satellite Dishes (Deductible Applies)
 Limit \$250 Attached to Dwelling Increases Values _____ Location _____
 Limit \$250 Not Attached to Dwelling Increases Values _____ Location _____

(Attach Schedule if more space is needed) Coverage E (Scheduled Farm Personal Property)
 Coverage F (Unscheduled Farm Personal Property - Underwriter Referral)

SCHEDULED FARM & RANCH MACHINERY

Year	Description	E	F	Make	Model	VIN	Cause of Loss	Limit of Insurance
							Basic <input type="checkbox"/>	
							Broad <input type="checkbox"/>	
							Special <input type="checkbox"/>	

LIMITED LIVESTOCK COVERAGE (Poultry not acceptable)

Description	E	F	# of years Training	No. of Units	Unit Price	Cause of Loss	Limit of Insurance
						Basic <input type="checkbox"/>	
						Broad <input type="checkbox"/>	

GRAIN, FEED, HAY OR HARVESTED PRODUCE

Description	Out of Barn	In Barn	E	F	No. of Units	Unit Price	Cause of Loss	Limit of Insurance
							Basic <input type="checkbox"/>	
							Broad <input type="checkbox"/>	

Hay, straw & fodder in the open is only eligible for fire and lightning, vehicles, windstorm or hail and theft. Grain in the open is only eligible for fire or lightning, vehicles or theft.

TOOLS, EQUIPMENT AND SUPPLIES

Year	Description	E	F	No. of Units	Unit Price	Cause of Loss	Limit of Insurance
						Basic <input type="checkbox"/>	
						Broad <input type="checkbox"/>	
						Special <input type="checkbox"/>	

Additional Insured Endorsement

Name of Additional Insured _____

Address _____

Complete Interest - including percentage of ownership in exact property / location _____

Occupant Non-occupant (Property Liability or Both)

Watercraft Liability - Describe watercraft (Make, Length, HP, Inboard/Outboard) _____

Animal Collision - Number of Head _____ \$500 per Head (\$100 Deductible)

Farm computer coverage: \$ _____ / _____
(value) (description - hardware only)

Increased limits for business personal property: \$ _____

Sump overflow and water backup from sewer and drains - \$125 charge. (Dwelling deductible applies)

Agri-Plus endorsement (recommended for large operations) - \$225 charge.

Equine Property Endorsement - \$125 charge.

Identity Fraud Expense (available for primary occupied dwellings only) - \$25 charge.

High Value Dwelling Endorsement (available for dwellings valued \$500,000 or more) - \$250 charge.

Dairy endorsement (recommended for dairy operations) _____ number of head.

Off premises ATV liability coverage - provide number and year, make, model and serial number for each -

Enhanced pollutant cleanup - \$25,000 or \$50,000

Chemical drift endorsement (increase limit) - \$50,000.

Other - Optional coverages desired / Describe _____

SUPPLEMENTAL PAGES - Available on our Website

Horse Questionnaire - for Equine Operations (Boarding, Breeding, Training and Selling).

Scheduled Farm & Ranch Property - For Scheduled Dwellings, Barns and other Buildings on acreage.

Location / Acreage Schedule - Multiple locations need to be listed.

Farm Photos and Diagram - while these items are required for issuance - this page is for agent convenience only.

Other Coverages

Automobile - Attach Completed Accord Commercial Automobile Application (125, 127, 129 & 137)

Umbrella - Attach Completed Accord Commercial Umbrella Application (125 & 131) and **Umbrella Checklist**

LOCATION / ACREAGE SCHEDULE

Premises # _____ # of Acres _____ Type of Operations _____
Location (include 911 Address and GPS Coordinates) _____ is situated on
_____ side of _____ road about _____ miles
(NESW)
_____ from _____
(NESW) Town County Zip State
* Leased to Others? Yes No Buildings? Yes No Fenced? Yes No Type _____ Condition _____

Premises # _____ # of Acres _____ Type of Operations _____
_ Location (include 911 Address and GPS Coordinates) _____ is situated on
_____ side of _____ road about _____ miles
(NESW)
_____ from _____
(NESW) Town County Zip State
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_____ from _____
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(NESW)
_____ from _____
(NESW) Town County Zip State
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Premises # _____ # of Acres _____ Type of Operations _____
_ Location (include 911 Address and GPS Coordinates) _____ is situated on
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(NESW)
_____ from _____
(NESW) Town County Zip State
* Leased to Others? Yes No Buildings? Yes No Fenced? Yes No Type _____ Condition _____

Premises # _____ # of Acres _____ Type of Operations _____
Location (include 911 Address and GPS Coordinates) _____ is situated on
_____ side of _____ road about _____ miles
(NESW)
_____ from _____
(NESW) Town County Zip State
* Leased to Others? Yes No Buildings? Yes No Fenced? Yes No Type _____ Condition _____

* If leased to others provide copy of Certificate of Insurance.

SCHEDULED FARM & RANCH PROPERTY

(Use this schedule to describe any additional Dwellings/Barns or buildings if coverage is desired.)

* Type 1 buildings with hay storage must be classified as Type 2.

** Basic, Broad, Special

1.	Loc No.	Bldg No.	Roof Type	Construction	Used As	Owner / Tenant	Type 1, 2* or 3	Causes ** of Loss	Amount of Insurance	Deductible Amount
1.									\$ _____	\$ _____
	Situating _____				Feet _____ of _____					
	<input type="checkbox"/>	RC				(N.E.S.W.)				Wiring _____ Plumbing _____ Heating _____
		Size/Sq Ft _____	# of Open Sides _____		Year Built _____		Age of Roof _____			
	If Barn or Outbuilding, what is stored in it? _____									
2.									\$ _____	\$ _____
	Situating _____				Feet _____ of _____					
	<input type="checkbox"/>	RC				(N.E.S.W.)				Wiring _____ Plumbing _____ Heating _____
		Size/Sq Ft _____	# of Open Sides _____		Year Built _____		Age of Roof _____			
	If Barn or Outbuilding, what is stored in it? _____									
3.									\$ _____	\$ _____
	Situating _____				Feet _____ of _____					
	<input type="checkbox"/>	RC				(N.E.S.W.)				Wiring _____ Plumbing _____ Heating _____
		Size/Sq Ft _____	# of Open Sides _____		Year Built _____		Age of Roof _____			
	If Barn or Outbuilding, what is stored in it? _____									
4.									\$ _____	\$ _____
	Situating _____				Feet _____ of _____					
	<input type="checkbox"/>	RC				(N.E.S.W.)				Wiring _____ Plumbing _____ Heating _____
		Size/Sq Ft _____	# of Open Sides _____		Year Built _____		Age of Roof _____			
	If Barn or Outbuilding, what is stored in it? _____									
5.									\$ _____	\$ _____
	Situating _____				Feet _____ of _____					
	<input type="checkbox"/>	RC				(N.E.S.W.)				Wiring _____ Plumbing _____ Heating _____
		Size/Sq Ft _____	# of Open Sides _____		Year Built _____		Age of Roof _____			
	If Barn or Outbuilding, what is stored in it? _____									
6.									\$ _____	\$ _____
	Situating _____				Feet _____ of _____					
	<input type="checkbox"/>	RC				(N.E.S.W.)				Wiring _____ Plumbing _____ Heating _____
		Size/Sq Ft _____	# of Open Sides _____		Year Built _____		Age of Roof _____			
	If Barn or Outbuilding, what is stored in it? _____									
7.									\$ _____	\$ _____
	Situating _____				Feet _____ of _____					
	<input type="checkbox"/>	RC				(N.E.S.W.)				Wiring _____ Plumbing _____ Heating _____
		Size/Sq Ft _____	# of Open Sides _____		Year Built _____		Age of Roof _____			
	If Barn or Outbuilding, what is stored in it? _____									
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	Situating _____				Feet _____ of _____					
	<input type="checkbox"/>	RC				(N.E.S.W.)				Wiring _____ Plumbing _____ Heating _____
		Size/Sq Ft _____	# of Open Sides _____		Year Built _____		Age of Roof _____			
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9.									\$ _____	\$ _____
	Situating _____				Feet _____ of _____					
	<input type="checkbox"/>	RC				(N.E.S.W.)				Wiring _____ Plumbing _____ Heating _____
		Size/Sq Ft _____	# of Open Sides _____		Year Built _____		Age of Roof _____			
	If Barn or Outbuilding, what is stored in it? _____									

If coverage on silos is required, please provide model, minimum capacity, trade name, year built, if concrete foundation, sealed, or bottom unloading. Describe each structure on diagram.

Replacement Cost available only for buildings \$50,000 or more in value that are accompanied by a replacement cost worksheet @ 100% value.