



7320 N Villa Lake Dr Peoria, IL 61615 Phone: 309-692-8544

FARM APPLICATION QUESTIONNAIRE

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Applicant Name: _____ Policy Term: _____ -
 Contact Name: _____ Telephone #: _____
 Mailing Address: _____ Date of Birth: _____
 _____ FEIN#/SS#: _____

Applicant Is: Individual Partnership Corporation LLC Other _____
 Type of Farm: Field Crops Livestock & Type _____ Other _____
(ex: Ranch, Dairy, Poultry, Swine, Equine) *(ex: Hobby, Landlord, etc.)*

Describe Farming Operations and Any Custom Farming or Additional Business Activities Performed:

| | | | |
|--------------|--|-----------------|--|
| Description: | | Gross Receipts: | |
| Description: | | Gross Receipts: | |
| Description: | | Gross Receipts: | |
| Description: | | Gross Receipts: | |

Additional Remarks (Describe Farming Operations and Any Custom Farming or Additional Business Activities Performed):

A. LOCATION INFORMATION:

| Loc# | Sec | Twp | Rge | Acres | 911 Address, City, State, Zip | County | FD (Miles) | Liab. Only (Y/N) |
|------|-----|-----|-----|-------|-------------------------------|--------|------------|------------------|
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LOCATION INFORMATION (continued):

| Loc# | Sec | Twp | Rge | Acres | 911 Address, City, State, Zip | County | FD (Miles) | Liab. Only (Y/N) |
|------|-----|-----|-----|-------|-------------------------------|--------|------------|------------------|
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| | | | | | Acres Total | | | |

Property Section

B. Dwelling Information:

| Loc # | Dwlg # | Year Built | Square Feet | Const. Type | Roof Type | Roof Year | # of Families | Item Information | Coverage Amount |
|-------|--------|------------|-------------|-------------|-----------|-----------|---------------|------------------|-----------------|
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Dwelling Information (continued):

| Loc # | Dwlg # | Heat Type | Protect Dev. | Pump (Y/N) | EQ (Y/N) | Mine (Y/N) | Perils^ | Valuation* | Deductible |
|-------|--------|-----------|--------------|------------|----------|------------|---------|------------|------------|
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*Valuation: RC= Replacement Cost; ERC= Extended Replacement Cost; ACV= Actual Cash Value; FBV= Functional Building Valuation

^Perils: B=Basic S=Special S/BR= Special/Broad

C. Scheduled Personal Property (Jewelry, Guns, Stamps, Art, etc.) :

| Item# | Description | Coverage Amount |
|-------|-------------|-----------------|
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D. Farm Buildings (INCLUDE OUTSIDE WIIRING):

| Loc # | Bldg # | Description | Year Built | Square Feet | Const. Type | Roof Type | Roof Age | Perils^ | Val.* | Coverage Amount |
|-------|--------|-------------|------------|-------------|-------------|-----------|----------|---------|-------|-----------------|
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*Val.: RC= Replacement Cost; ERC= Extended Replacement Cost; ACV= Actual Cash Value; FBV= Functional Building Valuation

^Perils: B=Basic S=Special S/BR= Special/Broad

***Note- Unscheduled items are rated based off of the total amount. We will need a completed blanket inventory at the time of submission. Please refer to the blanket tab if you wish to fill out the detailed worksheet.**

E. Blanket (Unscheduled Farm Property):

| Item | Perils | Deductible | Limit of Insurance |
|----------------------------------|--------|------------|--------------------|
| Livestock (Basic and Broad Only) | | | |
| Other Than Livestock | | | |
| Total: | | | |

Equipment Breakdown Coverage Requested?

Yes ___ No ___

F. Peak Season Coverage:

| | # of Months/ Dates | Coverage Amount |
|-----------------|--------------------|-----------------|
| Grain | | |
| Chemicals/ Seed | | |

G. Scheduled Farm Property:

| Item # | Perils^ | Description of Item | Coverage Amount |
|---------------|---------|---------------------|-----------------|
| | | | |
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| | | | |
| Total: | | | |

H. Irrigation:

| Item # | Perils^ | Description of Item (Make, Year, Length, Serial #) | Valuation* | Coverage Amount |
|---------------|---------|--|------------|-----------------|
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| Total: | | | | |

*Valuation: RC= Replacement Cost; ERC= Extended Replacement Cost; ACV= Actual Cash Value; FBV= Functional Building Valuation

^Perils: B=Basic S=Special S/BR= Special/Broad

Liability Section

I. Liability:

| | Liability to Public Occurrence | Liability to Public Aggregate | Med Pay Public | Liability to Farm Employees | Med Pay Farm Empl |
|---------------------|--------------------------------|-------------------------------|----------------|-----------------------------|-------------------|
| Limit of Liability: | | | | | |

| # Full Time Employees | # Part Time Employees | Total Employee Remuneration\$ |
|-----------------------|-----------------------|-------------------------------|
| | | |

J. Additional Insureds:

| Name/Address | Full/Limited | Relationship |
|--------------|--------------|--------------|
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K. Underwriting Information:

**Please use remarks section for all "Y" responses*

- | | Y | N |
|---|--------------------------|--------------------------|
| 1. Does the applicant carry any Worker's Compensation Insurance? (If yes, provide previous insurance company and fill out the Work Comp App) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the agent know the applicant? (If yes, provide the number of years and the date of the last inspection) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has insurance been transferred within the agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the applicant engaged in any other business or trade not already indicated? (If yes, provide details below) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Any private saddle animals owned? (If yes, provide use and number of animals) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is farming the primary source of the farmer's income? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the applicant maintain a non-farm office, private school, and/or daycare in any insured building? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is there a swimming pool or trampoline on the premises? (If yes, complete the pool/trampoline questionnaire) | <input type="checkbox"/> | <input type="checkbox"/> |

| | Y | N |
|---|--------------------------|--------------------------|
| 9. Do you own any dogs? Any history of dog bites? Any dangerous or exotic animals? (If yes, provide how many and what breed.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are independent contractors hired to perform farming operations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is there an airstrip on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is any part of the farm used or leased for organized recreational use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are there any unusual hazards such as (but not limited to) open dump pits, silage pits, sump holes, ponds, lakes, reservoirs, waste lagoons, irrigation ditches, trampolines or other types of gymnastic equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does the applicant allow others to dispose of waste materials on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are any 'hold harmless' or 'indemnifying' agreements in effect? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are there any public parks, golf courses, schools, churches, stores, subdivisions, town/cities or any public exposures neighboring any of the insured's farm locations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is entire premises occupied year round? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is entire premises occupied by applicant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. During the last 10 years, has any applicant been convicted of any crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Is there a year-round water supply usable for fire protection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Does applicant maintain any vacational or seasonal premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Does applicant serve on any boards for remuneration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Is the applicant a subsidiary of another or does the applicant have subsidiaries? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Is a formal safety program in existence (Provide program details)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Have any of the applicant's livestock ever escaped onto a public road? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Has the applicant had any complaints regarding agri-chemical drift, or any pollution in the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Is there any equipment loaned to or rented from others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Does insured plan any construction or renovation work to be done on the premises in the next 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Y | N |
|--|--------------------------|--------------------------|
| 29. Are there any wood burners, add-on wood furnaces, corn burners, outside woodstoves, etc. serving any farm service building structure? (See Supplemental Heat Questionnaire) | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Are any burglary and/or fire alarms on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Is equipment well maintained? (If not please indicate details of the anticipated repairs) | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Has similar insurance been cancelled or non-renewed by another company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Do all named insureds reside on the premises described? (If no, use the remarks section) | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Have any protective guards been removed from machinery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Does the applicant own any RV's/ATV's? Any minitrucks? (See Rec. Vehicle Questionnaire) | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Does the applicant own any watercraft? (See Rec. Vehicle Questionnaire) | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Does the applicant allow hunting/fishing on the premises? (If yes, is there a charge?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Does the applicant have any other personal liability policies? (If yes, please provide company and policy number) | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Are all farm premises, which are owned or rented by the applicant, included under the location information? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Are there any gravel pits or rock quarries on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Have there been any claims for milk contamination? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Does the applicant manufacture, mix, process, slaughter, butcher, or otherwise prepare for any "end consumer" their or any other grower's product? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are there any other businesses or professions conducted on the premises that have not yet been indicated on this questionnaire? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Does applicant handle any product, such as seed, fertilizer, sprays, etc. for resale? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Does applicant build, repair or design machinery, equipment or systems for anyone at a charge or fee? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Are there any incidental business activities on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |

| | Y | N |
|--|--|--|
| 47. Are any contract or service operations performed for others such as snow removal, filling, excavating, or ditching? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Does the applicant apply anhydrous ammonia to the farms of others? Any other custom spraying? | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Are pesticides stored in a locked enclosure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Is any land held for real estate development or speculation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Does the applicant hire or contract for services? (e.g., building repairs, snow removal, janitorial services, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Have there been any losses or claims relating to allegations of sexual abuse, molestation, discrimination or negligent hiring? | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Is this business operated from a private residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. Has the applicant been involved in any lawsuits? Any judgments or liens rendered against the applicant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Have any operations been sold, acquired, or discontinued in the last 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Have you or your farm corporation ever filed for bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. Is there any other information that would be helpful in underwriting this risk? | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Does the applicant raise or board horses, dogs, or livestock for: Others? Self? | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 59. Does the premises contain any of the following? Public access swimming? Motorcycle or Go Kart Trail/Track? Camping Areas? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 60. Does machinery have SMV Signs? Proper Lighting? Rear view mirrors? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 61. What is the radius of operation of equipment? | Miles: _____ | |
| 62. How far away from structures is gasoline or fuel stored? | Distance: _____ (ft) | |
| 63. What are the gross annual farming receipts? | \$ _____ | |
| 64. Year business started? | _____ | |

Remarks:

A large empty rectangular box with a black border, intended for entering remarks.

LOSS HISTORY: No Losses in 3 years No Losses in 5 years See Attached Loss Summary

| Date of Occurrence | Line | Description of Occurrence | Open/ Closed | Amount Paid |
|--------------------|------|---------------------------|-----------------|-------------|
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PRIOR INSURANCE INFORMATION:

| Prior Carrier | Type of Policy | Effective Date | Expiration Date | Expiring Premium |
|---|----------------|----------------|-----------------|------------------|
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| | | | | |
| Please explain any policy that has been cancelled or non-renewed in the last 5 years: | | | | |
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MORTGAGEE INFORMATION:

| Int.** | Name/ Address | Item Description |
|--------|---------------|------------------|
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**Int. M= Mortgagee; LP= Loss Payee; C= Contract for Sale

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE

PRODUCER'S NAME (please print)

DATE

***Note: In order to bind coverage we will need company applications signed by the producer and the applicant.**

Additional Remarks: