

Farm Umbrella Liability Application

Item 1.	DECLARATIONS OF APPLICANT - COMPLETE SEPARATE APPLICATION FOR EACH ENTITY TO BE INSURED*				
	Name of Insured: _____				
	Address: _____				
	Street	Town or City	County	State	Zip Code

2.	Policy Period: From _____ to _____ 12:01 A.M., standard time at the address of the insured as stated herein
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3.	The insurance afforded is only with respect to such of the following Coverages as are indicated by specific premium charge or charges.		
	COVERAGE	LIMIT OF LIABILITY	ADVANCE PREMIUM
	Farm Umbrella Liability	\$ Occurrence Limit	
	Endorsement(s)		
		Total Advance Premium	\$

4.	Schedule of Underlying Insurance					
	Description	Limits or Amount of Insurance		Policy Period	Policy Number	Insurer
	AUTOMOBILE LIABILITY	Bodily Injury Liability	\$	each person		
			\$	each occur.	From: _____	
		Property Damage Liability	\$	each occur.	To: _____	
		Or Combined Single Limit	\$	each occur.		
	RECREATIONAL VEHICLE LIABILITY	Bodily Injury Liability	\$	each person		
			\$	each occur.	From: _____	
		Property Damage Liability	\$	each occur.	To: _____	
		Or Combined Single Limit	\$	each occur.		
	PERSONAL / FARM LIABILITY <input type="checkbox"/> Personal <input type="checkbox"/> Farm	Bodily Injury Liability or Property Damage Liability or both				
		Comprehensive combined	\$	each occur.	From: _____	
		Personal & Ad Injury Liability	\$	each occur.	To: _____	
			\$	each occur.		
	COMMERCIAL LIABILITY <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	Premises/Operations	\$	each occur.		
		General Aggregate	\$		From: _____	
		Prod & Comp Ops Aggregate	\$		To: _____	
		Personal & Ad Injury Liability	\$	each occur.		
	WATERCRAFT LIABILITY Overall length: _____	1. Under 26 feet	\$	each occur.	From: _____	
		2. 26 feet or Over	\$	each occur.	To: _____	
	EMPLOYER'S LIABILITY <input type="checkbox"/> Workers' Comp and Employer's Liability <input type="checkbox"/> Farm Employer's Liability	Each Accident	\$		From: _____	
		Disease Each Employee	\$		To: _____	
		Disease Policy Limit	\$			
			\$	each occur.	From: _____	
					To: _____	

Does any policy in the Schedule have any extension or elimination of coverage or reduced limits of liability with respect to any insured or exposure?
 Yes No If "Yes", explain: _____

WHEN PROFESSIONAL LIABILITY COVERAGE IS DESIRED, COMPLETE THIS APPLICATION AND APPLICATION FOR PROFESSIONAL LIABILITY ENDORSEMENT.

New Business? Yes No If no, provide _____
 Renewal or Replacement policy # _____
 Other insurance with us? Yes No
 If yes, provide policy #'s _____

Line	Code	Premium	Line	Code	Premium
Auto	A001		Non-Auto	N001	
Auto	A002		Non-Auto	N002	
Auto	A003		Non-Auto	N003	
Sub-Total			Sub-Total		
Sub-Total			Total Premium		

* If entities are to be combined, explain on separate sheet.
 Indicate that applicants understand limits of liability condition.

SENT IN BY
 Agency Name: _____ Agency Address: _____ Agency Code: _____
 (over)

THE FOLLOWING INFORMATION MUST BE COMPLETED, AND THE APPLICATION SIGNED BY APPLICANT.

(Use separate sheet if necessary)

A. Residence or Farm Locations - Include those owned by wards or relatives covered by the policy. # of Add'l. Insured Households _____												
Loc #	# ACRES	LOCATION ADDRESS				SECTION	TOWNSHIP	RANGE	COUNTY	STATE		
B. Do the underlying policies cover all such residences and farms? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", note exceptions _____												
C. State number of: Farm Employees _____ Domestic employees _____												
D. INFORMATION REGARDING DRIVERS (Including Applicant and household members)												
List all members of household (incl wards)		Date-of-Birth		Do underlying policies have reduced limits of liability or eliminate coverage for any operators or exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", note exceptions: _____								
				Does Applicant or anyone in the household contemplate entering any race, contest, or exhibition with a tractor, watercraft, aircraft, or animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe: _____								
				Has applicant, any member of his immediate family, or any regular driver had any license suspensions or revocations? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain: _____								
E. AUTOMOBILES OWNED OR HIRED BY APPLICANT - List all automobiles and recreational vehicles owned, leased, or furnished for regular use by the Applicant, spouse, and/or other household members:												
UNIT #	YEAR	MAKE	BODY TYPE SIZE/GVW	LICENSED	UNLICENSED	UNIT #	YEAR	MAKE	BODY TYPE SIZE/GVW	LICENSED	UNLICENSED	
F. Does the applicant or any household member conduct any type of business other than farming? (Please report anything beyond growing crops or raising livestock) <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain. _____												
G. Does the insured or members of insured's family own or operate pleasure boats, inboard motorboats, sailboats, or houseboats? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain fully _____												
H. Does the Applicant raise, train, or board riding horses or ponies? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain fully indicating number and usage. _____												
I. Does the Applicant perform custom farming operations for others? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain type of work and annual receipts. _____												
J. Does the Applicant perform custom feeding operations for others? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain type of livestock fed and annual receipts. _____												
K. Do any applicants act as an officer or member of the board of directors of any non-profit corporation or organization. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain fully _____												
L. Does the Applicant hire any aircraft to apply chemicals? <input type="checkbox"/> Yes <input type="checkbox"/> No												
Do the underlying policies listed cover all such application? <input type="checkbox"/> Yes <input type="checkbox"/> No												
M. Is the Applicant subject to Worker's Compensation Laws? <input type="checkbox"/> Yes <input type="checkbox"/> No												
N. Do you have any other information that would be helpful in underwriting this risk? _____												
O. LOSS EXPERIENCE												
List all losses paid or now reserved in amounts greater than \$5,000 during the past five years. Show the total amounts for each loss, not just the amounts over \$5,000.												
Accident Date		Accident Description				Paid Amount		Reserve Amount		Claim Status		

NOTICE OF INSURANCE INFORMATION PRACTICES
 Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us. (Not applicable in MN)

MN residents should authorize release of personal information.
 Important: Credit scoring cannot be used Oregon for renewals unless requested by the insured.
 Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states, consult your agent or broker for your state's requirements.)

Any person who knowingly and with intent to 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 (NY: substantial) civil penalties. (Not applicable in AL, CO, DC, FL, HI, KS, MA, MD, ME, MN, NE, OH, OK, OR, VT, WA, or WV; in LA, TN and VA, insurance benefits may also be denied)

In Alabama and West Virginia: 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 is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

In 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.

In the District of Columbia: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

In 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.

In Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

In Kansas: Any person who knowingly and with intent to defraud, presents, causes to be presented or prepared with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of or in support of, an application for the issuance 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 act.

In Maine 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.

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

In Massachusetts, Nebraska, Oregon and Vermont: Any person who knowingly and with intent to 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In Minnesota: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

In 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.

In 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 is guilty of a felony.

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

_____ X _____
Soliciting Agent Signature of Applicant

(over)

If the company to which I am applying offers Uninsured Motorist (UM) or Underinsured Motorist (UIM) coverage in my state, the requested coverage limit is shown below:

Uninsured Motorist (UM) coverage limit: \$ _____ (If applicable in your state)
Underinsured Motorist (UIM) coverage limit: \$ _____ (If applicable in your state)

APPLICABLE ONLY IN KANSAS, LOUISIANA, NEW HAMPSHIRE, SOUTH DAKOTA, VERMONT, AND WISCONSIN

APPLICABLE ONLY IN KANSAS:

I acknowledge that I have been offered the options of selecting Uninsured Motorists (UM) coverage equal to the limits(s) of my Bodily Injury (BI) liability coverage, or UM coverage less than my BI limits, but not less than \$25,000 per person, \$50,000 per accident, or \$50,000 combined single limit.

I select limits lower than my BI limits. _____ (Initials)

APPLICABLE ONLY IN LOUISIANA:

I acknowledge that UM coverage has been explained to me, and I have been offered the option of selecting UM limits equal to my liability limits, UM limits lower than my liability limits, or to reject UM coverage entirely.

1. I select UM limits indicated in this application. _____ (Initials)
2. I reject UM coverage in its entirety. _____ (Initials)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I acknowledge that UM coverage has been explained to me, and I have been offered the option of selecting UM limits equal to my liability limits or to reject UM coverage entirely.

1. I select UM limits indicated in this application. _____ (Initials)
2. I reject UM coverage in its entirety. _____ (Initials)

APPLICABLE ONLY IN SOUTH DAKOTA:

UM/UIM coverage is optional and will not be covered unless specifically selected above.

APPLICABLE ONLY IN VERMONT:

I acknowledge that I have been offered UM coverage equal to my liability limits. I have selected the limits indicated in this application.

APPLICABLE ONLY IN WISCONSIN:

If non-owned only auto coverage is to be provided under the policy;

Medical Payments coverage _____ Is available _____ Is not available.