

AGRIBUSINESS INSURANCE APPLICATION

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Renewal of #	APPLICANT IN	FORMATION SECTION	Date:							
Producer: Global Insurance Alliance, I	nc.	Carrier:	Underwriter:							
Agency Contact: Melissa Braun Agency Phone #: 480-816-5665		Website: www.globalinsaz.com								
Code: DBC26 Si	ub Code:	Please indicate applications attached:								
Status of Submission:		Property Farm or General Liability Umbrella								
Quote Issue Polic	у	Automobile Farm personal								
Bound (give date and/or attach binder)		Personal articles & recreation veh	nicles Other							
Effective Date:	Expiration Date:	Quote Desired	Ву:							
Name of Applicant:										
Mailing Address:										
City, State, Zip:										
☐ Individual ☐ Corp	ooration	Partnership	Other							
Inspection Contact:		Accounting Contact:								
Telephone #:		Telephone #:								
Method of Payment: Agency Bill	☐ Direct Bill Numb	per of Payments								
Type of Farm or Ranch (921) Berries, Fruits, & Nuts (923) Vegetables (924) Grain & Field Crops (925) Dairy (926) Poultry] (928) Horses] (929) Livestock-Containm] (935) Ranches-Open Ran] (90A) Citrus] (90B) Nurseries	= ` '	☐ (92E) Vineyards ☐ (92F) Bee Keeper ☐ (927) Other							
Total number of acres:	Number of acres cultiva	ted: Number of acr	es grazed:							
Farmed by: Owner	Tenant Manag	er Other Full	Time Part Time							
How long has applicant actively farmed?		Gross farming receipts?								
Date you last inspected premises and building	gs?	Photo(s) attached?								
Is this new business to your agency?		How long have you known a	pplicant?							
Does applicant have another source of incom	e other than farming?	If yes, explain:								
Remarks:										
Applicant's signature:		Agent's signature:								
Date:		Date:								

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Applicant: Producer:

PRIOR C	ARRIER INFORMAT	TION					
Line	Category	Year	Year		Year		
J	Carrier	•					
Œ	Policy No.						
PROPERTY	Policy Type						
ЭP	SPD						
RC	Mod Factor						
4	Total Premium	•					
	Carrier	•					
	Policy No.						
⊥	Policy Type						
	BI/CSL						
LIABILITY	PD						
1	Mod Factor						
	Total Premium						
		•					
	Carrier	•					
œ	Policy No.						
뽀	Policy Type						
ОТНЕК	Amount						
)	Mod Factor						
	Total Premium	•					
LOSS HIS	STORY						
Enter all o	claims or occurrences	s that may give rise to clai	ms for the prior five			☐ Ch	neck here if none
Date o		Type/Description o	f Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status
							Open
				G.G			Closed
							☐ Closed ☐ Open
							☐ Closed ☐ Open ☐ Closed
				- Claim			□ Closed □ Open □ Closed □ Open
							☐ Closed ☐ Open ☐ Closed
				O.G.			☐ Closed ☐ Open ☐ Closed ☐ Open ☐ Open ☐ Closed ☐ Closed
							☐ Closed ☐ Open ☐ Closed ☐ Open ☐ Closed ☐ Closed ☐ Closed ☐ Open ☐ Open
							☐ Closed ☐ Open ☐ Closed ☐ Open ☐ Closed ☐ Open ☐ Open ☐ Closed ☐ Closed ☐ Closed
							☐ Closed ☐ Open ☐ Open
							☐ Closed ☐ Open ☐ Closed ☐ Open ☐ Closed ☐ Open ☐ Closed ☐ Open ☐ Closed ☐ Closed ☐ Closed
							☐ Closed ☐ Open ☐ Open
							□ Closed □ Open □ Closed □ Closed □ Closed
							☐ Closed ☐ Open ☐ Open
							□ Closed □ Open □ Closed □ Closed □ Closed
							□ Closed □ Open □ Closed □ Closed □ Closed
		NOTE: Fidelity require	es a six year loss history			ched loss sumn	□ Closed □ Open □ Closed □ Closed □ Closed
					☐ See attac	ched loss sumn	□ Closed □ Open □ Closed □ Closed □ Closed
	policy been cancelled		es a six year loss history Nonrenewed?			ched loss sumn	□ Closed □ Open □ Closed □ Closed □ Closed
Has any p					☐ See attac	ched loss sumn	□ Closed □ Open □ Closed □ Closed □ Closed
Has any p	policy been cancelled				☐ See attac	ched loss sumn	□ Closed □ Open □ Closed □ Closed □ Closed
Has any p	policy been cancelled				☐ See attac	ched loss sumn	□ Closed □ Open □ Closed □ Closed □ Closed
Has any p	policy been cancelled				☐ See attac	ched loss sumn	□ Closed □ Open □ Closed □ Closed □ Closed
Has any p	policy been cancelled	l? ☐ Yes ☐ No			☐ See attac	ched loss sumn	□ Closed □ Open □ Closed □ Closed □ Closed

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OPERATIONS OVERVIEW

Applicant: Producer:												
ADDIT	IONA		ffiliated or subsidiary companies to be insured	Relati	onship							
INTER	RESTS	A	dditional insureds	Intere	st				Sec.I	Sec.II		
Loc. #	Sec.I	Sec.II	Location to be insured (incl. zip code)		*PC	# of Acres	Check if no Bldgs.	ln	sured's Inte	rest		
								Owner Occupant	Lessee	Lessor		
* Protection	on Class	S										

☐ SEE ADDITIONAL SCHEDULE OF OPERATIONS CP-4857A

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UNDERWRITING INFORMATION

Α	pplicant:					Produce	er:		
	ROPERT		ava mankad misk			9.	Is there any unusual hazard such as (but not limited to) open dump pits, silage pits, sump holes, lakes or reservoirs?	☐ Yes	s 🗌 No
1. 2.	Is there a	atelephone on the payear-round usable		Yes	□ No □ No		Is there an airstrip on the premises? Are any "hold harmless" or "indemnifying" agreements in effect?		s
	If yes,	(a) Source =	☐ Well ☐ Pond/Lake			12.	Is the applicant engaged in any other business, profession or trade?	☐ Yes	s 🗌 No
		(b) Quantity =	☐ Hydrant within 1,00☐ Other☐ Less than 1,000 ga			13.	If livestock is kept, are all areas well-fenced? If no, please explain Premises is in: □ open range are	_	s 🗌 No
3.		wood or coal fired s	☐ 1,000-3,000 gallor ☐ Over 3,000 gallons toves used in		□No	14.	☐ closed range ar Are the described insured premises the only premises which the applicant or spouse owns, rents or operates as a farm or ranch, or		s 🗌 No
4.	outbuildir Does app	ngs? olicant own rental p	roperty?	☐ Yes*	□No		maintains as a residence, other than business property? If no, explain.		
				_	_	15.	Any non-owned horses on any insured premises?	☐ Yes	s 🗌 No
							Any owned horses?	☐ Yes	s 🗌 No
							Does insured board, race, breed or rent horses?		s 🗌 No
	ABILITY		tian mlaasa avmlain (r			17.	Is any land held for real estate development or speculation?	☐ Yes	s 🗌 No
of	form) and	provide annual gr	tion, please explain (u oss receipts or cost.		_	18.	Does applicant maintain any vacation or seasonal premises?	☐ Yes	s 🗌 No
1.		endent contractors by farming operation		☐ Yes	☐ No	19.	If dairy farm, is there any processing of milk?	☐ Yes	s 🗌 No
2.	Is any part	t of the farm used or recreational use?		☐ Yes	☐ No	20.	If dairy farm, is there any retail sales of milk products to the public?	☐ Yes	s 🗌 No
3.	machinery	icant build, repair o r, equipment or syst a charge or fee?		☐ Yes	☐ No		Receipts		
4	-	icant mix, process,	slaughter	☐ Yes	□No		Number of cows milked	1	
••	butcher or consumer	otherwise prepare his or any other g	for any "end			22.	Are any premises used for hunting purposes?] Yes [□ No.
	product?			_	_		☐ By owners: ☐ no charge] fee	
5.		icant handle any pr prays, etc. for resa	oduct, such as seed, le?	☐ Yes	☐ No	23.	Does applicant maintain a non-farm office or private school in an insured building?] Yes [□ No
6.		ontract or service op th as tilling, excavat	peration performed for ting or ditching?	☐ Yes	☐ No	24.	Is there a swimming pool on premises?] Yes	□ No
7.	roadside s "rent-a gar	m premises open t tands, "U-Pick", rec den", auction sales service, animal boa	creational, s show, food or	☐ Yes	□ No	25.	Diving Board?	Yes [□ No □ No □ No
8.	Are any poused by ar	•	ented or leased or corporation or interest	☐ Yes	□No	26.	Is the applicant a subsidiary of another or does the applicant have subsidiaries?] Yes [□ No
	ior other th	nan farming?				27.	Is a formal safety program in existence?] Yes [□ No
E	xplain Ye	s Answers:							

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AGRIBUSINESS PROPERTY

(ISO Coverage A, B, C, D & G)

Applic	pplicant: Producer:															
Propert	y Deductible:			□ \$25	50		\$500		\$1,000] Othe	er (speci	fy)			
Locatio	n #			Fire Pr	otectic	n Class	i				Distric	t Name				
Cove	erage (A, B, C, D)	R	/C		Со	vered C	auses o	of Los	ss		Lir	mit		F	Rate	Premium
Main D	welling	□Y	□N	☐ Bas	sic	Bro	oad		Special							
Other S	tructures	ΠY	□и	☐ Bas	sic	□Bro	oad		Special							
Househ	old Personal Prop.	ΠY	□N	☐ Broad ☐ Broad ☐				Special								
Loss of	Use	N	/A			l	N/A									
Mortgag Loss Pa Address	MAIN DWELLING (underwriting in Year Built				Type	ge G)	Perm [nanei	Const.	onal	Are prer If ye Type	Age of any burnises? [es, where e of Alar	Unit glary an Yes e?	If w C	Yes No Yes, pleas oodstove a P-4866 ire alarms o	
Dwell	ing and Farm St	ructure	es Deta	ail Info	rmati	on					<u> </u>					
No.	Type 1,2 or 3			moke/Heat Detectors Y/N Wood Stoves Y/N				Year Built	Year Last Updated		G	Sq. Feet round Fl	of oor		d Seasonal or acation Y/N	
* Valuat		11	_ 1 [4:0:4	Value (fo	notice	al BC\			auses of loss						ı	
R = RC	A = ACV SEE UNIT	r own	ERS C		AGE S	SUPPL		NTA	L APPLIC	e = Broa			Special			

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AGRIBUSINESS SCHEDULED FARM PERSONAL PROPERTY

(ISO Coverage E)

			(,					
Applicant:				Producer:					
Deductible:	□ \$250	□ \$500	\$1,000	Other (specify)					
					C 1	Cause of Loss) Basic 2) B 3) Special	road		
Company Use On	ly	Description (include year, ma	ke, model 8	k serial #; livestock info.,	etc.)	1 2 3	Custom Use	Limit of Insurance	
	1.								
	2.								
	3.								
	4.								
	5.								
	6.								
	7.								
	8.								
	9.								
	10.								
	11.								_
	12.								_
	13.								_
	14.								_
	15. 16.								_
	17.								_
	18.								_
	19								
	20.								
	21.								
	22.								
	23.								
	24.								
	25.								
	26.								_
	27.	Transit							
	28.								
	29.	Hay on premises in open (stack		aximum clear space	ft.)				
	30.	Hay on premises in barn (stack	ş ma	ximum clear space	ft.)		OTAL ! ! ***	ėo.	_
							OTAL LIMIT		_
A NA!!!-	aa &c -l-	and the same and an all and a second and				Cause of L	oss (perils)	Limit of	_
1. Miscellanee (Not excee	ous tools, oding \$2,00	equipment and supplies 00 per item)							

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\$0

TOTAL LIMIT

AGRIBUSINESS UNSCHEDULED FARM PERSONAL PROPERTY

(ISO Coverage F)

Applicant: Producer:

Agricultural Produce	# of Units	Unit Price	Total Value	Agricultural Machinery and Implements	# of Units	Unit Price	Total Value	Agricultural Tools, Equipment and Supplies	# of Units	Unit Price	Total Value
Barley			0	Tillage:				Agricultural Chem			
Corn			0	Tractors			0	Fertilizers			0
Fodder			0	Discs			0	Herbicides			0
Fruit			0	Harrows			0	Insecticides			0
Ground Feed			0	Plows			0	Pesticides			0
Hay			0	Other			0	Air Compressors Bins			0
Mfg. Stock Feed Nuts			0				0	Boxes and Box			0
Oats			0				0	Shook			0
Silage			0	Cultivating:				Electric Motors			0
Soybeans			0	Cultipackers			0	Farm Lubricants			0
Straw			0	Cultivators			0	Fencing and Posts			0
Wheat			0	Drills			0	Gasoline/Diesel			0
			0	Planters			0	Fuel			0
			0	Rotary Hoes			0	Hand Tools			0
			0	Seeders			0	Materials and Supp			0
	Total V	alue \$0	U	Spreaders			0	Milking Equipment			0
			Total	Sprayers			O	Office Equipment			0
Poultry	# of Birds	Unit Price	Total Value	Harvesting:				Paints Picking Equipment			0
Chickens	טווט	FIICE	0 Value	Augers			0	Poultry Equipment			0
Turkeys			0	Blowers			0	Power Tools			0
			Ĭ	Choppers			0	Saddles and Tack			0
			0	Combines			0	Spare Parts			0
1			0	Corn Pickers			0	Tires			0
			0	Cotton Pickers			0	Vet Supplies			0
				Driers			0	Welders and Torches			0
	–			Elevators (Port.)			0				
		alue \$0	T =	Forage			0				0
Livestock	# of	Unit	Total	Harvesters			0				0
	Head	Price	Value	Grain Cleaners			0				0
D : 0				Grain Heads			0				0
Dairy Cows			0	Grape							0
Dairy Heifers			0	Harvesters			0				0
Dairy Calves Beef Cows			0	Hay Balers Mowers			0				0
Beef Calves			0	Nut Shakers			0				l o
Feeder Cattle			0	Rakes			0		Total V	alue \$0	
Bulls			0	Rice Harvesters			0	Irrigation	# of	Unit	Total
Ballo				11100 1101 1001010				Equipment	,, 01	O i iii	i otai
Sows and Gilts			0	Roods			0		Units	Price	Value
Boars			0	Silo Filters			0	Center Pivot			0
								Irrigation			
Feeder Pigs			0	Silo Unloaders			0	Drip			0
Ewes			0	Tomato				Handset			0
Rams			0	Harvesters			0	Lateral Move			0
Lambs			0	Wagons			0	Irrigation Pumps			0
Horses			0	vvagoris			O	Solid Set			0
Mules			0				0	Wheel-Line			ő
-			0				0				0
			0				0				0
			0				0				0
	Total V	alue \$0			Total V	alue \$0			Total V	alue \$0	
IF F	XCI IIS	ION OF F	ROPERTY FE	OM BLANKET CO	VFRAC	F IS DESIP	FD PI FASI	LIST THE SPECIFIC I	TEMS	N PAGE 8	
	-//2503	.5.1 51 7	ERTTER	CAN DEANNET OU	11/40		Insurance				
			Agricultural Pı	oduce		\$0	insurance	-			
			Poultry	oduce		\$0		\dashv			
			i Juili V			╡					
I IMITS OF II	NSIIPA	NCF									
LIMITS OF II	NSURA	NCE	Livestock	rv & Imnlemente		\$0 \$0					
LIMITS OF II	NSURA	NCE	Livestock Agri. Machine	ry & Implements		\$0					
LIMITS OF II	NSURA	NCE	Livestock Agri. Machine Agri. Tools, E	quip. & Supplies				Rate	Prem	nium	
LIMITS OF II	NSURA	NCE	Livestock Agri. Machine	quip. & Supplies pment	otal	\$0 \$0		Rate x =	Pren \$0	nium	

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AGRIBUSINESS FARM PERSONAL PROPERTY

(ISO Coverage E)

Applicant:										
UNDERWRITING INFORMATION										
Scheduled										
Unscheduled										
If property is kept on a location(s) other	than an insured location, where is it kep	vt								
(a) during farming season?										
(b) during off season?										
What is maximum value of equipment at	t any one location									
(a) during farming season?	Inside \$	in open \$								
(b) during off season?	Inside \$	in open \$								
Is there any equipment loaned or rented	to/from others?	☐ No								
Value for borrowed or rented equipment	:\$									
Does applicant perform his own mainter	nance on equipment?	☐ No								
If no, please indicate type of repairs don	e, where performed and by whom:									
What is radius of operations of equipme	nt?	miles								
what is radius of operations of equipme	iit:	6								
Property excluded from blanket coverag	e:									
Remarks:										
Cotton Picker Oil	Water									

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SCHEDULED PERSONAL ITEMS

TYPE: 1. Jewelry 2. Furs 3. Cameras 4. Musical Instruments 5. Silverware 6. Fine Arts 7. Golf Equipment 8. Stamps 9. Coins 10. Guns 11. Other

Applicant: Producer:

Item No	o. Type No.	Description of Item (Serial #, if any)	Insurance Amount
			Amount of
	mount of Insur	ance by Class	Insurance
1.	Jewelry		
2.	Furs		
3.	Cameras		
4.	Musical instrun		
5.		erplated ware, goldware, goldplated ware and pewterware	
6.		heduled, show location, construction, no. of families and protection class at	
7.	Golf equipment		
8.	Postage stamp		
9.	Rare and curre	nt coins	
10.	Guns		
11.	Other (specify)		
		Safe Credit Appraisals Attached Deductible Total \$ Yes No Yes No \$	0

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OPTIONAL COVERAGES

Agri-Plus II Property Endorsement	: 🗆	
Computer Coverage		
Watercraft Hull Year	Length	Horsepower
Coverage:		
Model/N	/lfg	Limit
Extra Expense		
Restoring Records		
Dwelling Glass		
Dairy Farms Endorsement		
Equine Property Endorsement		
Sewer Back-up		
Orchard and Vineyard Growers Pr	operty Endorsement 🗌	
Disruption of Farming Operations		
High Value Dwelling Endorsement	t 🗆	
Identity Fraud Expense Coverage		
Equipment Breakdown Coverage		
Extended Replacement Cost Cove	erage	
Location Number	Building Number	RC %

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AGRIBUSINESS FARM LIABILITY SECTION

Applicant: Producer:

	Coverages			Limits of Liability									
Coverage I	H – Bodily Injury and Property D	Damage Liability	\$ \$					rrence" Limit gregate Limit					
Coverage I	- Personal and Advertising Inju	ury Liability	\$ \$					rrence" Limit gregate Limit					
Coverage C	I – Medical Payments		\$ \$					Person Limit rrence" Limit					
Coverage I	H – Bodily Injury and Property D	Damage Liability	\$				A	Any One Fire					
Additional (Coverage b. – Damage to Prop	erty of Others	\$										
Commercia Yes	al General Liability No	If yes, complete general liability	te commercial										
Code			Coverage			*ILF	Basis/Rate	Premium					
	Initial farm premises, 0 to 160	o acres	☐ Owner Op	erated	☐ Non-owner Operated								
	Initial farm premises,161 to 5	000 acres	☐ Owner Op	erated	☐ Non-owner Operated								
	Initial farm premises, 501 to 2	2000 acres	☐ Owner Op	erated	☐ Non-owner Operated								
	Initial farm premises, Over 20	000 acres	☐ Owner Op	erated	☐ Non-owner Operated								
01418 🗌	Additional farm premises mai	intained by nam	ed insured Loc.	. #									
09250 🗆	Additional non-farm premises Seasonal Perma		sured Loc. #										
05117 🗌	Additional residence rented to	o others, numbe	rs of families		Loc.#								
04122 🗌	Additional insured – non-related	tive resident											
	Additional insured												
	Additional CPL Name:												
07106 🗆	Custom farming receipts \$		(rate per	\$1,000 R	eceipts)								
01235 🗌	Roadside stands – farm prod (rate per \$1,000 gross sales)		on the insured t	farm –									
* 🗆	Enhanced Pollutant Clean-up	(refer to compa	any)	Limit:									
	Chemical Drift												
01360 🗌	Contingent Liability for Crop I Cost \$	Dusting by Indep	pendent Aircraft Limit \$	t – (rate p	per \$1,000 cost)								
	Domestic Workers' Comp	Inserva	ant		Outservant								
	Animal Collision # of	f Livestock		Limit pe	r Head:								
	Products:												
	Other:												

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^{*}ILF - Increased Limits Factors

Supplemental Application (Snowmobiles, All Terrain Vehicles, Watercraft)

Named Insured

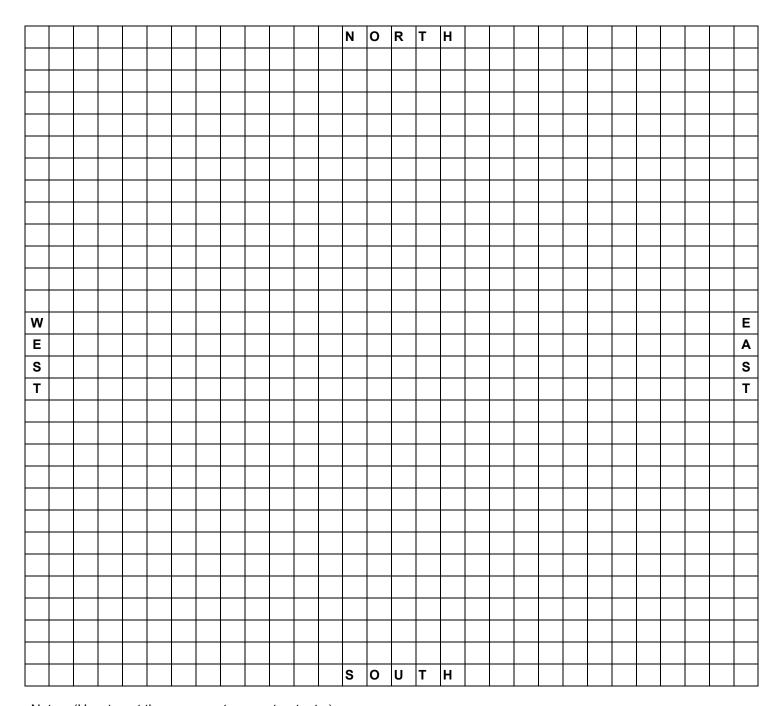
Α. Ι	Smaurma a bill	aa/All Tarr	oin Va	hiolog																
	Snowmobile Model Year			Mak	΄Δ	Ide	tification	าท	C.C.	/C I	Horse	Limi	t of I	iability	-	Stated	Where	Lice	ancor	d For
No.	Model Teal	(Snow/A		ivian	.C		umber)	Displac				COL	lability	Α	mt. or ost New	Used?	_	ighwa	-
A 1																				
A2																				
B:	Motororoft	Lindar	26 food	4 in land	4h	· ·		1			L			I.			· ·			
Unit No.	Watercraft De	scription	26 166	Mode Year	I M	anufactu		lodel Nand/or		Identi	fication Number	or Seria er		Horse- bower	Rate				Cost	t
	Boat & atta	ched equip	oment														\$			
B1	Outboard N	Notor #1															\$			
	Outboard Motor #2																\$			
	Powe	er		Tvr	e of H	ıll		Const	ruction					Waters	s To F	Be Naviga	ated			
Outboard Runabout Fiberglass										3										
☐ Sail ☐ Cabin Cruiser ☐ Wood												Us	se (i.e., fis	shing	, skiing, p	leasure)				
	nboard/Outb	oard		Other (d	escribe	e)	\square M	etal												
	nbound (Pro							ther			_					r Discoun	t			
	nboard (Jet l	Drive)									_			Aux. I.D						
											<u> </u>	Power	Squa	adron I.D	. NO.					
C.	Trailers		N 4 C -			04-4-	-l A 4	-10					1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\	U- -			
Unit No.	Model Year		Manuta	acturer		State	d Amt.	or Cov	erage			(Jsea	i with (Bo	oat, S	Snowmob	ile, Etc.			
						\$														
			Cov		n d line	ito of lie	.:::4.,,	anta	ı limita	of lieb	silita con	d/ou do	d6	ibles for		hmit				
Unit			Part I	erages a	ina iiii	its of lia	Part II	- ente	riimits	OI IIai	Par		uucı	ibles for	eaci	ı unıt.	Part I	\/		
No.			ганн				raitii				Гаі	. 111					Faiti	V		
INO.	Bodily	Iniurv	Pro	perty	Single	Limit	Medical	Co	mpre-	Col	lision	All Ris	k	Limit of L	iab.	ι	Jninsured N	1otoris	ts	
	(Thous	ands) Each	Da	mage usands)	B.I. and (Thous	1 P.D. P	ayments hensive Dollars) Enter				nter	Physic	Physical Actual Cash Loss-Enter Value Or As		ash	B.I.	(Thousa B.T			,
		Occurrence	E	ach	Ea	ch	Each	De	ductible	Ded	uctible	Deducti	ble	Showr	n	Each	Each		P.D Eac	h
A1	\$	\$	\$	urrence	Occur \$	rence \$	Person	Ap \$	olicable	App \$	licable	Applica \$		\$ Below	1	Person	Acciden \$		Accid \$	ent
A2	\$	\$	\$		\$	\$		\$		\$		\$		\$		7	\$		Ś	
B1	\$	\$	\$		\$	\$		\$		\$		\$		\$		•		I	т	
C1	\$	\$	\$		\$	\$		\$		\$		\$		\$		In Sta	ates Wher	e Ava	ilable	ذِ
C2	\$	\$	\$		\$	\$		\$		\$		\$		\$						
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Applicant Producer

Diagram:

SHOW ALL BUILDINGS ON THE PREMISES (WHETHER INSURED OR NOT) AND DISTANCE IN FEET BETWEEN THEM. LABEL ALL BUILDINGS AND ATTACH DATED PHOTOGRAPH OF EVERY BUILDING. (INDICATE "NC" IF NOT COVERED.)



Notes: (How to get there, nearest cross street, etc.)

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Tou may use this page to supplement your appli	dation with any additional inform	uuon.	

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FRAUD STATEMENT

Please read the statement applicable to your state. If your state and/or Line of Business are not listed, please read the statement applicable to All Other States. Then sign, date and return with your application.

ARKANSAS, NEW MEXICO, VERMONT AND WEST VIRGINIA: 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.

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.

DISTRICT OF COLUMBIA, MINNESOTA 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.

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.

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.

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 AND VIRGINIA: Same as Arkansas. In addition, penalties may include a denial of insurance benefits.

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

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. Other Than 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 may subject the person to criminal and civil penalties.

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FRAUD STATEMENT — CONTINUED

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. For Other Lines of Business: 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 is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: Other Than 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 subjects the person to criminal and civil penalties. 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.

UTAH: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

ALL OTHER STATES: 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. Not applicable in Nebraska.

Signature of Applicant:	Date:	

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IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www/travelers.com/w3c/legal/Producer Compensation Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183

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