



Small & Rural Services, Inc.

FARM / RANCH APPLICATION

Producing Agency: _____ Agency Phone: _____

Producing Agent: _____ Producing Agent Email: _____

Proposed Effective Date: _____ Prior Carrier: _____ Target Premium: _____

Named Insured: _____ Phone: _____ SSN/FEIN: _____

Mailing Address: _____

STREET / PO BOX CITY STATE ZIP CODE

Physical Address: _____

STREET / PO BOX CITY STATE ZIP CODE

Individual Corporation Partnership LLC Joint Venture Other _____

Type of Farm: Hobby Grain Livestock Row Crop Dairy Poultry Other _____

Loc #	# Acres	Section	Township	Range	Address	County	State	ZIP Code	Protection Class

* If more locations must be described, complete additional sheet

ADDITIONAL INTEREST

Mortgagee Loss Payee Additional Insured Lessor of Leased Equipment Contract Holder

Name: _____ Loan Number: _____

Address: _____

Street / PO Box City State Zip Code

Applies To: _____

* If additional lien holders needed, attach separate sheet.

RECREATION MOTOR VEHICLE COVERAGE

Does the applicant or members of the applicant's family own a snowmobile, motorcycle, all terrain vehicles or a comparable unit? Yes No **If "Yes"** please complete the following information below and indicate if physical damage or off premises liability coverage is desired.

Unit #	Type A – ATV S- Snowmobile M - Motorcycle	Year	Make	Model	Serial /Vin #	Engine Size (cc's)	Value	Physical Damage Y or N	Off-Premises Liability Y or N	Youthful Operator Y or N
Operator #	Name	Date of Birth	Driver License #	State Licensed						
1										
2										
3										
4										
5										

LIVESTOCK SURCHARGE

Livestock Type: _____ # of head: _____

Livestock Type: _____ # of head: _____

Livestock Type: _____ # of head: _____

Business Pursuits

Type of Business Pursuits: _____ Incidental Business Receipts \$ _____

Hunting and Fishing total annual receipts: \$ _____

Lodging and Meals Provided? Yes No Total Lodging and Meals Receipts: \$ _____

COVERAGE FOR EQUINE LIABILITY AVAILABLE

MUST COMPLETE SUPPLEMENTAL EQUINE LIABILITY APPLICATION

EQUINE LIABILITY INCLUDES ANY BOARDING, BREEDING, TRAINING, SALES AND SHOWS

OF OWNED AND NON-OWNED HORSES

DESIRE CARE, CUSTODY AND CONTROL POLICY FOR NON-OWNED HORSES

COMPLETE SUPPLEMENTAL APPLICATION

FARM PERSONAL PROPERTY

(Coverage D & E)

Coverage D Scheduled – Scheduling of all Farm Personal Property, except what is excluded in the policy conditions, is allowed

Coverage E Blanket (\$25,000 minimum) – Excluding Bulk Milk Tanks, Bulk Feed Tanks, Barn Cleaners, Pasteurizers, Boilers, Portable Buildings, or other property excluded by the policy conditions.

Check Coverage Desired Cov. D Cov. E Cov. D&E

Coverage Requirements Scheduled – 100% of ACV; Blanket – 100% ACV

Deductible Options \$500 \$1,000 \$2,500 \$5,000

Other \$ _____

ATV'S PROHIBITED ON COV D OR E

TOTAL INVENTORY REQUIRED

FARM PERSONAL PROPERTY INVENTORY

Item	Description	Total Value		Item	Description	Total Value
Tractor				Hay Baler		
Tractor				Hay Rake		
Tractor				Plows		
Tractor				Plows		
Combine				Discs		
Combine				Harrows		
Corn Head				Cultivators		
Corn Head				Rotary Hoes		
Grain Head				Mowers		
Grain Head				Augers		
Grain Harvester				Planters		
Grain Harvester				Side Delivery Rakes		
Cotton Picker				Ensilage Blowers		
Cotton Picker				Grinders & Mixers		
Sprayers				Wagons & Trailers		
Sprayers				Self Unloading Wagons		
Milking Machine				Manure Loaders		
Grain Drier- Port				Manure Spreaders		
Self Feeders				Port Irrigation Equip.		
Post Hole Digger				Power Generators		
Log Splitter				Compressors		
Chain Saws				Fuel Tanks		

Machinery Inventory

- If additional equipment, attach schedule

Total Scheduled Farm Machinery: \$ _____

FARM PERSONAL PROPERTY CONT.

FARM PERSONAL PROPERTY INVENTORY

Item	Description	Total Value		Item	Description	Total Value
Building Supplies				Gasoline, Oil, Grease		
Fencing Supplies				Spare Parts		
Fertilizers				Small Hand & Power Tools		
Fertilizers				Herbicides		
Medicines				Pesticides		

FARM SUPPLIES INVENTORY

Total Farm Supplies Inventory: \$ _____

FARM PRODUCTS INVENTORY

Item	Description	Total Value		Item	Description	Total Value
Hay & Straw (In Stacks)				Grain Under Seal		
Hay & Straw (In Buildings)				Small Grain		
Silage				Corn		
Commercial & Mixed Feeds				Soybeans		

Total Farm Products Inventory: \$ _____

LIVESTOCK (animals over \$2,000 per head must be scheduled)

Item	Units	Unit Value	Total Value		Item	Units	Unit Value	Total Value
Dairy Cows					Sows			
Dairy Calves					Feeder Pigs			
Stock Cows					Boars			
Stock Calves					Rams			
Feeder Cattle					Ewes			
Bulls					Lambs			
Horses					Goats			
Horses					Chickens (Turkeys Excluded)			

- If additional livestock, attach schedule

Total Livestock Inventory: \$ _____

FARM PERSONAL PROPERTY CONT.

FARM PERSONAL PROPERTY INVENTORY

Peak Season Limits

Peak Season	Increased Limit	Start Date	End Date

Inventory Totals:

Total Scheduled Farm Machinery (total from page 6) \$ _____

Total Scheduled Farm Supplies (total from page 7) \$ _____

Total Scheduled Farm Products (total from page 7) \$ _____

Total Scheduled Livestock (total from page 7) \$ _____

Total Scheduled Farm Personal Property: \$ _____

Milk Contamination Coverage: Maximum \$2,500 per occurrence: Yes No

Irrigation Equipment: Schedule on Page 2, under Coverage F

SCHEDULED INLAND MARINE PERSONAL PROPERTY

(Jewelry, Computers, etc.)

All articles to be insured on a scheduled basis must be individually itemized with the amount of insurance applying to each article. Attach APPRAISAL within 5 years with application.

ITEM #	DESCRIPTION OF ARTICLE	AMOUNT OF INSURANCE

- COVERAGE FOR LIVE ANIMALS IN TRANSIT – Complete Supplemental Application
- MOTOR TRUCK CARGO COVERAGE – Complete Supplemental Application

UNDERWRITING QUESTIONS

General:

- Yes No 1. Is the applicant known to the agent? If "Yes", # of years: _____
- Yes No 2. Has the agent personally inspected the premises or property, If "Yes", date of last inspection: _____
- Yes No 3. Has any policy been cancelled or non-renewed in the past 5 years? If "Yes", Explain: _____

4. Prior Carrier: _____ Policy #: _____ Cancellation Date: _____
- Yes No 5. During the last ten years, has any applicant been convicted of any degree of the crime of arson?
If "Yes", Explain: _____
- Yes No 6. Has the applicant been involved in any lawsuits? Explain: _____
- Yes No 7. Have any judgments or liens been rendered against the applicant? Explain: _____
- Yes No 8. Is the applicant a subsidiary of another? If "yes" Explain: _____
- Yes No 9. Does the applicant have subsidiaries? If "yes" Explain: _____
- Yes No 10. Has the applicant sustained any losses or claims in last 3 years?
If "yes", describe all losses and amounts paid: _____
- Yes No 11. Does the insured have another occupation besides farming? If "yes", explain: _____
- Yes No 12. Does anyone other than the owner or insured have an interest in the property? If "yes" list names and
interest: _____

Operations:

1. Year business started: _____ 2. Gross annual farming receipts: \$ _____
- Yes No 3. Is farming the applicant's main source of income? If "no", Explain: _____
4. Who actually farms the premises? _____
5. Describe the farm / ranch operations: _____

- Yes No 6. Does the applicant have a website pertaining to these operations? If "yes", address: _____
- Yes No 7. Does the applicant perform maintenance on equipment? Describe type of repairs, where they are done
and who does the repairs: _____
- Yes No 8. Is a formal safety program in place? If "yes", Explain: _____
- Yes No 9. Are any of the applicant's operations insured with another company? If "yes", Explain: _____

Yes No 10. Does the applicant have any other business? Explain: _____

UNDERWRITING QUESTIONS CONT.

Premises:

Yes No 1. Does the applicant own a dog? If Yes, what kind? _____

Yes No 2. Any history of dog bites or destruction of property? Explain: _____

Yes No 3. Does the applicant own any potentially dangerous animals or exotic pets? Explain: _____

Yes No 4. Is there a swimming pool on premises? ___ Above Ground ___ In Ground ___ Fenced? Yes or No

(Complete and attach a Farm Swimming Pool Questionnaire and attach a photo)

Yes No 5. Is there an airstrip on premises? Explain: _____

Yes No 6. Is there any unusual hazard on premises such as (but not limited to) open dump pits, silage pits, sink holes, ponds, lakes or reservoirs? Explain: _____

Yes No 7. Are the farms premises open to the public for any activities such as roadside stands, "u-pick", recreational, "rent a garden", auction, sales, show, food or beverage service, hay rides, fishing kennels, animal boarding, or Christmas Tree sales uses? Explain: _____

Yes No 8. Is any part of the farm used or leased for organized recreational use? Explain: _____

Yes No 9. Are any portions of the farm rented or leased or used by any individual, corporation, or interest for other than farming? Explain" _____

Yes No 10. Are any premises used for hunting purposes? Explain: _____

Yes No 11. Is there a charge or fee?

Yes No 12. Are any items provided? If "yes", Explain: _____

Yes No 13. Does the applicant milk cows? Number of cows milked? _____

Yes No 14. Is there any processing of milk? Explain: _____

Yes No 15. Are there any retail sales of milk products to the public? Explain: _____

Yes No 16. Does the applicant mix, process, slaughter, butcher, or otherwise prepare for any "end consume" his or any other grower's product? Explain: _____

Yes No 17. Does the applicant handle any product such as seed, fertilizer, sprays, etc. for resale? Receipts: \$ _____

Yes No 18. Does the applicant build, repair, or design machinery, equipment, or systems for anyone at a charge or a fee? Explain: _____

Yes No 19. Are any contract or service operations performed for others such as snow removal, tiling, excavating, or ditching? Explain: _____

Yes No 20. Does the applicant maintain a non-farm office or private school in an insured building? If "yes" Explain: _____

UNDERWRITING QUESTIONS CONT.

Property

- Yes No 1. Is the entire premises occupied year round? Explain: _____
2. Fire Department Name: _____ 3. Distance to Fire Department: _____ miles
4. Fire Department Protection Class: _____ 5. Distance to Fire Hydrant: _____ feet
- Yes No 6. Are all residences and buildings located on a year round accessible road? Explain: _____
- Yes No 7. Auxiliary Heating – Any wood or coal fired stoves used in any buildings? (Identify which buildings)
- _____
- Yes No 8. Is the system checked and cleaned annually?
- Complete Farm Supplemental Heating Questionnaire and attach photo
- Yes No 9. Are all buildings used as originally intended? Explain: _____
10. How far away from structures is gasoline and fuel tanks stored? _____
- Yes No 11. Is any property kept on a location(s) other than an insured location?
- Where is it kept: During farming season: _____
- During off season: _____
12. Maximum value of equipment at any one location? \$ _____
13. What is the radius of operations of equipment? _____ miles
- Yes No 14. Are poultry or swine brooders used in any covered farm buildings? If “yes” which buildings? _____
- _____

Livestock (if applicable)

- Yes No 1. If any livestock are kept, are all areas adequately fenced, and are fences in a good state of repair?
- Explain: _____
- Livestock premises are in: _____ Open range area _____ Closed range area
2. Total # of livestock on all insured locations: _____
- Yes No 3. Does the applicant own any horses? If “yes”, how many? _____
- Yes No 4. Are non-owned horses on any applicant premises? Explain: _____
- Yes No 5. Does the applicant board, race, breed, or rent horses? Explain: _____
- _____

(For Horse exposures, please attach appropriate supplemental questionnaire)

UNDERWRITING QUESTIONS CONT.

Pollution (if applicable)

- Yes No 1. Does the applicant apply anhydrous ammonia to his farm or to the farm of others? If yes, Explain fully including total receipts: _____

- Yes No 2. Are pesticides stored in a locked enclosure?
- Yes No 3. Does the applicant apply herbicides or pesticides for others? Explain, including total receipts: _____

- Yes No 4. Does the applicant require a certificate of application? If yes, provide a copy of declaration page verifying coverage elsewhere.
- Yes No 5. Has the applicant ever had complaints regarding overspray, waste run-off, or other pollution damages? If yes, Explain: _____

Miscellaneous

- Yes No 1. Does the applicant own a boat? Submit supplemental application
- Yes No 2. Does the applicant maintain any vacation or seasonal premises? If yes, Explain: _____

- Yes No 3. Are there any "hold harmless" or "indemnifying" agreements in effect? If yes, Explain: _____

- Yes No 4. Does applicant serve on any boards for remuneration? If yes, Explain: _____

- Yes No 5. Is any land held for real estate development or speculation? If yes, Explain: _____

- Yes No 6. Are there any Beekeeping Operations? Number of Colonies? _____ (Complete Supplemental Application)
- Yes No 7. Are there any Christmas Tree Sales operations?
- Yes No 8. Any custom farming operations? If yes, What type of work? _____
Gross annual receipts? _____
- Yes No 9. Are there any farmer's market? If yes, what products are sold? _____
What are gross annual receipts? _____
- Yes No 10. Are products of others sold? If yes, Explain: _____

UNDERWRITING QUESTIONS CONT.

Yes No 11. Are there any sales from the sale of firewood? If yes, Explain _____

Yes No 12. Are there any hunting club operations? If yes , complete supplemental application, what type of hunting is allowed? _____

Yes No 13. Are there any incidental activities coverage?

Yes No 14. Are there any orchard or U-Pick operations?

Yes No 15. Are there any roadside stands operated by the insured? If yes, explain what products are sold:

Yes No 16. Are there any Row Crop U-Pick Operations? If yes, Explain: _____

** 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 subject such person to criminal and civil penalties.

Applicant Signature

Date

Applicant Printed Name

Retail Agency

Retail Agent Signature

Date

Retail Agent Printed Name