

**THESE QUESTIONS MUST BE ANSWERED AND APPLICATION SIGNED BY APPLICANT
(Use separate sheet if necessary)**

General

- Yes No 1. Is the applicant known to the agent? Number of years: _____
- Yes No 2. Has the agent personally inspected the premises or property? Date of last inspection _____
- Yes No 3. Has insurance been transferred within the agency? Explain: _____
- Yes No 4. Has any policy been cancelled or nonrenewed in the past 5 years? Explain: _____
5. Prior carrier _____ Policy # _____ Cancellation Date _____
- Yes No 6. During the last ten years, has any applicant been convicted of any degree of the crime of arson?
Explain: _____
- Yes No 7. Has the applicant been involved in any lawsuits? Explain: _____
- Yes No 8. Have any judgements or liens been rendered against the applicant? Explain: _____
- Yes No 9. Is the applicant a subsidiary of another? Explain: _____
- Yes No 10. Does the applicant have subsidiaries? Explain: _____

Operations

1. Year business started _____
2. Gross annual farming receipts? _____
- Yes No 3. Is farming the applicant's main source of income? If no, what is the applicant's main source of income? _____
4. Who actually farms the premises? _____
5. Describe the farm/ranch operations and any incidental business activities _____
- Yes No 6. Does the applicant have a website pertaining to these operations? Website Address: _____
- Yes No 7. Does the applicant perform maintenance on equipment? Please indicate the types of repairs done, where performed, and by whom _____
- Yes No 8. Is a formal safety program in existence? Explain: _____
- Yes No 9. Are any of the applicant's operations insured with another company? Explain: _____
- Yes No 10. Does the applicant have any other business? Explain: _____
11. If this is a partnership, list all partners names _____

Premises

- Yes No 1. Does the applicant own a dog? Number and breed _____
- Yes No Any history of dog bites or destruction of property? Explain: _____
- Yes No 2. Does the applicant have any potentially dangerous animals or exotic pets? Explain: _____
- Yes No 3. Is there a swimming pool on premises? Type of Pool: Above Ground _____ In Ground _____
(Complete and attach Farm Swimming Pool Questionnaire and photo).
- Yes No 4. Is there an airstrip on the premises? Explain: _____
- Yes No 5. Is there any unusual hazard such as (but not limited to) open dump pits, silage pits, sump holes, ponds, lakes, or reservoirs? Explain: _____

Premises (cont.)

- Yes No 6. Are the farm 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 7. Is any part of the farm used or leased for organized recreational use? Explain: _____
- Yes No 8. Are any portions of the farm rented or leased or used by any individual, corporation, or interest for other than farming? Explain: _____
- Yes No 9. Are any premises used for hunting purposes? Explain: _____
- Yes No Is there a charge or fee? Explain _____
- Yes No Are any items provided? List: _____
- Yes No 10. Does the applicant milk cows? Number of cows milked _____
- Yes No 11. Is there any processing of milk? Explain: _____
- Yes No 12. Are there any retail sales of milk products to the public? Explain: _____
- Yes No 13. Does the applicant mix, process, slaughter, butcher, or otherwise prepare for any "end consumer" his or any other grower's product? Explain: _____
- Yes No 14. Are independent contractors hired to perform any farming operations? Explain: _____
- Yes No 15. Does the applicant handle any product such as seed, fertilizer, sprays, etc. for resale? Receipts: _____
Explain: _____
- Yes No 16. Does the applicant build, repair, or design machinery, equipment, or systems for anyone at a charge or fee?
Explain: _____
- Yes No 17. Are any contract or service operations performed for others such as snow removal, tiling, excavating, or ditching?
Explain: _____
- Yes No 18. Does the applicant maintain a non-farm office or private school in an insured building? Explain: _____

Property

- Yes No 1. Is the entire premises occupied year round? Explain: _____
- 2. Identify Fire District Name _____ Miles to Fire Department _____
- Yes No 3. Is there a year-round water supply usable for fire protection? Source: Well _____ Pond/Lake _____
Hydrant within 1,000 Ft. _____ Other: _____
Total Water Capacity: _____
- Yes No 4. Are all residences and buildings located on a year-round accessible road? Explain: _____

- Yes No 5. Auxiliary Heating - Any wood or coal fired stoves used in any buildings? Identify which building(s) _____

- Yes No Is the system checked and cleaned annually?
(Complete and attach Farm Supplemental Heating Questionnaire and photo).
- Yes No 6. Is plastic-based insulation used in any farm buildings? Explain: _____
- Yes No 7. Are all buildings being used as originally intended? Explain: _____
- 8. How far away from structures is gasoline or fuel stored? _____

Property (cont.)

- Yes No 9. Is any property kept on a location(s) other than an insured location?
Where is it kept: During farming season? _____
During off season? _____
- 10. Maximum value of equipment at any one location? _____
- 11. What is the radius of operations of equipment? _____ miles
- Yes No 12. Are poultry or swine brooders used in any covered farm buildings? In which buildings _____

Livestock

- 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
- Yes No 2. Total # of livestock on all insured locations _____
- Yes No 3. Does the applicant own any horses? Number _____
- Yes No 4. Any non-owned horses on any applicant premises? Explain: _____
- Yes No 5. Does the applicant board, race, breed, or rent horses? Explain: _____
(For horse exposure, please attach appropriate questionnaire).

Pollution

- Yes No 1. Does the applicant apply anhydrous ammonia to his farm?
- Yes No 2. Does the applicant apply anhydrous ammonia to the farm of others? Explain fully including receipts: _____

(Attach a copy of declarations page verifying coverage).
- Yes No 3. Are pesticides stored in a locked enclosure?
- Yes No 4. Does the applicant apply herbicides or pesticides for others? Explain: _____
Receipts: _____
- Yes No Does the applicant require a certificate of application?
(Attach a copy of declarations page verifying coverage elsewhere.)
- Yes No 5. Has applicant ever had complaints regarding overspray, waste run-off, or other pollution damages?
Explain: _____

Miscellaneous

- Yes No 1. Does the applicant own a boat? Submit a Boat Application for any boat with an inboard or inboard/out-drive motor of 50 HP or more, an out-board motor of 25 HP or more, or a sailing vessel of 26 feet or more.
- Yes No 2. Does the applicant maintain any vacation or seasonal premises? Explain: _____

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

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

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

Policywide Options (Where Available)

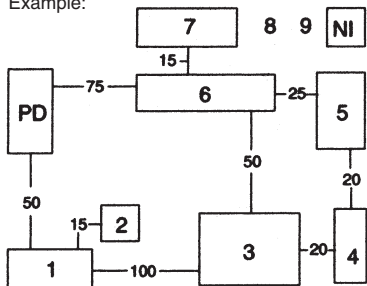
- Yes No 1. Beekeeping Operations Coverage
Number of colonies: _____
(Complete and attach Incidental Operations Questionnaire - Beekeeping section).
- Yes No 2. Christmass Tree Sales Coverage
(Complete and attach Incidental Operations Questionnaire - Christmass Tree Sales section).
- Yes No 3. Custom Farming Operations Coverage
Type of Work: _____ Gross Annual Receipts: _____
- Yes No 4. Custom Feeding of Livestock Coverage
Type of Livestock: _____ Gross Annual Receipts: _____
- Yes No 5. Farmers Market Sales Operations Coverage
Products Sold: _____ Gross Annual Receipts: _____
- Yes No Are products of others sold?
(Complete and attach Incidental Operations Questionnaire - Farmers Market Sales section).
- Yes No 6. Firewood Sales Coverage
(Complete and attach Incidental Operations Questionnaire - Firewood Sales section).
- Yes No 7. Hunting Club Operations Coverage
Scope of Coverage _____ All CA Locations _____ Select CA Locations Only
(Complete and attach Hunting Clubs Questionnaire)
- Yes No 8. Incidental Activities Coverage
Description of Activity: _____ Gross Annual Receipts: _____
- Yes No 9. Incidental Hunting Operations Coverage
Type of hunting allowed (open to public or limited access): _____
Gross Annual Receipts: _____
- Yes No 10. Orchard U-Pick Operations Coverage
(Complete and attach Incidental Operations Questionnaire - Orchard/Row Crop U-Pick Operations section).
- Yes No 11. Roadside Stands Sales Operations Coverage
Products Sold: _____
- Yes No Are products of others sold?
(Complete and attach Incidental Operations Questionnaire - Roadside Stands section).
- Yes No 12. Row Crop U-Pick Operations Coverage
Identify orchard, row, vine, or shrub crops: _____
(Complete and attach Incidental Operations Questionnaire - Orchard/Row Crop U-Pick Operations section).

IMPORTANT: A DIAGRAM OF ALL BUILDINGS MUST BE COMPLETED, WHETHER INSURED OR NOT. Pictures clear enough to portray the physical condition of each Dwelling or Building to be insured must accompany the application. Pictures must be identified by the item number on the Application along with the name of the building. Pictures should be submitted with the application. Attach additional diagrams as necessary. The Acord 405 may also be used as an alternative.

See Example below:

Mark the principal Dwelling "PD". Identify all other insured buildings by the item number assigned under the Coverage C - Schedule. Show the distance between buildings. Mark buildings not insured "NI".

Example:



Loc. #1

Loc. #2

N
O
R
T
H

PROPERTY AND LIABILITY LOSS HISTORY INFORMATION*

None

Date of Loss	Prior Carrier	Description of Loss	Amount Paid	Reserve
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* Please attach hard copy of loss runs.

Remarks or Other Instructions

DISCLOSURE TO APPLICATION PURSUANT TO FAIR CREDIT REPORTING ACT. You are hereby notified that as a part of our routine procedure in reviewing applications for insurance, an investigative consumer report MAY be made. This inquiry includes information obtained through personal associates, financial sources, friends, neighbors, or others with whom you are acquainted and typically includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I hereby declare I have read the above questions and Disclosure Pursuant to the Fair Credit reporting Act, and that the answers to the above questions are complete and truthful and request the Company to issue a policy of insurance in reliance thereon.

I hereby represent that the values and amounts therein stated are true and correct as of this date. And it is agreed that if this application is approved I shall at all times maintain adequate insurance on all farm personal property owned by me to the extent of 80% of its actual cash value at time of loss.

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.

SS# _____ Date _____ Time _____

Phone # _____ (Applicant E-Mail Address) _____

(Agent's Signature)

(Applicant Signature)

REPLACEMENT COST ESTIMATING WORKSHEET

GENERAL INFORMATION

Number of Stories 1 1 1/2 2 2 1/2 Tri-level Bi-level
 Exterior Wall Category Frame (I) Masonry Veneer (II) Masonry (III)
 Substructure Slab-on-ground Crawl space Basement
 Occupancy Single-family Two-family Three-family Four-family
 Residence Ground Floor Area _____ Sq. ft.

BASE RESIDENCE COST

	\$
	\$
	\$

SUBSTRUCTURE AND OCCUPANCY ADJUSTMENT

-/+

ADJUSTED BASE RESIDENCE COST

=

ADDITIONAL FEATURES

Roof Adjustments: _____ \$
 Wood Foundation: _____ \$
 Unfinished Lower Levels and Unfinished Half-Stories: _____ Sq. ft. _____ \$
 Finished Attic: Total Area _____ Sq. ft. Finished Area _____ Sq. ft. _____ \$
 Walk-out Basements: _____ Sq. ft. _____ \$
 Finished Basements: Total Area _____ Sq. ft. Finished Area _____ Sq. ft. _____ \$
 Breezeways: Open Wall _____ Sq. ft. Enclosed Wall _____ Sq. ft. _____ \$
 Porches: Open 1 Story _____ Sq. ft. Open 1 Story _____ Sq. ft. _____ \$
 Enclosed 1 Story w/Sundeck _____ Sq. ft. Enclosed 1 Story w/Sundeck _____ Sq. ft. _____ \$
 2 Story _____ Sq. ft. 2 Story _____ Sq. ft. _____ \$
 Covered Stoop/Patio _____ Sq. ft. Covered Stoop/Patio _____ Sq. ft. _____ \$
 Screened Aluminum Patio Enclosures: On posts _____ Sq. ft. On slab _____ Sq. ft. On 4' foundation _____ Sq. ft. _____ \$
 Screened Pool Enclosures: _____ Sq. ft. _____ \$
 Balconies or Decks: _____ Sq. ft. _____ \$
 Fireplaces: Masonry Hearth Qty. _____ Masonry Hearth with Gas Qty. _____ Chimney Qty. _____ \$
 Prefabricated Metal Fireplace: Average Qty. _____ Good Qty. _____ Premium Qty. _____ \$
 Extra Baths: 1/2 Bath Qty. _____ 3/4 Bath Qty. _____ Full Bath Qty. _____ Add'l Fixtures Qty. _____ \$
 Garage: No. of Cars _____ Sq. ft. Construction _____ Type of garage _____ \$
 Attached Garage with Basement _____ \$
 Radiant Slab Heating _____ \$
 Dedicated Boiler _____ \$
 Air Conditioning: Use Heat Ducts _____ Separate Ducts _____ \$
 Heat Pump Cooling _____ Evaporative Cooling _____ \$
 Room Additions Above Grade: _____ Sq. ft. _____ \$
 Three-Wall Room Additions on Grade: _____ Category I _____ 1 Story _____ With Basement _____ Sq. ft. _____ \$
 _____ Category II _____ 1 1/2 Story _____ Without Basement _____ \$
 _____ Category III _____ 2 Story _____ \$
 Awnings: Aluminum 4'x4' _____ 4'x6' _____ 4'x9' _____ 4'x12' _____ \$
 Canvas 30" drop x3' _____ x4' _____ x5' _____ x6' _____ x8' _____ x10' _____ \$
 Storm Shutters: Accordion Type _____ Sq. ft. Hinged Type _____ Sq. ft. _____ \$
 Built-ins: _____ \$
 Kitchenette Package: _____ \$
 Miscellaneous Features: _____ \$

TOTAL ADDITIONAL FEATURES COSTS

+

TOTAL ADJUSTED BASE RESIDENCE COST

=

Determine the class of construction from the survey below, or refer to the cost guide.

CLASSIFICATION SURVEY

Point values have been assigned to each of the following 3 questions. Select the correct Construction Class or Mid-Class based on the Year Built and **total** number of points resulting from the survey.

CLASS-LOCATION MULTIPLIER

X

TOTAL REPLACEMENT COST

=

1. SPECIALTY ROOMS

Does the residence have any specialty rooms? Enter 3 points for each room below.

- _____ Den (not converted bedroom)
- _____ Exercise Room
- _____ Family Room (in addition to a living room)
- _____ Formal Dining Room (not dining area, dinette, or breakfast nook)
- _____ Grand Room (exterior wall 2 stories in height)
- _____ Great Room (over 300 sq. ft.)
- _____ Large Foyer (over 70 sq. ft.)
- _____ Laundry Room (over 70 sq. ft.)
- _____ Library
- _____ Office
- _____ Recreation Room (not basement rec room)
- _____ Study
- _____ Sunroom
- _____ Other Specialty Rooms (Enter 3 for each)

SPECIALTY ROOM POINT TOTAL

(If residence has no specialty rooms, enter 0)

2. GENERAL SHAPE OF RESIDENCE

What is the basic shape or form of the residence? If you were to walk around the outside of the residence, how many times would you turn a corner or change direction in order to return to your starting point? Disregard any minor "juts" or "jogs." A jut or jog is typically less than 2 feet and would not affect the roof line or foundation of the building. A typical jut or jog would be a chimney or bay window. Also, when determining the shape of the building, do not include porches or garages. Your ultimate goal is to place the residence into one of the four "basic shapes" described below.

Number of Corners	Basic Shape	Point Value (circle one)
4 or less	= simple rectangular or "box" shaped	= 1
5 or 6	= L-shaped	= 2
7 or 8	= unique or slightly irregular	= 3
9 or more	= very irregular	= 4

3. SPECIAL FEATURES

Does the residence have any special features? Each YES (Y) answer is worth 1 point.

Does the residence have...

- * any bedrooms which adjoin a private bathroom or sitting room? Y N
- * any woodburning masonry fireplaces? Y N
- * brick or stone exterior walls (over 50%)? Y N
- * any hardwood, slate, marble, or quarry tile floors (over 70 sq. ft.)? Y N
- * stained or varnished woodwork throughout, including baseboards, windowsills and doors? Y N

Number of YES (Y) answers = _____

SURVEY POINT TOTALS = _____ + _____ + _____ = _____ 1. 2. 3. TOTAL
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4. CONSTRUCTION CLASS

Circle the correct Construction Class based on the Year Built and the Survey Point Total.

SURVEY POINT TOTAL	CONSTRUCTION CLASS YEAR BUILT		
	POST-'80	PRE-'80	PRE-'40
1-2	Refer to Company		
3-4	A	AA	X
5-7	A/B	AA/BB	X/Y
8-10	B	BB	Y
11-14	B/C	BB/CC	Y/Z
15-17	C	CC	Z
18-22	C/D	CC/DD	CC/DD
23-26	D	DD	DD
27-29	D/T	DD/T	DD/T
30 Points or More	T	T	T

SUPPLEMENTAL HEATING QUESTIONNAIRE

INSTALLATION
 Date installed: _____ Name of manufacturer _____ Model No. _____
 Was the unit installed by Contractor? Insured?
 Installer's name and address _____
 Is the unit installed to manufacturer's specifications? Yes No
 Is the unit UL listed or listed by other nationally recognized laboratory? Yes No
 Is the unit used for: Primary heat? Auxiliary heat? Sole heat source?

TYPE OF HEATING UNIT

<input type="checkbox"/> Fireplace	<input type="checkbox"/> Central furnace	<input type="checkbox"/> Dual fuel furnace
<input type="checkbox"/> Woodburning Stove	<input type="checkbox"/> Auxiliary furnace attached to:	<input type="checkbox"/> Fireplace insert
<input type="checkbox"/> Room heater	<input type="checkbox"/> Gas <input type="checkbox"/> Oil	Direct connection? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Room heater/fireplace stove combination	<input type="checkbox"/> Electric <input type="checkbox"/> Wood	<input type="checkbox"/> Other (Describe)

TYPE OF CHIMNEY

<input type="checkbox"/> Double wall insulated metal	<input type="checkbox"/> Masonry	Liner: <input type="checkbox"/> None <input type="checkbox"/> Fire clay <input type="checkbox"/> Stainless steel
<input type="checkbox"/> Triple wall metal	<input type="checkbox"/> Other (Describe)	

WALL PROTECTION	WALL CONSTRUCTION
<input type="checkbox"/> None	<input type="checkbox"/> Approved prefabricated wall protector
<input type="checkbox"/> Sheet metal	<input type="checkbox"/> Other (Describe) _____
<input type="checkbox"/> Masonry	<input type="checkbox"/> Combustible
	<input type="checkbox"/> Non Combustible

FLOOR PROTECTION	FLOOR CONSTRUCTION
<input type="checkbox"/> Approved prefabricated floor protector	<input type="checkbox"/> None
<input type="checkbox"/> Sheet metal over or under masonry	<input type="checkbox"/> Other (Describe)
	<input type="checkbox"/> Combustible
	<input type="checkbox"/> Non Combustible

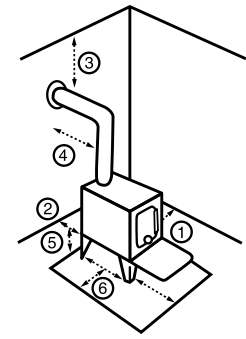
WALL OR CEILING PASS THROUGH

Does a single wall pipe (stovepipe) pass through a wall or ceiling? Yes No

If yes: Diameter of the stove pipe _____ in.
 Diameter of thimble _____ in.

DIMENSIONS
 (Fill in the dimension in inches of the distances indicated on diagram.)

1. Side of unit nearest to wall _____ IN	5. Bottom of unit to floor _____ IN.
2. Rear of unit to wall _____ IN	6. Unit to edge of floor protection _____ IN.
3. Top horizontal stovepipe to ceiling _____ IN	Sides: _____/_____ IN.
4. Vertical stovepipe to wall _____ IN	Front: _____
	Rear: _____
	7. Fireplace Inserts: Front of unit to outer edge of hearth _____ IN.



ADDITIONAL INFORMATION

- How high does the flue pipe rise above the roof peak: _____ in.
- How many heating devices are connected to the same chimney? _____
- When was the chimney last inspected and/or cleaned? _____ By whom? _____
 If self-cleaned, what devices were used? _____
- Is there a fireproof or metal container with a tight fitting lid available for ash disposal? Yes No
- What is the distance from the fuel supply to the heating device? _____ ft. _____ in.
- Are artificial logs ever used? Yes No
- Is there a fire extinguisher in the dwelling? Yes No
- Is there a smoke or heat detector present? Yes No

Please submit photos of the supplemental heating unit and of the chimney.