Allied Insurance

a member of Nationwide Insurance

Farm Application

☐ Quote ☐ Issue ☐ Bound

Named Insured: _____ Policy or Quote #: _____

P.O. Address: _____

_____

City State Zip Code Web Address

Policy Term: From: _____ To: _____

☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Joint Venture ☐ Other _____

Type of Farm: ☐ Hobby ☐ Grain ☐ Livestock ☐ Dairy ☐ Fruit ☐ Nuts ☐ Vegetables ☐ Vineyards

☐ Nursery Stock ☐ Other _____

Agency: _____

Name Address Zip Code

Type of Billing: ☐ Direct Bill Insured ☐ Direct Bill Mortgagee ☐ Flex Pay ☐ Agency Bill

☐ Down Payment $_____ Account # _____

ATTENTION: Complete a separate description of each location to be covered with or without dwellings or buildings.
All owned or rented premises occupied or operated at inception must be described to be covered.

State

Agency

Prod.

Und. I.D.

County

SECTION 1 - SCHEDULE OF LOCATIONS FOR INSURANCE

LOC. #	# of ACRES	SEC. #	TWP. #	RNGE. #	ADDRESS	COUNTY	STATE	ZIP CODE	*DWGS.	*BLDGS.	PROT. CLASS

If more locations must be described, complete additional sheet. *Indicates the number of Dwellings or separate sets of buildings on each land description.

ADDITIONAL INTEREST

☐ Mortgagee ☐ Loss Payee ☐ Contract Holder ☐ Additional Insured ☐ Lessor of Leased Equipment

Name: _____ Loan No.: _____

Address: _____

Street/P.O. Box City State Zip Code

Applies to: _____

☐ Mortgagee ☐ Loss Payee ☐ Contract Holder ☐ Additional Insured ☐ Lessor of Leased Equipment

Name: _____ Loan No.: _____

Address: _____

Street/P.O. Box City State Zip Code

Applies to: _____

If additional lienholders needed, attach separate sheet.

☐ NEW ☐ REWRITE OF POLICY # _____ Other Policies with us _____