TRAVELERS

FARM/RANCH APPLICATION

ATTACH PHOTOGRAPHS FOR ALL INSURED BUILDINGS
INDICATE BUILDING NUMBER AND DATE TAKEN

GENERAL INFORMATION

☐ Quote ☐ Issue

Effective Date

Agency **Producer Code**

Named Insured **Insured Telephone No.**

Mailing Address

Number Street Town State Zip

Named Insured Is: ☐ Individual ☐ Corporation **Premium to be Paid** ☐ Direct Bill ☐ Agency Bill
☐ Partnership ☐ Joint Venture ☐ L.L.C. ☐ Other ☐ Prepaid ☐ Prepaid
☐ Two Pay ☐ Semi-annual
☐ Four Pay ☐ Quarterly
☐ Six Pay ☐ Monthly
☐ Ten Pay
☐ Ten Equal

Website:

UNDERWRITING QUESTIONS

1.	Describe Farming operations:
2.	Number of years farming experience by insured:
3.	Is farming the major source of insureds income? ☐ Yes ☐ No if no, explain
4.	Are there any fire and/or burglary alarms on the premises? ☐ Yes ☐ No If yes, where and indicate kind
5.	Does Insured maintain smoke detectors in employees living quarters? ☐ Yes ☐ No
6.	Are there any UL approved lightning rods on any buildings? ☐ Yes ☐ No If yes, which building Master Label # (s)
7.	Are any of the dwellings constructed with or contain asbestos material? ☐ Yes ☐ No If yes, indicate which dwellings
8.	Are any livestock present on premises? ☐ Yes ☐ No If yes, indicate kind
9.	Are any livestock anticipated during the year? ☐ Yes ☐ No if yes, indicate kind
10.	Are all livestock areas fenced? ☐ Yes ☐ No
11.	Are livestock near any public road or highway? ☐ Yes ☐ No
12.	If Cattle are present on premises do you now or have you in the past supplemented cattle feed with bone meal, protein supplements or animal by-products. ☐ Yes ☐ No If YES, please explain including dates supplements were used.
13.	Does the Insured slaughter, butcher, process, or otherwise prepare for "end consumer" his or any one else's cattle? ☐ Yes ☐ No If yes, Annual Income $
14.	Does Insured grow or store tobacco? ☐ Yes ☐ No
15.	Has the Insured ever filed for Bankruptcy? ☐ Yes ☐ No
16.	Does Insured prepare and sell animal feed? ☐ Yes ☐ No If yes please provide details and receipts
17.	Does Insured mix, process or otherwise prepare for "end consumer" his or any other grower's product? ☐ Yes ☐ No If yes please provide details and receipts.
18.	Swimming pools? ☐ Yes ☐ No If Yes, Diving Board ☐ Yes ☐ No

19. Other bodies of water? ☐ Yes ☐ No If yes, describe

20. Any horses? ☐ Yes ☐ No If yes, check: ☐ Public Riding ☐ Boarding ☐ Racing ☐ Other

21. Any commercial food processing by insured? ☐ Yes ☐ No If yes, describe

22. If dairy farm, are there any processing and/or retail sales of milk products to the public? ☐ Yes ☐ No
Receipts $ Number of cows milked?

23. Does the Insured have any camping areas or places where trailers can be parked? ☐ Yes ☐ No
Receipts $

24. Any paying guests on premises (hunting, fishing, dude ranch or resort facility) ☐ Yes ☐ No
If yes, Annual income $ Services Rendered

25. List all non-farming activities including: ☐ excavating ☐ snow removal ☐ or other non-farming pursuits
Describe Receipts $

26. Does the Insured allow his premises to be used for any activities like snowmobile races, rodeos, roping contests or any other premises type activities? ☐ Yes ☐ No If yes, indicate activities and scope

27. Does the Insured rent, lease or allow any individuals, corporations or other interests to use a portion of the farm for activities other than farming? ☐ Yes ☐ No If yes, indicate activities and scope:

28. Does the Insured operate snowmobiles, four wheelers or dirt bikes? ☐ Yes ☐ No If yes, are they used exclusively on the Insured location? ☐ Yes ☐ No If no, number of vehicles used off premises:

29. Does the Insured maintain any vacation, seasonal premises or short term rental properties? ☐ Yes ☐ No If yes, provide details:

30. Is any land held for real-estate development or speculation? ☐ Yes ☐ No If yes, provide details:

31. Does the Insured plan any construction or renovation work to be done on the premises in the next 12 months? ☐ Yes ☐ No

32. Does Insured build, repair or design machinery, equipment or systems for a charge or fee? ☐ Yes ☐ No If yes, Annual income $

33. Are there any unusual hazards on the insured premise such as, but not limited to; open dump pits, silage pits, sump holes, lakes, reservoirs, trampoline? ☐ Yes ☐ No If yes, provide details:

34. Is there an airstrip on the premises? ☐ Yes ☐ No If yes, provide type of use, who uses it and frequency of use:

35. Custom Farming Receipts $

WHAT INSURERS, INCLUDING TRAVELERS, PRESENTLY CARRY THE APPLICANT'S COVERAGE?

Present Insurer	**Coverage**	**Expiration Date**	**Premium**

LIST ALL LOSSES PAST THREE YEARS FOR THE COVERAGE REQUESTED (For larger accounts attach statement of policy year premiums, losses, number of claims and any pricing modifications by coverage.)

Coverage	**Date**	**Loss Amount**	**Describe loss and any corrective action**

DURING THE PAST THREE YEARS HAS ANY COVERAGE BEEN CANCELLED, DECLINED, NON-RENEWED? ☐ Yes ☐ No (If yes, give dates, insurer and reasons.) (Not applicable in Missouri)

Details

FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application.

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARKANSAS: 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: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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: 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.

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.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other 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.

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: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MASSACHUSETTS: NOTICE: 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.

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: 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 CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK: 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 presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA: 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.

RHODE ISLAND: In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.

DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?

☐ YES ☐ NO

TENNESSEE: 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.

VERMONT: 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, may be committing a crime, subjecting the person to criminal and civil penalties. VIRGINIA: 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.

VIRGINIA: 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.

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.

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.

The signing of this Application does not bind the Applicant or The St. Paul Travelers Companies to complete this insurance unless otherwise indicated below:

Coverage Bound ☐ A.M., P.M., Date

Exceptions:

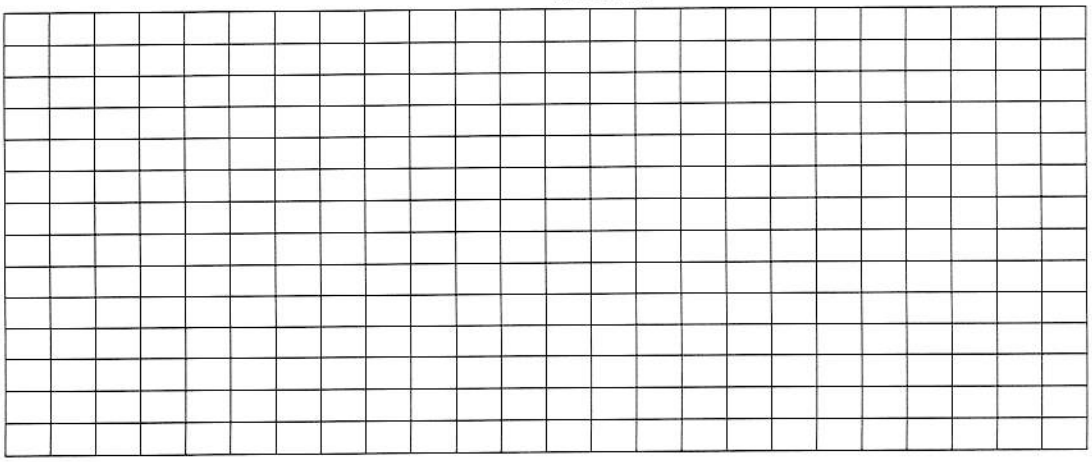
Agent _____ Applicant _____

Date _____ Title _____

DIAGRAM *(Provide a diagram showing insured and uninsured buildings and distance between, when there are more than two building on the premises.)*

NORTH

WEST



EAST

SOUTH

Type of ☐ Farm ☐ Ranch

☐ (921) Berries, Fruits, & Nuts
☐ (923) Vegetables
☐ (924) Grain & Field Crops
☐ (925) Dairy
☐ (926) Poultry
☐ (928) Horses
☐ (929) Livestock-Containment
☐ (935) Ranches-Open Range
☐ (90A) Citrus
☐ (90B) Nurseries
☐ (90C) Fish Farms
☐ (90D) Estate Farms
☐ (92A) Cotton
☐ (92B) Tobacco
☐ (92C) Hobby Farms
☐ (92D) Wineries
☐ (92E) Vineyards
☐ (92F) Bee Keeper
☐ (927) Other

Animal Collision ☐ 500 ☐ 1,000 ☐ 2,500
Number of Head

Borrowed Farm Equipment ☐ Yes ☐ No

GENERAL LIABILITY

Total Acreage

Choose either: ☐ Farm Liability

(Personal liability and product liability is included, subject to the provisions and conditions of the coverage forms)

OR ☐ Commercial General Liability with:

Personal Liability
☐ Included ☐ Excluded

Product Liability
☐ Included ☐ Excluded

	Limit of Insurance
General aggregate (other than products/completed operations)	$
Products-completed operations aggregate limit	$
Personal and advertising injury	$
Each occurrence	$
Fire damage (any one fire)	$
Medical payments (any one person)	$

	Limit of Insurance
Employers Liability	$
Medical Payments	$
Total Payroll	$
Total Number of Employees	
Total Farming Receipts	$

Additional insureds: (Relationship to Named Insured)
Property or General Liability what are their insurable interests

Watercraft Liability Length
Horsepower

PREMISES INFORMATION List primary location 1st; other location; then other land

Loc. No.	Buildings? (Circle)	Route/Road	Section	Township	Range	County	State	Zip Code	Prot. Class
1	☐ Yes ☐ No								
2	☐ Yes ☐ No								
3	☐ Yes ☐ No								
4	☐ Yes ☐ No								
5	☐ Yes ☐ No								
6	☐ Yes ☐ No								
7	☐ Yes ☐ No								

DWELLINGS (Including additional Dwellings) and HOUSEHOLD PROPERTY COVERAGES

Coverages and Amounts of Insurance: 10% of Coverage A amount applies to Coverage B – other Private Structures Appurtenant to Dwelling. 10% of Coverage A applies to Coverage D. Other structure must be scheduled under Coverage G.

Loc. No.	Dwelling No.	Coverage A Dwelling	Coverage C Unscheduled Personal Property (1)	Coverage D Loss of Use	Mobile Home Y/N	Type of Constr.	Rented-Others Y/N	Deductible	Causes of Loss (2)

Unit Owners Coverage

Coverage may be provided to the owner(s) of a condominium or cooperative dwelling unit which is used principally for family residential purposes. The minimum Limit of Insurance for Coverages A and C is $5,000. A $1,000 Limit of Insurance is provided for both the Property and Liability assessments. 50% of Coverage C applies to Coverage D unless otherwise noted. Please refer to supplemental application CP-6660 for additional space.

Loc. No.	Building No.	Coverage A Limit(s) of Insurance	Coverage C Limit(s) of Insurance	Coverage D Limit(s) of Insurance	Type of Constr.	Loss Assessment Limit(s) of Insurance Property	Loss Assessment Limit(s) of Insurance Liability	Deductible	Covered Causes of Loss Basic or Broad

DWELLING DETAIL INFORMATION

Dwg No.	Type 1, 2 or 3	Lightng Rod Y/N	Local Alarm Y/N	Central Station Y/N	Smoke Heat Detec Y/N(3)	Wood Stoves Y/N	Space Heater Y/N	Year Built	Year Last Up-dated	EQ. Cov Y/N	Repl, Full Dwlg Repl or A.C.V.	Pers Prop R.C.	Sq Ft of Grd Floor	Occup Seas or Vac Y/N	Define Heating System and Fuel	Rural Fire District Y/N	Miles to Fire Dept	Near Water Source N/Y
1																		
2																		
3																		
4																		
5																		
6																		
7																		

Inflation Guard ☐ 4% ☐ 6% ☐ 8% ☐ 10% ☐ 12% ☐ 14%

Are any dwellings/premises rented to others? ☐ Yes ☐ No If yes, describe

Mortgagee/Loss Payee

Agents Comments:

Footnotes: (1) Options - % of Dwelling 0% 50% 70% 40% 60% 80%

(2) Cause of Loss Options Basic Broad Special

(3) Smoke detectors are required for all dwellings

FARM PERSONAL PROPERTY APPLICATION AND INVENTORY

APPLICANT'S NAME

Indicate after each item on Inventory whether insured by {Coverage E (Scheduled Farm Personal Property)
(Attached Schedule if more space is needed) {Coverage F (Unscheduled Farm Personal Property)

MACHINERY

Description	E	F	Make	Model	VIN	Cause of Loss Basic, Broad, Special	Foreign Obj. Y/N	Limit of Insurance	Ded Amt

LIVESTOCK AND POULTRY

Description	E	F	No. of Units	Unit Price	Cause of Loss Basic, Broad, Special	Limit of Insurance	Ded Amt

GRAIN, FEED, HAY OR HARVESTED PRODUCE

Description	E	F	No. of Units	Unit Price	Cause of Loss Basic, Broad, Special	Limit of Insurance	Ded Amt

Hay, straw & fodder in the open is only eligible for fire and lightning, vehicles, windstorm or hall and theft. Grain in the open is only eligible for fire of lightning, vehicles or theft.

TOOLS, EQUIPMENT AND SUPPLIES

Description	E	F	No. of Units	Unit Price	Cause of Loss Basic, Broad, Special	Limit of Insurance	Ded Amt

IRRIGATION EQUIPMENT

Description	E	F	No. of Units	Unit Price	Cause of Loss Basic, Broad, Special	Limit of Insurance	Ded Amt

Highest value of all equipment at any one location
Which Location

FARM BARNS, BUILDINGS AND STRUCTURES – COVERAGE G

Loc No.	Bldg No.	Amount of Insurance	Description	Ded	Con-struc tion	Type 1,2* or 3	Causes of Loss	Repl Cost or A.C.V.	Blanket Y/N	Year Built	Roof Type	Roof Age	Sq. Ft.	100% Value	Open Sides Y/N

*Type 1 buildings with hay storage must be classified as Type 2

Inflation Guard ☐ 0% ☐ 4% ☐ 6% ☐ 8% ☐ 10% ☐ 12% ☐ 14%

Miscellaneous Scheduled Personal Property

Attach Schedule or copy of Appraisal

(Fine arts, jewelry, guns, furs, cameras, coins, golf equipment, silverware)

Name of Coverage: Limit of Insurance $
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Optional Coverages

AGRI-Plus II Property Endorsement ☐
Computer Coverage
Watercraft Hull Coverage: Year Length Horsepower Model/Mfg Limit
Extra Expense
Restoring Records
Dwelling Glass
Dairy Farms Endorsement ☐
Equine Property Endorsement ☐
Sewer Back up ☐
Orchard and Vineyard Growers Property Endorsement ☐
High Value Dwelling Endorsement ☐
Identity Fraud Expense Coverage ☐
Equipment Breakdown Coverage ☐
Extended Replacement Cost Coverage

Location No.	Building No.	RC %	Location No.	Building No.	RC %

Other Coverages

IM – Transportation – Attach Completed Accord Inland Marine Application
IM – Truck Cargo – Attach Completed Accord Inland Marine Application
Crime – Attach Completed Accord Crime Application
Automobile – Attach Completed Accord Automobile Application
Excess – Attach Completed Accord Umbrella Application