



ACE AGRIBUSINESS FARM APPLICATION	Date (MM/DD/YYYY)
CARRIER: _____	AGENCY CODE: _____
AGENCY INFORMATION: Agency Name: _____ Address: _____ City _____ State _____ Zip _____ Phone: (A/C, No., Ext) _____ Fax: (A/C, No.) _____ Email: _____	INDICATE SECTIONS ATTACHED: <input type="checkbox"/> Farm <input type="checkbox"/> Auto-ACORD <input type="checkbox"/> Umbrella / Excess- ACORD
	APPLICATION STATUS: <input type="checkbox"/> Quote <input type="checkbox"/> Bound <input type="checkbox"/> Renewal <input type="checkbox"/> Rewrite Policy #:
	EFFECTIVE DATE: _____
	EXPIRATION DATE: _____
	PROGRAM: <input type="checkbox"/> Standard <input type="checkbox"/> Select <input type="checkbox"/> Select Plus <input type="checkbox"/> Other _____

APPLICANT NAME: (First Named Insured & Other Named Insureds)	MAILING ADDRESS: (of First Named Insured)
Phone (A/C, No, Ext): _____	E-mail Address(es): _____
	Website Address(es): _____

NAMED INSURED IS: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership # of Partners _____	Years Farming/ Ranching Experience	FARMING OPERATION: (Please check one main farming type only) <input type="checkbox"/> Equine <input type="checkbox"/> Livestock (excl. Equine) <input type="checkbox"/> Dairy <input type="checkbox"/> Grain <input type="checkbox"/> Other _____
---	---	--

BILLING: <input type="checkbox"/> Annual <input type="checkbox"/> 10 Pay (20% down) <input type="checkbox"/> 2 Pay (60% down) <input type="checkbox"/> 12 Pay* (15% down) <input type="checkbox"/> 4 Pay (30% down) * Requires Prior Approval	* NAME AND ADDRESS OF BILLING RECIPIENT: _____ _____ _____
BILLING RECIPIENT: <input type="checkbox"/> Insured <input type="checkbox"/> *Third Party <input type="checkbox"/> *Mortgagee <input type="checkbox"/> *Other	

LOCATION INFORMATION												
Loc #	# Of Acres	Wind/ Hail Ded %	Legal Description			911 Address	City, State, Zip Code	County	Liab Only (Y/N)	Fire District Name	Distance To	
			Sec	Twp	Rge						FD (miles)	Hydrant (feet)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states. Consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application for insurance and subsequent policy renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your right and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct, and complete to the best of his/her knowledge.

Applicant's Signature	Date	Agent's Signature	Date
-----------------------	------	-------------------	------

DWELLING (ISO COVERAGE A, B, C, & D)											* Attach cost estimator for each dwelling		
Loc #	Dwlg #	Year Built	Square Foot	Type of Construction (If mobile home, attach questionnaire)	Roof Type	Type of Heat	Dwelling Type (1, 2, or 3)	If 30 years old or more, when was it updated for:				# of Families	Protective Devices (Refer to Farm Quote for examples)
								Heat	Wiring	Plumbing	Roofing		

DWELLING (ISO COVERAGE A, B, C, & D) - continued											
Loc #	Dwlg #	Program (Standard, Select, Select Plus, Other)	Dwelling Occupancy	Valuation		Deductible	Perils ††	Cov A: Dwelling Limit	Cov B: Other Structures Limit	Cov C: Household Personal Property Limit	Cov D: Loss of Use Limit
				Cov A*	Cov C**						
								\$	\$	\$	\$
								\$	\$	\$	\$
								\$	\$	\$	\$
								\$	\$	\$	\$
								\$	\$	\$	\$

DWELLING (ISO COVERAGE A, B, C, & D) - continued												
Loc #	Dwlg #	Mine Subsidence	Supplemental Heat (Attach questionnaire)	Earthquake (Y/N)		IG%†	Sump Overflow and Backup	Special Loss Settlement (%)	Contents Rental to Others Theft	Replacement Cost Protection		
				Cov A	Cov C					A	B	C
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$

* Valuation Coverage A: RC=Replacement Cost; ERC=Extended Replacement Cost; ACV=Actual Cash Value; FBV=Functional Building Valuation.
 ** Valuation Coverage C: RC=Replacement Cost; ACV=Actual Cash Value † Available Inflation Guard %: 4, 6, 8, 10 †† Perils: B=Basic BR=Broad S=Special S/BR=Special/Broad

UNOCCUPANCY AND VACANCY		
A. Certain causes of loss are excluded with respect to buildings or structures vacant more than 30 consecutive days. Use 'Waiver of Vacancy' to extend coverage beyond 30 days.	<input type="checkbox"/> Does Not Apply	
B. A loss condition reduces the applicable Limit of Insurance by 50% if a building or structure is unoccupied or vacant more than 120 consecutive days. Use 'Waiver of Unoccupancy and Vacancy' to waive the Unoccupancy and Vacancy Loss Condition for periods of vacancy and unoccupancy beyond 120 days.	<input type="checkbox"/> Waiver of Vacancy	
	<input type="checkbox"/> Waiver of Unoccupancy and Vacancy	
Dwlg #:	Unoccupancy or Vacancy	Starts: Ends:

MORTGAGEE INFORMATION					
Dwlg #	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address	Dwlg #	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address

SCHEDULED PERSONAL ITEMS				* Refer to FarmQuote for included increased special property limits	
Dwlg #	Type #	Description of Item (Serial # if any) -Attach Appraisal for Items Over \$5,000	Deductible	Limit of Insurance	
				\$	
				\$	
				\$	
				\$	
				\$	

SCHEDULED FARM PERSONAL PROPERTY (ISO COVERAGE E)

Loc #	Item #	Description (If applicable, include year, make, model, and serial number)	Away From Premises*	Deductible	Perils**	Foreign Object	Cab Glass	Limit of Insurance
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
Animal Collision Only <input type="checkbox"/>		Type of Animal:	Limit Per Head:	# of Head:	Total Limit: \$			

* Does not apply to Livestock or Machinery ** Perils: B=Basic BR=Broad S=Special

PEAK SEASON - FARM PERSONAL PROPERTY (ISO COVERAGE E)

Months	Property Type	Limit of Insurance
		\$
		\$
		\$

HAY - SCHEDULED (\$100,000 limit/stack with 100 ft. of clear space between stacks)

Loc #	Description	Ded	Spontaneous Combustion	Limit of Insurance
			<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N	\$

RECREATIONAL VEHICLES

Loc #	Item #	Description (include make/model, & for boats indicate navigational period)	Year	Serial #	CC/HP	Length	Type of Motor	Liability (off premises) (Y/N)	Phys Dam (Y/N)	Ded	Limit of Insurance
											\$
											\$
											\$
											\$

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

E Item #	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address	E Item #	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address

UNSCHEDULED FARM PERSONAL PROPERTY (ISO COVERAGE F) - ACV VALUATION * Please attach blanket inventory
(Irrigation Equipment, Combines, Cotton Pickers, Hay, Four-Wheeler ATVs, and Computers must be scheduled under Coverage E.)

Item	Perils*	Deductible	Limit of Insurance
Livestock (Basic and Broad only)			\$
Other than Livestock			\$
* Perils: B=Basic BR=Broad S=Special			TOTAL \$

Excluded Property/Items From Coverage F:

CAB GLASS - ISO COVERAGE F

Model	Serial #	Type	Year

PEAK SEASON - FARM PERSONAL PROPERTY (ISO COVERAGE F)

Months	Property Type	Limit of Insurance
		\$
		\$
		\$

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT * Only two additional interests available for coverage F

F Item Description	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address	F Item Description	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address

FARM BARNs, BUILDINGS AND STRUCTURES (ISO COVERAGE G) * Attach cost estimator for each replacement cost structure

Loc #	Bldg #	Description	Year Built	Square Foot	Type of Construction	Roof Type	Roof Age	Type of Heat	Protective Devices (Refer to Farm Quote for examples)

FARM BARNs, BUILDINGS AND STRUCTURES (ISO COVERAGE G) - continued

Loc #	Bldg #	IG%†	EQ †† (Y/N)	Mine Subsidence	Replacement Cost Protection			Open Sides	Building Type	Valuation*	Deductible	Perils**	Limit of Insurance
					A	B	C						
				<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				\$
				<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				\$
				<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				\$
				<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				\$
				<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				\$
				<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				\$
				<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				\$
				<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				\$
				<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				\$
				<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				\$
				<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				\$
				<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				\$
				<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				\$
				<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				\$

† Available Inflation Guard %: 4, 6, 8, 10 †† EQ=Earthquake * Valuation: RC=Replacement Cost; ACV=Actual Cash Value; FBV=Functional Building Valuation.
 ** Perils: B=Basic BR=Broad S=Special

MORTGAGEE INFORMATION

Bldg # <input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address _____ _____ _____	Bldg # <input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address _____ _____ _____
--	--	--	--

MISCELLANEOUS COVERAGES * Refer to FarmQuote for applicable included limits and additional information

Additional Coverages	Provided Limit	New Limit	Additional Coverages - continued	Provided Limit	New Limit
Pollutant Cleanup and Removal	\$10,000	\$	Assisted Living	N/A	See Addendum
Computer	N/A	See Addendum	Unit Owners	N/A	See Addendum
Modified Seeds, Plants, Grains, Crops	N/A	\$	Spoilage	N/A	See Addendum
Credit Fraud	\$1,000	\$	Tenant's Improvements/Alterations	10% of Coverage C Tenant Limit	\$
Custom Farming	Varies by Product	See Addendum	Cost of Restoring Farm Records	\$2,000	\$
Golf Cart	N/A	See Addendum	Extra Expense	\$1,000	\$
Debris Removal *	See Footnote	See Addendum	Power and Light Poles	Varies by Product	See Coverage G
Transit	N/A	See Addendum	Borrowed Farm Equipment	\$25,000 (if E or F is provided)	\$
Standard Equine Endorsement	N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	Other	N/A	\$
Dairymen's Endorsement	N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	Comments:		
Disruption of Farming Operations	N/A	See Addendum			

* 25% of the loss to covered property plus 5% of the limit of that covered property

FARM LIABILITY <input type="checkbox"/>				
Coverages	Occurrence	Aggregate	Fire Damage Limit	Medical Payment
Limit of Liability	\$	\$	\$	\$5,000
<input type="checkbox"/> Exclude Personal and Advertising Injury <input type="checkbox"/> Exclude Advertising Injury				

COMMERCIAL GENERAL LIABILITY <input type="checkbox"/>				
Coverages	Occurrence	Aggregate	Fire Damage Limit	Medical Payment
Limit of Liability	\$	\$	\$	\$5,000
<input type="checkbox"/> Include Products/Completed Operations <input type="checkbox"/> Exclude Personal and Advertising Injury				

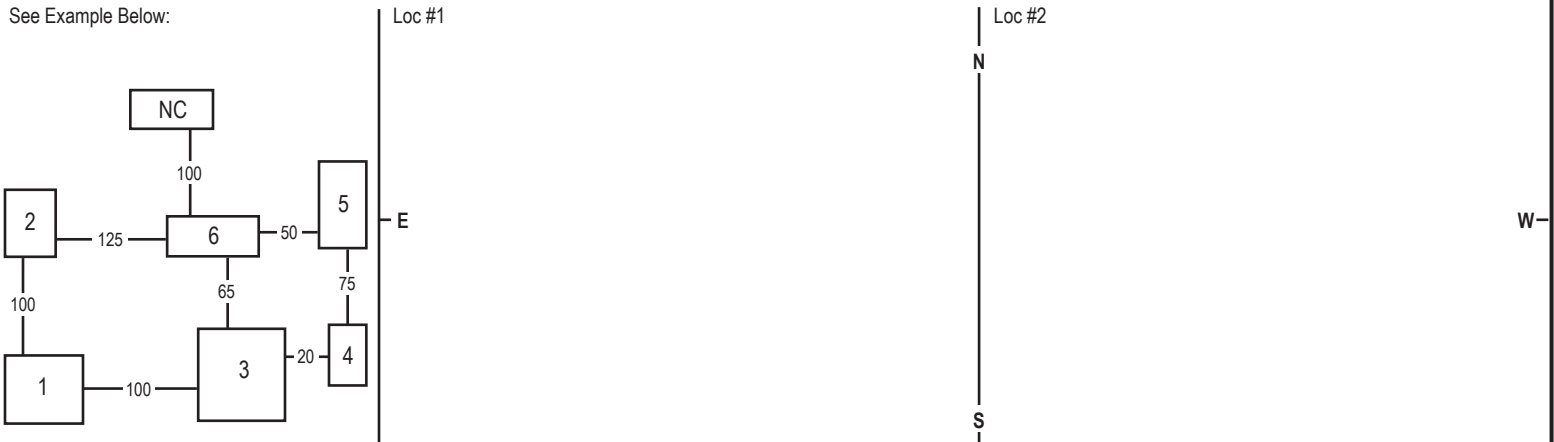
LIABILITY			
Loc #	Code	Coverage	Exposure Basis

UNDERWRITING INFORMATION		* If the answer to any question is yes, please explain using the comments section
1. Does the agent know the applicant? Number of years: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has the agent personally inspected the premises and property? Date of last inspection: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Has insurance been transferred within the agency?		<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are independent contractors hired to perform any farming operation?		<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are there any custom farming operations? Receipts \$ _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Are there any custom feeding operations? Type: _____ Number of Head: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Is any part of the farm used or leased for organized recreational use?		<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Does applicant build, repair or design machinery, equipment or systems for anyone for a charge or fee? Receipts \$ _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Does applicant mix, process, slaughter, butcher or otherwise prepare for any "end" consumer his or any other grower's product?		<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Does applicant handle any product, such as seed, fertilizer, sprays, etc. for resale?		<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Are any contract or service operations performed for others such as tilling, excavating or ditching?		<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Are the farm premises open to the public for roadside stands, "U-Pick," recreational, "rent-a-garden," auction, sales, show, food or beverage service, animal boarding, hay rides, corn mazes or Christmas tree sales uses?		<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Are any portions of the farm rented or leased or used by any other individual, corporation or interest for other than farming?		<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Does applicant prepare and sell animal feed?		<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Are there any unusual hazards such as but not limited to: open dump pits, silage pits, sump holes, lakes, reservoirs and/or airstrips on premises?		<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Does the applicant have any potentially dangerous animals or exotic pets?		<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Is any land held for real estate development or speculation?		<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Is the applicant engaged in any other business, profession or trade?		<input type="checkbox"/> YES <input type="checkbox"/> NO
19. If livestock is kept, are all areas well-fenced? If no, please explain. Premises is in: <input type="checkbox"/> open range area <input type="checkbox"/> closed range area		<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Are the described insured premises the only premises which the applicant or spouse owns, rents or operates as a farm or ranch, or maintains as a residence, other than business property? If no, explain.		<input type="checkbox"/> YES <input type="checkbox"/> NO
21. Any private saddle animals owned? If so, use and number of animals? If more than 4 animals, please complete equine liability questionnaire.		<input type="checkbox"/> YES <input type="checkbox"/> NO
22. Any non-owned horses on any insured premises? If yes, must complete equine liability questionnaire and provide copy of hold harmless and boarding agreement.		<input type="checkbox"/> YES <input type="checkbox"/> NO
23. Are any of the insured farm dwellings or buildings unoccupied for more than 30 consecutive days during the policy period?		<input type="checkbox"/> YES <input type="checkbox"/> NO
24. Does applicant maintain any vacation, seasonal, or additional primary residence?		<input type="checkbox"/> YES <input type="checkbox"/> NO

DIAGRAM

Show all buildings on the premises whether insured or not and distance in feet between them. Label all buildings and attach dated photographs of every building.
(Indicate "NC" if not covered.)

See Example Below:



PRIOR CARRIER INFORMATION

Line of Business	Prior Carrier	Effective/Expiration Dates	Expiring Annual Premium
<input type="checkbox"/> Farm <input type="checkbox"/> Auto <input type="checkbox"/> Umbrella <input type="checkbox"/> Excess			\$
<input type="checkbox"/> Farm <input type="checkbox"/> Auto <input type="checkbox"/> Umbrella <input type="checkbox"/> Excess			\$
<input type="checkbox"/> Farm <input type="checkbox"/> Auto <input type="checkbox"/> Umbrella <input type="checkbox"/> Excess			\$

LOSS HISTORY

Check Here if None

See Attached Loss Summary

* Please provide hard copy loss runs for a minimum of the previous three years

Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status
						Open
						Closed
						Open
						Closed
						Open
						Closed

Have you been (Not Applicable in Missouri): Canceled Non-Renewed Declined None of the above Please explain:

Inspection Contact	Phone (A/C, No, Ext):	Accounting Records Contact	Accounting Records Contact (A/C, No, Ext):
--------------------	-----------------------	----------------------------	--

ADDITIONAL RESOURCES

* Visit Agent Services at www.RainHail.com for a complete list of additional resources.

Addendum Name	Form #	Questionnaire Name	Form #
Additional Insureds	AM 28 15	Care Custody and Control	FZ-8S51a
Miscellaneous Coverages	AM 28 16	Combine and Cotton Picker	AQ 85 24
Unscheduled Farm Personal Property Inventory (Cov F)	AM 28 17	Equine Liability	AQ 85 15
		Hog Confinement	AQ 85 20
		Mobile Home Tie Down	CF-3C96
		Supplemental Heat	AQ 85 22
		Swimming Pool/Trampoline	AQ 85 26