

FARMOWNERS APPLICATION

THIS IS NOT A BINDER

Incomplete or unsigned Applications
will be returned for completion

<input type="checkbox"/> New <input type="checkbox"/> Renewal of # _____		DESIRED EFFECTIVE DATE / /		TYPE OF FARM OR RANCH	
APPLICANT			AGENCY NAME		
DBA			AGENCY CODE		
MAILING ADDRESS (INCLUDING CITY, STATE, ZIP CODE)			MAILING ADDRESS (INCLUDING CITY, STATE, ZIP CODE)		
PHONE NUMBER ()		FAX NUMBER ()		PHONE NUMBER ()	
EMAIL ADDRESS		SOCIAL SECURITY NUMBER		FAX NUMBER ()	
EMAIL ADDRESS		SOCIAL SECURITY NUMBER		EMAIL ADDRESS	
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: specify _____					
FEDERAL EIN		NAMES OF ALL PARTNERS OR OFFICERS			
Applicant is: <input type="checkbox"/> Owner Operator <input type="checkbox"/> Absentee Owner <input type="checkbox"/> Other: specify _____					

GENERAL INFORMATION

1. DESCRIBE FARMING OPERATIONS		APPLICANT'S ADDITIONAL OCCUPATION			
2. NUMBER OF YEARS EXPERIENCE IN THIS TYPE OF OPERATION		NUMBER OF YEARS AT THIS LOCATION			
3. HOW LONG HAS THE AGENT KNOWN THE APPLICANT		HAS PROPERTY BEEN INSPECTED <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, DATE _____			
4. IS OVERALL MAINTENANCE AND CONDITION OF THE GROUNDS, FENCING AND BUILDINGS <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
5. DESCRIBE ANY BUILDINGS OR FENCES IN FAIR OR POOR CONDITION			HOW OFTEN IS FENCING CHECKED		
6. DO YOU HAVE A ROADSIDE MARKET <input type="checkbox"/> Yes <input type="checkbox"/> No			"PICK YOUR OWN" OPERATIONS <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. IS THERE ANY OTHER BUSINESS BEING CONDUCTED ON THE COVERED LOCATION – IF YES, PLEASE DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No					
8. IS THERE A SWIMMING POOL <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, IS IT ENCLOSED BY A FENCE <input type="checkbox"/> Yes <input type="checkbox"/> No		IS IT RESTRICTED TO PRIVATE USE OF RESIDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. IDENTIFY LIABILITY HAZARDS – CHECK THE BOXES THAT APPLY <input type="checkbox"/> Hunting <input type="checkbox"/> 3-Wheel ATV or ATC <input type="checkbox"/> Trampoline <input type="checkbox"/> Ponds/Fishing <input type="checkbox"/> Airstrip <input type="checkbox"/> Junk Cars <input type="checkbox"/> Other <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Daycare <input type="checkbox"/> Overnight Camps					
10. DOES APPLICANT RENT OR LEASE ANY OF THE LAND, BUILDINGS, STABLES TO OTHERS – IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No					
11. ANY HORSE EXPOSURE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE EQUINE LIABILITY SUPPLEMENT.					
12. ANY DOGS ON THE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, HOW MANY AND WHAT BREED		HAS ANY DOG BITTEN OR CAUSED INJURY TO ANYONE <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. DOES APPLICANT OWN CATTLE <input type="checkbox"/> Yes <input type="checkbox"/> No		SWINE <input type="checkbox"/> Yes <input type="checkbox"/> No		SHEEP <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, NUMBER OF HEAD AND RANGE ACRES		IF YES, NUMBER OF HEAD		IF YES, NUMBER OF HEAD AND RANGE ACRES	
14. ADVISE IF ANY NON-DOMESTIC, EXOTIC ANIMALS, EMUS, OSTRICHES, REPTILES, OTHER					
15. HAS ANY COMPANY CANCELLED, DECLINED OR REFUSED TO RENEW SIMILAR COVERAGE – IF YES, PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No					

PROPERTY AND LIABILITY -- PREVIOUS 3 YEARS CARRIER INFORMATION

COMPANY	POLICY NUMBER	POLICY PERIOD	PREMIUM	NUMBER OF CLAIMS	LOSSES/ RESERVE
1.					
2.					
3.					

EXPLAIN ANY LOSSES WITHIN PAST THREE YEARS, INCLUDE APPROXIMATE DATES

PROPERTY SECTION

LOC #	# OF ACRES	LEGAL DESCRIPTION OF LOCATIONS TO BE INSURED, INCLUDING COUNTY, STATE, ZIP CODE	USED BY INSURED	MILES FROM FIRE DEPT.	FEET FROM HYDRANT	W/IN 10 MILES FROM COAST	BRUSH ZONE
1			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

DWELLING INFORMATION

LOC. NO.	DWL. NO.	COVER. A LIMIT	COVERAGE A DWELLING		COVER. B LIMIT	COVER. C LIMIT	COVERAGE C UNSCHED PERS PROP.		COVERAGE D LOSS OF USE LIMIT	TYPE OF CONST.	YEAR BUILT	MOBILE HOME		DED.	CAUSES OF LOSS		
			<input type="checkbox"/> RC	<input type="checkbox"/> ACV			<input type="checkbox"/> RC	<input type="checkbox"/> ACV				<input type="checkbox"/> YES	<input type="checkbox"/> NO		BASIC	BROAD	SPECIAL
			<input type="checkbox"/> RC	<input type="checkbox"/> ACV			<input type="checkbox"/> RC	<input type="checkbox"/> ACV				<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC	<input type="checkbox"/> ACV			<input type="checkbox"/> RC	<input type="checkbox"/> ACV				<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC	<input type="checkbox"/> ACV			<input type="checkbox"/> RC	<input type="checkbox"/> ACV				<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC	<input type="checkbox"/> ACV			<input type="checkbox"/> RC	<input type="checkbox"/> ACV				<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC	<input type="checkbox"/> ACV			<input type="checkbox"/> RC	<input type="checkbox"/> ACV				<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC	<input type="checkbox"/> ACV			<input type="checkbox"/> RC	<input type="checkbox"/> ACV				<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> RC	<input type="checkbox"/> ACV			<input type="checkbox"/> RC	<input type="checkbox"/> ACV				<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOBILE HOME SECTION		MAKE	SERIAL NUMBER(S)	SOLID FOUNDATION	TIE DOWN	SKIRTED
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		MAKE	SERIAL NUMBER(S)	SOLID FOUNDATION	TIE DOWN	SKIRTED
		MAKE	SERIAL NUMBER(S)	SOLID FOUNDATION	TIE DOWN	SKIRTED

NOTE: Coverage B unavailable in California. Additional Structures can be covered under Coverage E.

DWG. NO.	PRIMARY RESIDENCE Y/N	OCCUP. SEASONAL Y/N	TENANT Y/N	EMPL. Y/N	SQ. FT. GRND FLOOR	LOCAL ALARM Y/N	CENTRAL STATION Y/N	SMOKE/HEAT DET. Y/N	TYPE OF HEAT	THERMO. CONTROL. Y/N	WOODSTOVE/FIREPLACE Y/N*	NR. WATER SOURCE Y/N	YEAR UPDATE		
													PLUMBING	ELEC. TRICAL	ROOF
1															
2											*Complete				
3											Woodstove				
4											Suppl.				
5															
6															
7															

FIRST MORTGAGEE	MAILING ADDRESS INCLUDING ZIP CODE	LOAN NUMBER
SECOND MORTGAGEE	MAILING ADDRESS INCLUDING ZIP CODE	LOAN NUMBER
LOSS PAYEE	MAILING ADDRESS INCLUDING ZIP CODE	

ADDITIONAL PERSONAL PROPERTY COVERAGE

SCHEDULED PROPERTY	TOTAL LIMIT	SCHEDULED PROPERTY	TOTAL LIMIT
Jewelry	\$	Fine Arts	\$
Furs	\$	Other	\$
Silverware	\$	(A complete schedule and current appraisals (within 3 years) on any item over \$1,500 must be provided before coverage can be bound.)	

SCHEDULE OF COMPUTER EQUIPMENT DEDUCTIBLE:

HARDWARE LIMIT	MAKE	DESCRIPTION	SERIAL NUMBER
SOFTWARE LIMIT			

COVERAGE E – SCHEDULED FARM BARN, BUILDINGS, STRUCTURES, DWELLINGS

LOC #	BLDG #	LIMIT OF INS.	DESCRIPTION	BLDGTYPE 1, 2 OR 3	YEAR BUILT	CONST F / M	HAY Y / N	RC/ ACV	LENGTH & WIDTH	TYPE HEAT	TYPE ROOF	AGE	# OF STALLS	CAUSES OF LOSS		
														BASIC	SPECIAL*	WISS*
		\$														
		\$														
		\$														
		\$														
		\$														
		\$														
		\$														
		\$														
		\$														

*If Special Form or WISS, Collapse Coverage Supplement MUST be completed.

MOBILE HOME SECTION	MAKE	SERIAL NUMBER(S)	SOLID FOUNDATION <input type="checkbox"/> YES <input type="checkbox"/> NO	TIE DOWN <input type="checkbox"/> YES <input type="checkbox"/> NO	SKIRTED <input type="checkbox"/> YES <input type="checkbox"/> NO
	MAKE	SERIAL NUMBER(S)	SOLID FOUNDATION <input type="checkbox"/> YES <input type="checkbox"/> NO	TIE DOWN <input type="checkbox"/> YES <input type="checkbox"/> NO	SKIRTED <input type="checkbox"/> YES <input type="checkbox"/> NO
IDENTIFY BUILDINGS OVER 20 YEARS OLD AND ADVISE YEAR HEATING, PLUMBING AND WIRING WERE UPDATED				"NO SMOKING" SIGNS POSTED <input type="checkbox"/> Yes <input type="checkbox"/> No	
DO ANY BUILDINGS HAVE EXPOSED URETHANE OR STYRENE INSULATION – IF YES, IDENTIFY BUILDINGS AND DESCRIBE <input type="checkbox"/> Yes <input type="checkbox"/> No				ARE FIRE EXTINGUISHERS MAINTAINED IN BARN AND STABLES <input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE BUILDINGS BEING RENOVATED, REMODELED OR UNDER CONSTRUCTION – IF YES, PLEASE EXPLAIN: <input type="checkbox"/> Yes <input type="checkbox"/> No					

NOTE: IF DECLINING COVERAGE FOR COLLAPSE DUE TO WEIGHT OF ICE, SLEET OR SNOW, PLEASE INITIAL HERE:

CRITERIA FOR BUILDING TYPES 1, 2, 3

DWELLINGS	FARM BARN, BUILDINGS & STRUCTURES	SILOS
A. Excellent Repair B. Good Repair C. Foundation – Continuous Construction D. Approved Central Heating E. Modern Electrical & Plumbing System F. Wood Burner as Supplement Heat Type 1 – ACDE Type 2 – BCDEF Type 3 – All Others	A. \$4,000 Minimum B. Good Physical Condition C. Not Over One Story D. Foundation – Continuous Construction E. Approved Pole Barn F. Fully Enclosed, No Open Sheds Attached G. No Hay H. Fully Utilized in Farm/Stable Operation Type 1 – ABC/DEFG Type 2 – ABD/EH Type 3 – All Others	Type 1: Minimum Amount \$5,000. All silos except frame or frame iron clad. Type 2: Minimum Amount \$1,000. All silos not qualifying for Type 1 except frame or frame iron. Type 3: Frame, including frame iron clad. <u>Mobile Homes</u> Type 1: Must be set on continuous foundation under all exterior walls. Type 2: All others not eligible for Type1.

COVERAGE F – SCHEDULED FARM PERSONAL PROPERTY – BASIC PERILS – ACV

- \$ _____ On _____
- \$ _____ On Hay in Barns
- \$ _____ On Hay in Stacks (stack limit of \$ _____ on hay, max. \$10,000, and \$ _____ on straw and fodder)
- \$ _____ On Machinery Not Described (limit \$2,500 for any one item)
- \$ _____ On Borrowed, Rented or Leased Farm Machinery and Equipment

	<u>Described Machinery</u>	<u>Year</u>	<u>Make</u>	<u>Model and Serial Number</u>	<u>Open Perils Yes / No</u>
6.	\$ _____	On _____			
7.	\$ _____	On _____			
8.	\$ _____	On _____			
9.	\$ _____	On Horses (limit \$2,500 for any one animal), Type _____			
10.	\$ _____	On Other Livestock (limit \$2,500 for any one animal), Type _____			
11.	\$ _____	On Specifically Described Horses (Attach schedule including name, age, sex, and use. Race and show horses not eligible.)			
12.	\$ _____	On contents of dwelling on Coverage E _____			
13.	\$ _____	On _____			
14.	\$ _____	On misc. tools and equipment (limit \$1,500 for any one item) _____			
15.	\$ _____	On misc. tack and related equipment (limit \$1,500 for any one item) _____			
16.	\$ _____	On specifically described tack (attach schedule)			

COVERAGE G – BLANKET FARM PERSONAL PROPERTY

***Limit:** *Subject to 80% Coinsurance Clause – Complete Coverage G Blanket Supplement

DIAGRAM

SHOW ALL BUILDINGS ON THE PREMISES (WHETHER INSURED OR NOT), OUTSIDE DIMENSIONS AND DISTANCE BETWEEN EACH. INDICATE NC IF NOT COVERED. LABEL ALL BUILDINGS AND ATTACH A CLEAR, DATED PHOTO OF EACH BUILDING. (DIGITAL PHOTOS/DOCUMENTS CAN BE ACCEPTED OVER THE INTERNET.)

N
W
E
S

LIABILITY SECTION**LIMITS OF LIABILITY CHECK ONE**
 \$300,000
 \$500,000
 \$1,000,000
 Other \$ _____

\$5,000 Medical Payments to Others Included.
 \$50,000 Fire Legal Liability. Inquire about the availability of higher limits and options.

LIABILITY FORMS
 Farm Liability **or**
 Commercial Farm/Stable
 With Personal Liability:
 Included
 Excluded

Umbrella Coverage is available in most states. Please contact your agent for information and an application.

ADDITIONAL INSURED (SUBJECT TO COMPANY APPROVAL)

NAME	ADDRESS	INTEREST	REASON

ADDITIONAL RESIDENCE PREMISES OCCUPIED BY INSURED (LIABILITY ONLY)**WATERCRAFT LIABILITY (GL-82) MVR Required**

COMPLETE DESCRIPTION	MAKE	SERIAL #	LENGTH	H.P.	M.P.H.

SNOWMOBILE LIABILITY (GL-83) MVR Required

COMPLETE DESCRIPTION	MAKE OR MODEL	SERIAL #

OFFICE, PROFESSIONAL, PRIVATE SCHOOL, STUDIO OCCUPANCY (GL-80)

DESCRIPTION OF BUSINESS	LOCATION

INCIDENTAL BUSINESS PURSUITS – EXCLUDING PRODUCTS AND COMPLETED OPERATIONS (GL-90)

NAME OF INSURED(S)	BUSINESS DESCRIPTION	ESTIMATED GROSS ANNUAL RECEIPTS

ARE YOU ENGAGED IN CUSTOM FARM WORK (GL-75)
 Yes
 No
IF YES, PROVIDE ESTIMATE OF ANNUAL RECEIPTS

\$

DO YOU CARRY WORKERS COMPENSATION COVERAGE
 Yes
 No
CARRIER**POLICY NUMBER****FAIR CREDIT REPORTING ACT NOTICE**

A consumer report may be requested by the insurer to which this application is submitted. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

STANDARD FRAUD WARNING

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 may subject such person to criminal and substantial civil penalties. (This wording does not apply in Oregon.)

- 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.
- NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is guilty of insurance fraud and is subject 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.
- WASHINGTON D.C.:** **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.

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to the best of his/her knowledge true.

DATE / /	APPLICANT'S SIGNATURE (REQUIRED) X	DATE OF LAST INSPECTION / /	<input type="checkbox"/> I have NOT seen the property. <input type="checkbox"/> I have seen the property.
DATE / /	AGENT'S SIGNATURE (REQUIRED) X		

The following Supplements are attached (please check):

- Equine Liability Supplement
- Coverage G – Blanket Farm Personal Property Supplement
- Fireplace, Wood Burning Stove Supplement
- Collapse Coverage Supplement

**CHECK EACH COVERAGE DESIRED (ALL COVERAGE MAY NOT BE AVAILABLE IN ALL STATES
THIS IS NOT A COMPLETE LIST)**

ENDORSE- MENT #	COVERAGE OPTIONS	ENDORSE- MENT #	COVERAGE OPTIONS
<input type="checkbox"/> FO-15	Actual Cash Value	<input type="checkbox"/> FO-346	4-H and F.F.A. Animals
<input type="checkbox"/> FO-25	Consent to Move Mobile Home	<input type="checkbox"/> FO-349	Suffocation of Livestock
<input type="checkbox"/> FO-26	Collision or Upset	<input type="checkbox"/> FO-350	Debris Removal – Coverages E and F
<input type="checkbox"/> FO-27	Secured Party's Interest – Additional Coverage	<input type="checkbox"/> FO-352	Peak Season Inventory – Farm Personal Property
<input type="checkbox"/> FO-30	Incidental Property Coverages – Higher Limits	<input type="checkbox"/> FO-354	Earthquake – Coverages E, F and G
<input type="checkbox"/> FO-41	Additional Insureds (Property)	<input type="checkbox"/> FO-356	Added Animal Perils
<input type="checkbox"/> FO-48	Related Private Structures	<input type="checkbox"/> FO-360	Farm Machinery
<input type="checkbox"/> FO-54	Earthquake	<input type="checkbox"/> FO-361	Property in Transit – Coverages F and G
<input type="checkbox"/> FO-55	Replacement Value	<input type="checkbox"/> FO-362	Special Form Coverage – Farm Barns, Buildings, and Structures
<input type="checkbox"/> FO-60	Debris Removal	<input type="checkbox"/> FO-363	Repair or Rebuilding Requirement
<input type="checkbox"/> FO-61	Scheduled Personal Property	<input type="checkbox"/> FO-364	Replacement Cost Provision for Well Pumps
<input type="checkbox"/> FO-65	Coverage C – Higher Limit of Liability on Certain Property	<input type="checkbox"/> FO-6 Policy Form	Farm Extra Expense \$_____ Limit
<input type="checkbox"/> FO-68	Scheduled Glass	<input type="checkbox"/> GL-9	Personal Liability Coverage
<input type="checkbox"/> FO-69	Business Property – Business Occupancy on the Insured Premises	<input type="checkbox"/> GL-40	Structures Rented to Others
<input type="checkbox"/> FO-70	Ordinance or Law	<input type="checkbox"/> GL-70	Additional Insured – Persons or Organizations
<input type="checkbox"/> FO-75	Amendment of Vacancy or Unoccupancy	<input type="checkbox"/> GL-71	Additional Insured – Partners or Co-owners
<input type="checkbox"/> FO-123	Pollutant Clean Up and Removal	<input type="checkbox"/> GL-72	Additional Insureds
<input type="checkbox"/> FO-125	Dwelling Under Construction – Theft	<input type="checkbox"/> GL-73	Additional Residences or Farms – Rented to Others
<input type="checkbox"/> FO-170	Computers	<input type="checkbox"/> GL-74	Business Activities
<input type="checkbox"/> FO-178	Insurance By More Than One Company	<input type="checkbox"/> GL-75	Custom Farm Work
<input type="checkbox"/> FO-184	Automatic Adjustment of Limits	<input type="checkbox"/> GL-76	Employer's Liability – Farm Employees
<input type="checkbox"/> FO-200	Replacement Cost Terms – Mobile Homes	<input type="checkbox"/> GL-78	Fruit or Vegetable Picking – By Public
<input type="checkbox"/> FO-208	Water Damage – Sewers, Drains and Sumps	<input type="checkbox"/> GL-80	Office, Professional, Private School, or Studio Occupancy
<input type="checkbox"/> FO-216	Premises Alarm or Fire Protection System	<input type="checkbox"/> GL-81	Personal Injury (with GL-2, GL-9 only)
<input type="checkbox"/> FO-255	Repair Cost Terms	<input type="checkbox"/> GL-82	Watercraft
<input type="checkbox"/> FO-256	Modified Replacement Cost Terms	<input type="checkbox"/> GL-83	Snowmobile
<input type="checkbox"/> FO-257	Ordinance or Law – Farm Barns, Buildings and Structures	<input type="checkbox"/> GL-84	Care Provided for Others
<input type="checkbox"/> FO-307	Sprinkler Leakage	<input type="checkbox"/> GL-90	Incidental Business Pursuits
<input type="checkbox"/> FO-323	Weight of Ice, Snow or Sleet	<input type="checkbox"/> GL-95	Products Aggregate Limits
<input type="checkbox"/> FO-324	Winter Perils – Livestock	<input type="checkbox"/> GL-108	Additional Insureds
<input type="checkbox"/> FO-330	Incidental Property Coverages – Higher Limits	<input type="checkbox"/> GL-615	Exclusion of Products/Completed Work Coverage
<input type="checkbox"/> FO-340	Limited Perils – Coverages E, F and G	<input type="checkbox"/> GL-872	Farm Employers Liability Coverage (with GL-610 only)
<input type="checkbox"/> FO-341	Replacement Cost Terms – Farm Barns, Buildings and Structures	<input type="checkbox"/> GL-904	Personal and Advertising Injury Liability Coverage (with GL-610 only)
<input type="checkbox"/> FO-345	Theft of Building Materials – Farm Barns, Buildings and Structures	<input type="checkbox"/> AD9182EM	Horse Boarding Operations

EQUINE LIABILITY SUPPLEMENT

THIS SUPPLEMENT FORMS PART OF OUR FARMOWNER APPLICATION

(Umbrella coverage is available in most states. Please contact your agent for information and an application.)

SECTION I SUMMARY OF HORSES – AT PEAK SEASON			
ACCOUNT FOR EACH ANIMAL BELOW ONLY ONCE, BASED ON ITS PRIMARY USE			
Horses Owned/Leased/Used by Insured	Number	Horses Non-Owned by Insured	Number
1. a. Owned horses used for instruction	_____	1. Boarding/pasturing.....	_____
b. Boarded horses used for instruction to others.....	_____	2. Show training	_____
2. Show and/or pleasure.....	_____	3. Racing and/or training to race.....	_____
3. Racing and/or training to race	_____	4. Breeding (Mares _____, Stallions _____).....	_____
4. Breeding (Mares _____, Stallions _____)	_____	5. Foals/weanlings	_____
5. Foals/weanlings.....	_____	6. Retired and/or lay-ups.....	_____
6. Retired and/or lay-ups	_____	7. Consignment for sale (Breed _____).....	_____
7. For sale (Breed _____).....	_____	8. Other (Describe _____)	_____
8. Other (Describe _____)	_____	Total (Lines 1-8)	_____
All Owned Horses Must be Declared..... Total (Lines 1-8)			
9. Number of carts, buggies, carriages, etc.....	_____	9. Total number of stalls on your premises	_____
Describe use:_____		10. What is the maximum number of horses, owned and non-owned, that can be kept in your premises	_____

SECTION II HORSES NON-OWNED BOARDING, BREEDING, TRAINING, RACING				<input type="checkbox"/> CHECK IF NO EXPOSURE
1. TOTAL # OF STALLS	MAXIMUM # BOARDED	PASTURED	MONTHLY BOARDING RATE \$	ANNUAL GROSS \$
2. TRAINING PLEASURE & SHOW – MAXIMUM # OF NON-OWNED HORSES IN TRAINING			MONTHLY TRAINING RATE \$	ANNUAL GROSS \$
3. BREEDING - # OF NON-OWNED STALLIONS	BREED	MAX # OF OUTSIDE MARES	ARE MARES KEPT ON PREMISES UNTIL FOALING <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. RACE HORSES – WHAT BREEDS	HOW MANY DO YOU TRAIN FOR OTHERS	PAYROLL \$	WHAT STATES DO YOU RACE IN	
ARE YOU ACTIVELY INVOLVED IN THE RACING/TRAINING OF YOUR OWN RACE HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION III SALES HORSE, FOOD, CLOTHING, TACK, FEED, HORSESHOEING				<input type="checkbox"/> CHECK IF NO EXPOSURE
1. DO YOU SELL HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No	WHAT BREEDS	HOW MANY PER YEAR	GROSS ANNUAL RECEIPTS \$	
2. IS BUYER ALLOWED TO TEST RIDE <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES <input type="checkbox"/> In arena <input type="checkbox"/> In open field		DO YOU SELL FROM YOUR OWN PREMISES <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. EXPLAIN ANY OTHER METHOD OF SALES				
4. DO YOU SELL FOOD OR HAVE A SNACK BAR (LIQUOR LIABILITY NOT COVERED) <input type="checkbox"/> Yes <input type="checkbox"/> No				GROSS RECEIPTS \$
5. DO YOU SELL TACK AND/OR CLOTHING – IF YES, USED OR NEW <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Used <input type="checkbox"/> New				GROSS RECEIPTS \$
6. DO YOU SELL HAY OR FEED <input type="checkbox"/> Yes <input type="checkbox"/> No				GROSS RECEIPTS \$
7. DO YOU MIX FEED FOR SALE/CONSUMPTION <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. DO YOU REPAIR RIDING EQUIPMENT FOR OTHERS <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. DO YOU PERFORM ANY TYPE OF FARRIER SERVICES (INJURY TO HORSE NOT COVERED) <input type="checkbox"/> Yes <input type="checkbox"/> No				If on premises only this coverage can be added to this policy.
ARE SERVICES ON PREMISE ONLY <input type="checkbox"/> Yes <input type="checkbox"/> No				GROSS RECEIPTS \$

NOTE: Products liability for any and all exposures involving sale of horses or other livestock, repair of tack, sale of feed if mixed or prepared by the insured is excluded from coverage.

SECTION IV EQUESTRIAN SCHOOLS – RIDING INSTRUCTION – CLINICS				<input type="checkbox"/> CHECK IF NO EXPOSURE
1. IS INSTRUCTION PROVIDED BY <input type="checkbox"/> You <input type="checkbox"/> An Independent Instructor		If an independent instructor/trainer is used, complete Section V.	ARE YOU A CERTIFIED INSTRUCTOR <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. DESCRIBE TYPE OF SAFETY GEAR REQUIRED				
3. DO YOU PROVIDE RIDING FOR THE HANDICAPPED <input type="checkbox"/> Yes <input type="checkbox"/> No		# OF HORSES AVAILABLE FOR HANDICAPPED	GROSS ANNUAL RECEIPTS \$	
NON-PROFIT <input type="checkbox"/> Yes <input type="checkbox"/> No		RATIO OF INSTRUCTORS TO STUDENTS		
ARE SIDEWALKERS USED <input type="checkbox"/> Yes <input type="checkbox"/> No		VOLUNTEER COVERAGE REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. MAXIMUM NUMBER OF SCHOOL HORSES AVAILABLE		MAXIMUM NUMBER USED AT ANY ONE TIME	GROSS ANNUAL RECEIPTS \$	
5. ARE STALLIONS USED FOR INSTRUCTION <input type="checkbox"/> Yes <input type="checkbox"/> No		IF SO, INDICATE THE LEVEL OF THE RIDER AND AGE		
6. DO YOU GIVE INSTRUCTION TO STUDENTS ON THEIR OWN HORSES <input type="checkbox"/> Yes <input type="checkbox"/> No		IF SO, ADVISE AVERAGE NUMBER OF LESSONS PER WEEK	ANNUAL GROSS RECEIPTS \$	
7. DO YOU TEACH <input type="checkbox"/> English <input type="checkbox"/> Jumping <input type="checkbox"/> Saddle Seat <input type="checkbox"/> Western <input type="checkbox"/> Dressage <input type="checkbox"/> Other:				
8. IS THERE ANY PERIOD OF THE YEAR DURING WHICH YOU DO NOT GIVE INSTRUCTIONS – IF SO, GIVE DATES CLOSED <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. DO YOU ATTEND OFF-PREMISES SHOWS WITH YOUR STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No		Injuries to horses and students being transported are not covered.	HOW MANY TIMES PER YEAR	GROSS RECEIPTS \$
10. DO YOU HOLD CLINICS FOR NON-STUDENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY DAYS	AVERAGE ATTENDANCE	RECEIPTS EARNED \$	
11. DO YOU OPERATE A DAY CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	OVERNIGHT CAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU PROVIDE FOOD <input type="checkbox"/> Yes <input type="checkbox"/> No	GROSS RECEIPTS FOR CAMP \$	
12. DESCRIBE ALL ACTIVITIES OFFERED AT CAMPS OTHER THAN RIDING INSTRUCTIONS				
<hr/> <hr/> <hr/>				

SECTION V INDEPENDENT INSTRUCTORS / TRAINERS				<input type="checkbox"/> CHECK IF NO EXPOSURE
1. DO INDEPENDENT TRAINERS OR INSTRUCTORS OPERATE ON YOUR PREMISES – IF SO, HOW MANY <input type="checkbox"/> Yes <input type="checkbox"/> No		DO THEY CARRY THEIR OWN INSURANCE++ <input type="checkbox"/> Yes <input type="checkbox"/> No		
++ If so, we will require a copy of a Certificate of Insurance for each insured for coverage with limits equal to those you carry. We will also require that they name you as an additional insured under their policy. If the independent instructors or trainers DO NOT carry their own insurance, they will be added as an insured for an additional charge if eligible. Coverage is limited to on-premises only and to off-premise shows with horses and/or riders in training.				
PROVIDE NAMES OF INDEPENDENT INSTRUCTORS OR TRAINERS AND ADDRESSES (MUST BE 18 YEARS OF AGE OR OLDER)				
<hr/> <hr/> <hr/>				
INDEPENDENTS COVERED ON THIS POLICY MUST USE A RELEASE – ATTACH COPY(IES)				
2. HOW MANY HORSES ARE PROVIDED FOR LESSONS BY INDEPENDENT INSTRUCTORS		GROSS RECEIPTS \$	GROSS RECEIPTS FOR INSTR. TO STUDENTS ON THEIR OWN HORSES \$	
3. HOW MANY OF YOUR BOARDED HORSES ARE BEING TRAINED BY INDEPENDENT TRAINERS			OR TRAINED UNDER YOUR NAME	

SECTION VI PONY RIDES/SADDLE ANIMALS FOR HIRE/HOURLY OR DAILY RENTALS/TRAIL RIDES/LEASING/PACK TRIPS				<input type="checkbox"/> CHECK IF NO EXPOSURE
1. # OF ANIMALS AVAILABLE FOR RENTAL OR TRAIL RIDES	GROSS RECEIPTS FOR RENTALS \$	GROSS RECEIPTS FOR TRAIL RIDES \$	DO YOU CONDUCT PACK TRIPS <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. PONY RIDES/PARTIES – NUMBER OF PONIES		GROSS RECEIPTS \$	DO YOU USE SIDEWALKERS <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. DO YOU RENT OR LEASE HORSES OR PONIES TO CAMPS/RESORTS OR INDIVIDUALS – IF SO, HOW MANY – PLEASE EXPLAIN <input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION VII RIDES, HORSE SHOWS AND MISCELLANEOUS ACTIVITIES CHECK IF NO EXPOSURE

1. RIDES	# OF PASSENGERS	GROSS RECEIPTS	# OF WAGONS	# OF HORSES	# OF MOTOR VEH	# OF TRIPS	ON OR OFF PREMISES
<input type="checkbox"/> Hay <input type="checkbox"/> Sleigh <input type="checkbox"/> Carriage		\$					

2. SHOWS
 INDEPENDENT VENDORS ARE NOT COVERED

ARE THESE SHOWS RECOGNIZED BY THE AMERICAN HORSE SHOW ASSOCIATION DO YOU MANAGE ANY SHOWS OPEN TO BOARDERS OR NON-STUDENTS
 Yes No Yes No

SHOWS	# OF PARTICIPANTS	GROSS RECEIPTS ALL SHOWS	MAX # OF SPECTATORS PER DAY	TOTAL # OF SHOW DAYS	SHOW DATES
Shows on Premises		\$			
Rodeos on Premises		\$			

3. DO YOU SECURE RELEASES FROM ALL ENTRANTS – ATTACH A SAMPLE DOES NUMBER OF SPECTATORS EVER EXCEED 500 PER DAY
 Yes No Yes No

4. DO YOU HAVE BLEACHERS OR GRANDSTANDS CONSTRUCTION YEAR BUILT SEATING CAPACITY – #
 Yes No

DO YOU MANAGE ANY HUNTS OR RACING EVENTS IF YES, WHAT TYPE DO YOU OWN/USE/LEASE ANY HOUNDS FOR HUNTS HOW MANY HOUNDS
 Yes No Yes No

6. IF RODEOS ON PREMISE, DESCRIBE TYPE OF EVENTS

7. DO YOU ALLOW NON-BOARDERS TO USE YOUR FACILITIES – IF YES, PLEASE EXPLAIN GROSS RECEIPTS
 Yes No \$

8. ALL OPERATIONS MUST BE DECLARED – DESCRIBE FULLY ANY OTHER EVENTS OR OPERATIONS NOT ALREADY MENTIONED IN THIS APPLICATION

NOTE: Coverage is not provided for injury to participants in horse races, rodeos, rodeo-type events, hunts, vaulting, and polo matches/practice.

GENERAL INFORMATION AND UNDERWRITING QUESTIONNAIRE

1. NUMBER OF YEARS AT THIS LOCATION NUMBER OF YEARS EXPERIENCE IN THESE OPERATIONS

2. IF LESS THAN FIVE (5) YEARS, GIVE BRIEF DESCRIPTION OF EXPERIENCE AND BACKGROUND IN HORSE BUSINESS

3. DO YOU OBTAIN A RELEASE SIGNED BY BOARDERS AND STUDENTS RELIEVING YOU OF CLAIMS FOR BI & PD – IF YES, PLEASE ATTACH A COPY TO THIS APPLICATION
 Yes No

4. DO YOU POST RULES DO YOU POST WARNING SIGNS DESCRIBE ANY SAFETY PROGRAM OR ATTACH INFORMATION
 Yes No Yes No

5. DESCRIBE TYPE OF ALL FENCING

6. DESCRIBE CONDITION HOW OFTEN IS FENCING CHECKED
 Excellent Good Fair Poor

PERSON TO CONTACT FOR INSPECTION TELEPHONE NUMBER
 ()

REFER TO FRAUD WARNINGS ON PAGE 5 OF THE FARMOWNER APPLICATION

The undersigned hereby applies for insurance coverage as set forth in the application and affirms that the statements and representations made are to the best of his/her knowledge true.

APPLICANT'S SIGNATURE X	DATE / /	AGENT'S SIGNATURE X	DATE / /
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Note: Farmowners and commercial liability policies generally exclude liability coverage for damage to non-owned property in the care, custody or control of the insured. Please complete a separate Care, Custody or Control application for the non-owned horses in your care. Your signature is requested below, if you are **declining** this coverage.

X _____

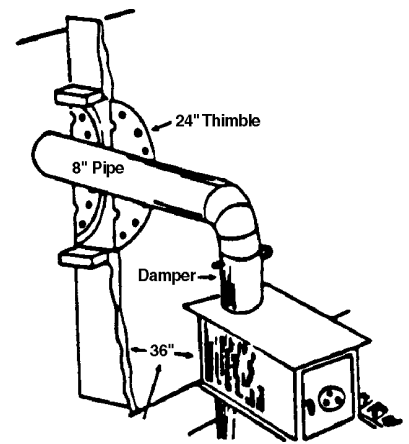
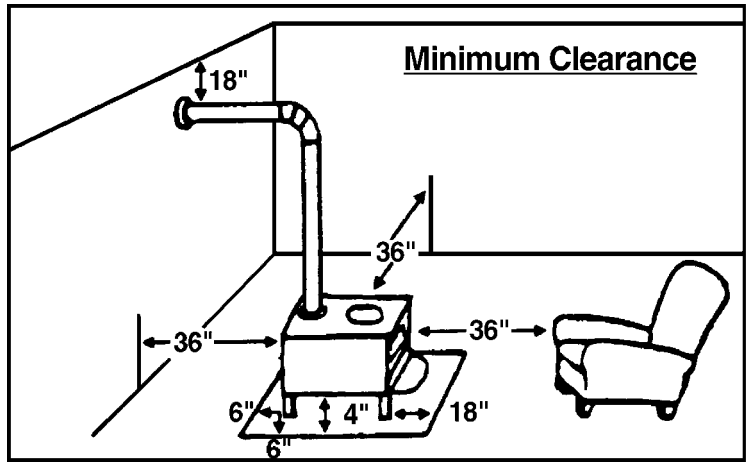
**IMPORTANT – ORIGINAL APPLICATION MUST BE RETURNED
 INSURED'S SIGNATURE IS REQUIRED TO PROVIDE A FIRM QUOTE AND IN ORDER TO BIND COVERAGE**

COVERAGE G – BLANKET FARM PERSONAL PROPERTY SUPPLEMENT TO THE FARMOWNER APPLICATION

NAME OF APPLICANT				POLICY/QUOTE NUMBER					
NOTE: Coverage cannot be bound without a completed inventory (Minimum limit \$15,000.)									
MACHINERY	UNIT PRICE	TOTAL VALUE	TOOLS & SUPPLIES	UNIT PRICE	TOTAL VALUE	LIVESTOCK	UNIT PRICE	TOTAL VALUE	
Tractor No. 1	\$	\$	Milk House Utensils & Sup.	\$	\$	Horses	\$	\$	
Tractor No. 2	\$	\$	Hog Feeders	\$	\$	Ponies	\$	\$	
Tractor No. 3	\$	\$	Hog Fountains	\$	\$	Sheep	\$	\$	
Tractor No. 4	\$	\$	Tank Heaters	\$	\$	Dairy Cows	\$	\$	
			Farrowing Crates	\$	\$	Heifers	\$	\$	
			Poultry Feeders	\$	\$	Beef Cows	\$	\$	
			Poultry Waterers	\$	\$	Beef Calves	\$	\$	
			Hen Nests	\$	\$	Bulls	\$	\$	
Crop Drier	\$	\$	Electric Motors	\$	\$				
Corn or Grain Head	\$	\$	Gas Engines	\$	\$	TOTAL LIVESTOCK		\$	
Corn Picker	\$	\$	Fuel Tank and Stand	\$	\$	EQUESTRIAN EQUIPMENT	UNIT PRICE	TOTAL VALUE	
Corn Planter	\$	\$	Tractor Fuel	\$	\$	Saddles	\$	\$	
Plows	\$	\$	Oil and Grease	\$	\$	Show Saddles	\$	\$	
Chisel Plow	\$	\$	Electric Welders	\$	\$	Bridles, Bits, Reins	\$	\$	
Vibratiller	\$	\$	Acetylene Welders	\$	\$	Jog Carts, Bikes	\$	\$	
Disc	\$	\$	Spare Parts	\$	\$	Buggies	\$	\$	
Quack Digger	\$	\$	Chain Saws	\$	\$	Blankets, Hoods	\$	\$	
Harrows and Curl	\$	\$	Power Saws	\$	\$	Sheets, Coolers	\$	\$	
Cultipacker	\$	\$	Posthole digger	\$	\$	Grooming Equipment	\$	\$	
Rotaryhoe and Truck	\$	\$	Electric Fencer	\$	\$	Halters, Lead Lines	\$	\$	
Rotatiller	\$	\$	Air Compressor	\$	\$	Harnesses	\$	\$	
Cultivators	\$	\$	Wheel Barrows	\$	\$	Tail Sets	\$	\$	
Drills and Seeders	\$	\$	Fertilizer	\$	\$	Jumping Equipment	\$	\$	
Fertilizer Spreaders	\$	\$	Spray Material	\$	\$	Automatic Waterers	\$	\$	
Manure Spreaders	\$	\$	Fans	\$	\$	Wood Shavings	\$	\$	
Manure Loader	\$	\$	Building Material	\$	\$	Insect Control Equipment	\$	\$	
Stalk Cutters	\$	\$	Paint	\$	\$	Lounge Furniture	\$	\$	
Weed Sprayer	\$	\$	Power Tools	\$	\$	Tack Trunks	\$	\$	
Anhydrous Applier	\$	\$				Tack Room (Portable)	\$	\$	
Corn Sheller	\$	\$				Tack Room Accessories	\$	\$	
Grain Cleaner	\$	\$	Hand Tools (forks, shovels, brooms, hammers, saws, wrenches, rakes, etc., other misc. small tools)	\$	\$	Stable Banners	\$	\$	
Silo Filler	\$	\$				Water Tanks	\$	\$	
Silo Unloader	\$	\$	Misc. Equipment (tarps, chains, parts, clippers, etc.)	\$	\$	Whips, Whip Box	\$	\$	
Mowers	\$	\$				Misc. Tack	\$	\$	
Forage Harvester	\$	\$	TOTAL TOOLS AND SUPPLIES			\$	Misc. Stable Equipment	\$	\$
Hay Conditioner	\$	\$	GRAIN AND FEED	UNIT PRICE	TOTAL VALUE				
Hay Crimper	\$	\$	Wheat	\$	\$	TOTAL EQUESTRIAN			
Hay Fluffer	\$	\$	Oats	\$	\$				
Hay Rake	\$	\$	Barley	\$	\$	SUMMARY			
Hay Swather	\$	\$	Corn	\$	\$	Total Value of Listed Items		\$	
Hay Baler	\$	\$	Sealed Wheat Bushels	\$	\$	Other Unlisted Farm Personal Property		\$	
Auger Wagons	\$	\$	Sealed Corn Bushels	\$	\$	Sub-Total		\$	
Chopper Wagons	\$	\$	Soybeans	\$	\$	Less Value of Excluded Property		\$	
Wagons	\$	\$	Ground Feed	\$	\$	TOTAL VALUE		\$	
Feed Trailers	\$	\$	Hay (Bales or Tons)	\$	\$	Limit of Liability		\$	
Feed Grinder	\$	\$	Straw (Bales or Tons)	\$	\$	AT TIME OF LOSS UNLESS SPECIFICALLY EXCLUDED IN THE POLICY, THE VALUE OF ALL FARM PERSONAL PROPERTY OWNED BY THE INSURED WILL BE INCLUDED TO ESTABLISH COMPLIANCE WITH THE CO-INSURANCE CLAUSE. EXCLUDED PROPERTY:			
Hammer Mill	\$	\$							
Feed Mixer	\$	\$							
Feed Carts	\$	\$							
Auger Elevators	\$	\$							
Portable Elevators	\$	\$							
Irrigation Equipment	\$	\$							
Power Lawn Mower	\$	\$							
TOTAL MACHINERY	\$	\$	TOTAL GRAIN AND FEED		\$				

FIREPLACE, WOOD BURNING STOVE SUPPLEMENT

ATTACH PHOTO -- COMPLETE IN FULL	
APPLICANT	POLICY/QUOTE NUMBER
FIREPLACE INSERT COMPLETE QUESTIONS 1-6	FIREPLACE (BUILT-IN) COMPLETE QUESTIONS 1-4
FREE STANDING FIREPLACE &/OR STOVE COMPLETE QUESTIONS 1-6	
1. TYPE OF HEATING EQUIPMENT <input type="checkbox"/> Built-In Fireplace <input type="checkbox"/> Free Standing Fireplace <input type="checkbox"/> Free Standing Stove <input type="checkbox"/> Furnace Supplement <input type="checkbox"/> Other: _____	
2. IS THIS UNIT A MAJOR HEAT SOURCE FOR THE DWELLING <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. WERE CHIMNEY AND EQUIPMENT INSTALLED BY CONTRACTOR <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME AND ADDRESS IF OTHER THAN THE HOME BUILDER
4. CHIMNEY INFORMATION – TYPE OF CHIMNEY <input type="checkbox"/> Masonry with tile flue liner <input type="checkbox"/> Prefab'd metal chimney (UL approved) <input type="checkbox"/> Other _____	
WHEN WAS CHIMNEY LAST CLEANED	HOW OFTEN IS CHIMNEY CLEANED
CLEANED BY WHOM <input type="checkbox"/> Insured <input type="checkbox"/> Chimney Sweep* <input type="checkbox"/> Contractor*	
*NAME AND ADDRESS	
IS MORE THAN ONE UNIT VENTED INTO THE SAME CHIMNEY FLUE <input type="checkbox"/> Yes <input type="checkbox"/> No	
THE FOLLOWING QUESTIONS SHOULD BE ANSWERED FOR FREE STANDING FIREPLACES AND/OR STOVES.	
BRAND NAME	YEAR PURCHASED
5. DOES YOUR FREE STANDING HEATING UNIT HAVE THE MINIMUM CLEARANCES OF: <input type="checkbox"/> Yes <input type="checkbox"/> No 36" between the stove box and any unprotected combustible surface in all directions <input type="checkbox"/> Yes <input type="checkbox"/> No 4" between stove and floor <input type="checkbox"/> Yes <input type="checkbox"/> No Pad under stove (see diagrams below)	
6. STOVE PIPE INFORMATION – DIAMETER OF PIPE	DISTANCE FROM THE NEAREST COMBUSTIBLE SURFACE
ARE PIPE SECTIONS OR JOINTS FASTENED WITH METAL SCREWS <input type="checkbox"/> Yes <input type="checkbox"/> No	DOES THE PIPE PASS THROUGH FLOOR, WALLS OR CEILINGS <input type="checkbox"/> Yes <input type="checkbox"/> No
IF SO, IS IT PROTECTED WITH A <input type="checkbox"/> Ventilated thimble <input type="checkbox"/> Fuel connector <input type="checkbox"/> Fire stop spacer	
IS MORE THAN ONE UNIT VENTED INTO THE SAME CHIMNEY <input type="checkbox"/> Yes <input type="checkbox"/> No	
DATE	INSURED'S SIGNATURE
/ /	X



THESE CLEARANCES CAN BE REDUCED IF YOUR FLOOR OR COMBUSTIBLE WALL IS PROTECTED BY BRICKS WITH MORTAR OR BY METAL COVERED ASBESTOS STOVE BOARD. THE PAD UNDER YOUR STOVE SHOULD EXTEND 18" BEYOND THE ASH REMOVAL DOOR OR YOUR STOVE.

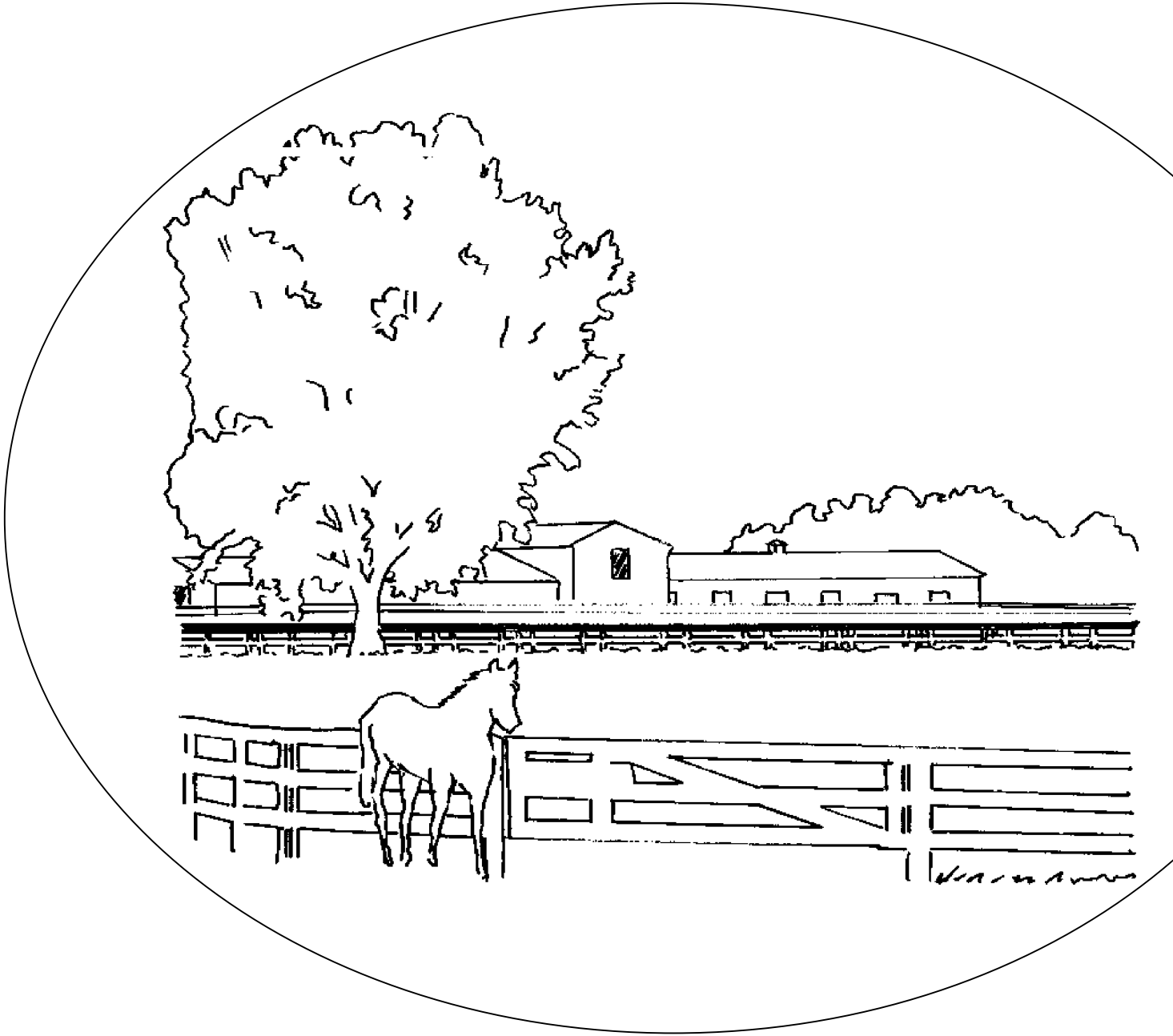
COLLAPSE COVERAGE SUPPLEMENT

NAMED INSURED/APPLICANT	POLICY NUMBER
-------------------------	---------------

ANSWER ALL QUESTIONS TO THE BEST OF YOUR ABILITY

	LOC # _____	LOC # _____	LOC # _____	LOC # _____
	BLDG # _____	BLDG # _____	BLDG # _____	BLDG # _____
CIRCLE ONE				
1. Does any part of the structure (i.e., door frames or window frames) indicate foundation settling?	Y N	Y N	Y N	Y N
2. Is the roof ridge line straight, indicating sidewalls have not spread?	Y N	Y N	Y N	Y N
3. Are the windowsills firmly anchored showing no signs of deterioration?	Y N	Y N	Y N	Y N
4. To the best of your knowledge, does the total design load meet or exceed local building codes? Explain any "no" answer in Comments below.	Y N	Y N	Y N	Y N
5. Who built the building/structure? (I = Insured; C = Contractor)	I C	I C	I C	I C
6. Is building fully enclosed, no open sheds attached?	Y N	Y N	Y N	Y N
7. Is proper roof drainage supplied?	Y N	Y N	Y N	Y N
8. What is the approximate pitch of the roof?				
9. Is weed/brush growth around the building properly controlled?	Y N	Y N	Y N	Y N
10. If the building is on a concrete block foundation, does an inspection reveal cracks and/or separation?	Y N	Y N	Y N	Y N
11. In your estimation, is the quality of construction: (Average = A; Below Average = BA; or Above Average = AA)	A BA AA	A BA AA	A BA AA	A BA AA
12. Describe any special precautions that are taken during severe snow and ice storms: _____ _____ _____ _____				
13. Comments: _____ _____ _____ _____				
INSPECTED BY (NAME)	DATE			
<input type="checkbox"/> Agent <input type="checkbox"/> Engineer <input type="checkbox"/> Company Representative <input type="checkbox"/> Other _____				

Farmowners Application & Stableowners Liability



 **American Bankers**
Insurance Company of Florida