

Coverage A, B, C, D Deductible: \$100 \$250 \$500 \$1,000 \$ _____

Outdoor Radio and TV Antennas or Satellite Systems Increased Limits	Loc.	Coverage A \$ _____	Loc.	Coverage B \$ _____
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Extended Replacement Cost - Dwelling Yes No If yes, description _____

Credit Cards and Fund Transfers: Increased Limit \$ _____

Increased Special Limits of Business Personal Property: Increased Limit \$ _____

Is Main Dwelling Within The City Limits Yes No Distance From Fire Hydrant _____ feet.

Coverage E - Schedule Farm Personal Property (AP7206)

Coverage F - Blanket Farm Personal Property (AP7207)

Farm Personal Property

Description	Year	Make	Model	Insurable Value
Tractor	_____	_____	_____	_____
Tractor	_____	_____	_____	_____
Tractor	_____	_____	_____	_____
Tractor	_____	_____	_____	_____
Combine/Picker	_____	_____	_____	_____
Combine/Picker	_____	_____	_____	_____
Combine Heads	_____	_____	_____	_____
Combine Heads	_____	_____	_____	_____

	Quantity	Insurable Values
Baler	_____	_____
Bale Loader-Hay	_____	_____
Chopper-Silage	_____	_____
Cutlipacker	_____	_____
Disc	_____	_____
Feed Grinder/Mixer	_____	_____
Fertilizer Spreader	_____	_____
Grain Auger	_____	_____
Gravity Wagon	_____	_____
Manure Spreader	_____	_____
Mower/Conditioner	_____	_____
Planter	_____	_____
Plow	_____	_____
Post-Hole Digger	_____	_____
Hay Rake	_____	_____
Rotary Hoe	_____	_____
Sprayer	_____	_____
Wagon	_____	_____
Crop Drier - portable	_____	_____
Grain Drill	_____	_____
Self Unloading Wagon	_____	_____
Skid Loader	_____	_____
Anhydrous Applicator	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Sub-Total	_____	_____

Irrigation Equipment	Quantity	Insurable Values
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Sub-Total	_____	_____

Personal Property (Noc)

Bulk Milk Tank*	_____	_____
Milking Equip.*	_____	_____
Portable Bldg.*	_____	_____
Seed	_____	_____
Fertilizer	_____	_____
Chemicals	_____	_____
Misc. Tools	_____	_____
Feed Supplement	_____	_____
Fuel	_____	_____
Semen	_____	_____
Milk	_____	_____
Tack	_____	_____
_____	_____	_____
Sub-Total	_____	_____

Hay/Straw/Fodder

Hay/Ton	_____	_____
Straw/Ton	_____	_____
Silage/Ton	_____	_____
Haylage/Ton	_____	_____
High Moisture Corn/Ton	_____	_____
_____	_____	_____
Sub-Total	_____	_____

Description	Const.	Quantity	Insurable Value
Grain or Produce in Buildings**			
Ear Corn/ton	M F	_____	_____
Shell Corn/bu	M F	_____	_____
Wheat/bu	M F	_____	_____
Barley/bu	M F	_____	_____
Oats/bu	M F	_____	_____
Soybeans/bu	M F	_____	_____
Potatoes	M F	_____	_____
Vegetables	M F	_____	_____
Fruit	M F	_____	_____
Sub-Total			_____

**M-All Metal, F-Frame/Other Construction

Livestock

Calves under 6 mo.	_____ @ \$	_____
Heifers-Open	_____ @ \$	_____
Heifers-Bred	_____ @ \$	_____
Dairy Cows	_____ @ \$	_____
Bulls	_____ @ \$	_____
Beef Cattle	_____ @ \$	_____
Feeder Cattle	_____ @ \$	_____
Horses	_____ @ \$	_____
Hogs	_____ @ \$	_____
Shoats	_____ @ \$	_____
Market Hogs	_____ @ \$	_____
Sheep	_____ @ \$	_____
Poultry	_____ @ \$	_____

Items Excluded From Coverage F:

* Poultry, Tobacco, Cotton, Milk Tanks, Milking Equipment, Portable Building, etc., are excluded property under Coverage F and must be scheduled under Coverage E. Refer to Coverage F form for other excluded property.

Machinery Sub-Total	_____
Irrigation Sub-Total	_____
Personal Property Sub-Total	_____
Hay/Straw/Fodder Sub-Total	_____
Grain Sub-Total	_____
Livestock Sub-Total	_____
Grand Total	_____
Coinsurance %	_____ X _____
Limit of Insurance	_____

Covered Causes of Loss:

- Basic
 Broad
 Special
 EQ
 Suffocation - Livestock or Poultry

Coverage E or F Deductible
 \$100
 \$250
 \$500
 \$1,000
 \$ _____

Livestock - One Head Deductible (AP7231)

OPTIONAL COVERAGES - Coverage E or F

Sheep - Additional Causes of Loss (AP7248)

Peak season (AP7217)

Amount of Increase \$ _____ from _____ to _____
\$ _____ from _____ to _____
\$ _____ from _____ to _____

Cab Glass* (AP7218) Total Number of Units _____

Description of each unit _____

Collision Resulting in Death of Livestock (AP7222)

Number of Head _____ Value per Head \$ _____

Note: No other Cause of Loss Form can apply when requesting this coverage.

Refrigerated Farm Personal Property (AP7226)

Limit of Insurance \$ _____
Description: _____

Replacement Cost-Office Contents (AP8706)

Farm Operations Records restoration

Increased Limit: \$ _____

Replacement Cost-Tack (AP8122)

Extra Expense Increased Limit: \$ _____

Damage In Course of Transit

Increased Limit: \$ _____

COMPUTER COVERAGE (AP7224)

Description	Limit of Insurance
Class I - Hardware	_____
_____	\$ _____
_____	\$ _____
Class I - Software	_____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Report Form (Stock or Produce) (AP7261 or AP7262)

Reporting:
 Daily
 Weekly
 Monthly
 Quarterly
 Annually

*Coverage included with Special Causes of Loss.

PERSONAL INLAND MARINE
SCHEDULED PERSONAL PROPERTY: (AP7221)

LIMIT OF INSURANCE

SCHEDULE

(A) Jewelry	_____	_____
(B) Furs	_____	_____
(C) Cameras	_____	_____
(D) Musical Instruments	_____	_____
(E) Silver, etc.	_____	_____
(F) Golfer's Equipment	_____	_____
(G) (1) Fine Arts	_____	_____
(2) Fine Arts with Breakage Coverage	_____	_____
(H) Postage Stamps	_____	_____
(I) Coin Collection	_____	_____
(J) Guns	_____	_____
(K) Other _____	_____	_____

Schedule all items with complete description above or on separate sheet of paper. An appraisal less than three years old must accompany this application for all items over \$5,000.

UNDERWRITING INFORMATION

1. Applicant is: Owner-Occupant Owner-Non Occupant Non Owner-Occupant Limited Liability Corp
 Individual Corporation Partnership Other _____

2. Does Owner have other employment? No Yes If "yes," explain _____

3. How long has Insured been farming? _____

4. Name of responding fire department _____ Distance from Main Dwelling _____ miles

5. Are there any dwellings that are Unoccupied or Vacant? No Yes If "yes," which dwellings? _____

6. Has Applicant ever filed bankruptcy or had to restructure a loan? No Yes If "yes," explain _____

7. How long have you known applicant? _____

8. Mortgagees or Loss Payees (Name and Address)	Check Appropriate One	
	Mortgagee	Loss Payee
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____
(6) _____	_____	_____

Coverage A, B, C and D:

LOC. NO.	DWELLING DESCRIPTION	TYPE OF HEAT	YEAR OF UPDATE	SQUARE FEET	YEAR BUILT	OTHER COMMENTS

FARM GENERAL LIABILITY (AL7403)2

LIMITS OF INSURANCE

General Aggregate Limit (Other than Products and Completed Operations)* \$ _____
 Products and Completed Operations Aggregate Limit* \$ _____
 Each Occurrence Limit* \$ _____
 Personal Advertising Injury Limit \$ _____
 Fire Damage Limit (Any One Fire) \$ 100,000
 Medical Expense Limit (Any One Person) \$ _____
 Chemical Drift Aggregate Limit (\$25,000 Standard Limit) \$ _____
 Transportation of Farm Chemicals and Fertilizers Limit (\$25,000 Standard Limit) \$ _____
 Damage to Property of Others Limit (applies only if AL7404 is selected) \$ 500

*Limits in excess of \$500,000 occurrence limit and \$1,000,000 aggregate must be referred to Company for Approval.

1. Total Acreage Owned or Leased _____ Acres Class Code: _____
2. Number of Non-Owner Occupied Dwellings _____ Class Code: 05117
3. Incidental Business Pursuits: Receipts \$ _____
 Describe Business Pursuits: _____ Class Code: 05123
4. Custom Farming: Receipts \$ _____ Description _____ Class Code: 07106
5. Livestock Surcharge: Class Code: 01391 Yes No
6. Gross Receipts (Including Government Payments) _____, if more than one enterprise,
 break out receipts by enterprise _____
7. If Gross receipts exceed \$1,000,000 or risk is more appropriately classified from CLM-Division Six, complete the following Schedule:

LOC. NO.	DESCRIPTION	CLASS CODE	PREMIUM BASIS	TERRITORY
Premise/Operations				
Products/Completed Operations				

PERSONAL LIABILITY COVERAGE (AL7404) Class Code: 05135

Number of individuals that are nonmembers of your household and/or over 20 years of age that are Insureds _____.

ADDITIONAL INSUREDS

NAME	ADDRESS INCLUDE ZIP	INTERESTS	FORM	PERSONAL LIABILITY COVERED DESIRED?

FARM EMPLOYERS LIABILITY (AL7406) Not Available in All States

Full Time Employees (Working more than 180 days per year) _____ Class Code: _____
 Part Time Employees (Number of Man-days) _____ Class Code: _____
 Residence Employee (in excess of 2) _____ Class Code: _____
 Employers' Liability "Stop Gap" (Montana and Washington) _____ Class Code: _____

UNLICENSED/UNREGISTERED FARM TRUCK COVERAGE (AL7409) (Special Plates)*

*Not available for use in all states.

YEAR	MAKE	MODEL	TITLE GVW	SERIAL NUMBER

RECREATIONAL MOTOR VEHICLE (AL7405) Class Code: 07990

YEAR	MAKE	MODEL	SERIAL OR MOTOR NUMBER	NUMBER OF WHEELS	USE

LIMITED CROP DUSTING COVERAGE (AL7435) Class Code: _____

Cost (including chemicals and application) \$ _____ Aggregate Limits of Insurance \$ _____

Note: Copy of Aerial Applicator's policy declarations required prior to binding coverage.

WATERCRAFT COVERAGE (Navigator) Class Code: _____

Note: Jet Skis Not Eligible.

BOAT 1

POWER ____ INBOARD ____ WATERJET ____ OUTBOARD ____ SAIL ____ INBOARD/OUTDRIVE		TYPE OF HULL ____ CABIN CRUISER ____ HOUSEBOAT ____ OPEN COCKPIT ____ OTHER ____ SAILBOAT		HULL MATERIAL ____ FIBERGLASS ____ METAL ____ WOOD		FUEL TANK ____ FIBERGLASS ____ METAL		REGISTRATION NUMBER
								HULL IDENTIFICATION NUMBER
YEAR	MANUFACTURER/MODEL	HORSEPOWER	LENGTH	MAX. SPEED	DATE PURCH	COST NEW	PRESENT VALUE	NAME OF BOAT
						\$	\$	
WATERS NAVIGATED		TERRITORY	BERTH/STORAGE LOCATION		LAY-UP PERIOD		DRY AFLOAT	

BOAT 2

POWER ____ INBOARD ____ WATERJET ____ OUTBOARD ____ SAIL ____ INBOARD/OUTDRIVE		TYPE OF HULL ____ CABIN CRUISER ____ HOUSEBOAT ____ OPEN COCKPIT ____ OTHER ____ SAILBOAT		HULL MATERIAL ____ FIBERGLASS ____ METAL ____ WOOD		FUEL TANK ____ FIBERGLASS ____ METAL		REGISTRATION NUMBER
								HULL IDENTIFICATION NUMBER
YEAR	MANUFACTURER/MODEL	HORSEPOWER	LENGTH	MAX. SPEED	DATE PURCH	COST NEW	PRESENT VALUE	NAME OF BOAT
						\$	\$	
WATERS NAVIGATED		TERRITORY	BERTH/STORAGE LOCATION		LAY-UP PERIOD		DRY AFLOAT	

WATERCRAFT (CONT.)

ENGINE/OUTBOARD MOTOR 1

BOAT #	YEAR	MANUFACTURER/MODEL	SERIAL NUMBER		
HORSEPOWER	_____ GASOLINE	DATE PURCHASED	COST NEW	PRESENT VALUE	OTHER
	_____ DIESEL		\$	\$	

ENGINE/OUTBOARD MOTOR 2

BOAT #	YEAR	MANUFACTURER/MODEL	SERIAL NUMBER		
HORSEPOWER	_____ GASOLINE	DATE PURCHASED	COST NEW	PRESENT VALUE	OTHER
	_____ DIESEL		\$	\$	

COVERAGES/LIMITS OF LIABILITY

PHYSICAL DAMAGE COVERAGE	BOAT #	LIMIT OF INSURANCE	Trailers:		
HULL	1	\$	Year	Model/Manf.	Serial #
	2	\$			
OUTBOARD MOTOR	1	\$			
	2	\$			
PORTABLE ACCESSORIES	1	\$			
	2	\$			
TRAILER	1	\$			
	2	\$			
LIABILITY (Or Protection & Indemnity)		\$			
MEDICAL PAYMENTS		\$			
DEDUCTIBLES (Boat #, Type, Amount)					

ADDITIONAL INTEREST

BOAT #	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
	LOSS PAY		
BOAT #		NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		
	LOSS PAY		

OPERATORS (List all residents and dependents (licensed or not) and regular operators)

#	NAME	SEX	MAR STAT	DATE OF BIRTH	AUTO DRIVERS LICENSE #/LICENSED STATE	SOCIAL SECURITY #
1						
2						
3						
4						

UNDERWRITING INFORMATION

Liability

1. Do you allow the general public on any insured location to pick their own fruits and/or vegetables? If "yes," explain operation and provide amount of receipts. _____ Yes No
2. Do you process (make juices, preserves, butcher, etc.) your farm products for resale to others? If "yes," explain operation and amount of receipts. _____ Yes No
3. Is hunting or fishing for a fee permitted on an insured location? If "yes," please explain _____ Yes No
4. Is any business other than farming not described above, conducted on insured locations: If "yes," please explain _____ Yes No
5. Is there an airstrip on an insured location? If "yes," please explain _____ Yes No

UNDERWRITING INFORMATION (CONT.)

- 6. Are any independent contractors hired to perform any operations? Yes No
- 7. Are migrant workers hired or contracted to perform farm work? Yes No
- 8. Is there a swimming pool on premise? Yes No
 - If yes, above ground inground Yes No
 - Is the swimming pool enclosed by at least a 4' high fence? Yes No
 - Is gate to swimming pool kept locked when not in use? Yes No
- 9. Is any part of the farm used or leased for organized recreational use for a fee or not? Yes No
- 10. Does applicant build, repair or design machinery, equipment or systems for anyone at a charge or fee? Yes No
- 11. Does applicant handle any product, such as seed, fertilizer, sprays, etc. for resale? Yes No
- 12. Does applicant lease farm or ranch land under written lease agreement? Yes No
- 13. Are any locations described in this application leased to others for vacation or other recreational purposes? Yes No
- 14. Any nonowned animals or livestock kept on premise? If "yes," please describe _____ Yes No
- 15. Any horses owned or nonowned? If "yes," please describe _____ Yes No

Miscellaneous

- 1. Date you last inspected premise and buildings? _____
- 2. Does this Company have other insurance for the Insured? Type and Policy Numbers _____
- 3. Has any other Company refused to carry your insurance? If "yes," explain _____ Yes No

Note: This question not applicable in the state of Missouri.

- 4. Who is your current Insurance Company? _____
- 5. Have you had any losses during the past 5 years? Yes No If "yes," describe below

DATE OF LOSS	DESCRIPTION	AMOUNT OF LOSS REPORTED, PAID OR RESERVED

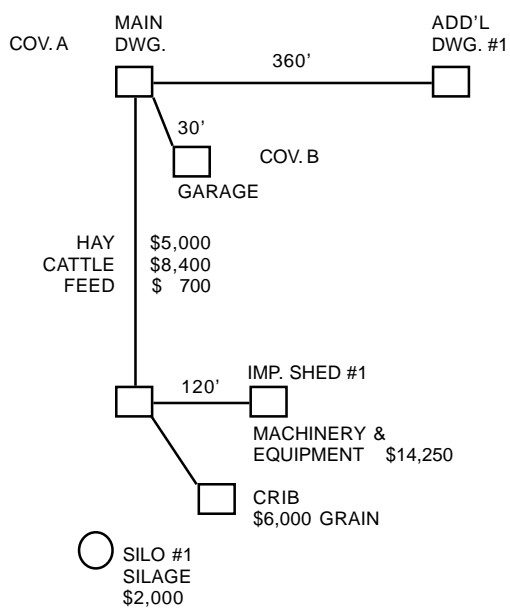
- 6. Is this risk produced by you or your employee? If "No," explain _____ Yes No

Other Comments: _____

DIAGRAM AND PHOTOS OF ALL INSURED BUILDINGS ARE REQUIRED ON ALL NEW BUSINESS.

EXAMPLE OF NECESSARY DIAGRAM

SHOW DISTANCE BETWEEN BUILDINGS AND VALUE OF FARM PERSONAL PROPERTY IN EACH.



NORTH

WEST

EAST

SOUTH

INSURANCE FRAUD WARNING

Applicant's Initials:

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for 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 knowingly provides false, incomplete, or misleading facts or information to a policy holder 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.

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

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.

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

Michigan: Any person who knowingly and with intent to injure or defraud any insurer files any application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment of up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000,000.

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 York: All insurance applications and claim forms except auto:
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 of guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

The above statements are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material, fact or circumstance concerning this application.

Applicant's Signature _____

Date _____

Agent's Signature _____

Date _____