

FARM SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

Proposed First Named Insured:

Effective Date:

Mailing Address:

Physical Address:

Telephone Number:

Web Address:

Named Insured Is: Individual Corporation Partnership Joint Venture L.L.C.

Other:

Additional Named Insureds – Include Description of Operations for Each:

Insured's Primary Operations:

Number of years farming experience by insured:

Any migrant farmworkers? Yes No

If yes, please complete Migrant Worker Section.

1. Does any of the insured insurance include Personal Line Coverage?
 Yes
 No
2. Are the Commercial Farm and or GL Liability Limits less than \$1,000,000 Occurrence / \$2,000,000 Aggregate?
 Yes
 No
3. Is this a Hobby Farm? (A hobby farm is a smallholding or small farm that is maintained without expectation of being a primary source of income.)
 Yes
 No
4. Is there slaughtering of any animals on the premises?
 Yes
 No
5. Does the insured grow Hemp or Cannabis?
 Yes
 No

6. Does the insured manufacture any animal feed (other than hay or whole grain)?
 Yes
 No

7. Does the insured transport their own product?
- Yes
 - No
 - More than 50 miles?
 - Yes
 - No
8. Does the insured rent or lease any equipment to others?
- Yes
 - No

Class of Business: Select best fit per the majority of receipts - Please check all applicable with the percentage of total receipts.

<input type="checkbox"/> (921) Berries, Fruits, & Nuts	<input type="checkbox"/> (926) Poultry	<input type="checkbox"/> (90A) Citrus	<input type="checkbox"/> (92A) Cotton
<input type="checkbox"/> (923) Vegetables	<input type="checkbox"/> (928) Horses	<input type="checkbox"/> (90B) Nurseries	<input type="checkbox"/> (92B) Tobacco
<input type="checkbox"/> (924) Grain & Field Crops	<input type="checkbox"/> (929) Livestock-Containment	<input type="checkbox"/> (90C) Fish Farms	<input type="checkbox"/> (92C) Hobby Farms
<input type="checkbox"/> (925) Dairy	<input type="checkbox"/> (935) Ranches-Open Range	<input type="checkbox"/> (90D) Estate Farms	<input type="checkbox"/> (92D) Wineries
<input type="checkbox"/> (92E) Vineyards	<input type="checkbox"/> (92F) Beekeeper	<input type="checkbox"/> (92K) Leafy Greens	<input type="checkbox"/> (927) Other

UNDERWRITING INFORMATION

1. Is farming the major source of insureds income?
- Yes
 - No
- If not, please provide the insureds occupation: _____
2. Please provide the following:
- a) Crop Receipts: \$ _____
 - b) Livestock Receipts: \$ _____
 - c) Custom (meaning farming for others) Farming Receipts: \$ _____
 - d) Seed Receipts: \$ _____
 - e) Other Receipts/Source (*please see Other than Farming for exposure receipts to include here):
\$ _____
3. Total number of Farm acres operated?
- a) By Insured: _____
 - b) Rented to Others: _____
 - c) Rented From Others: _____

4. Is there livestock on premises?

- Yes
- No

- If Yes, what type & total number of each: _____

- If Yes, are all livestock areas fenced?

- Yes
- No

5. Any horses on premises?

- Yes
- No

- If Yes:

- a) Horse racing:

- Yes
- No

- b) Public Riding:

- Yes
- No

- c) Instruction:

- Yes
- No

6. Migrant Worker:

a) What is the process for employment? _____

b) Total number of workers annually? _____

c) Are workers seasonal?

- Yes
- No

- If Yes, what are the months employed? _____

d) Under what circumstances are migrant workers allowed to drive insured vehicles? _____

e) If able to drive insured vehicles, what is their distance of travel? _____

7. Other than Farming - Do you allow visitors on the premises for any of the following:

a) Hunting or fishing:

- Yes
- No

- b) School field trips:
 - Yes # Annually: _____
 - No
- c) Festivals (including, but not limited to, corn and/or straw mazes, pumpkin patches, hayrides, or any other farm-based entertainment operated on the insureds premises):
 - Yes
 - No
- d) U-Pick Operations:
 - Yes
 - No
- e) Tree Cutting:
 - Yes
 - No
- f) Events (such as weddings):
 - Yes
 - No
- g) Store (including farm stand):
 - Yes
 - No

8. Property:

- a) Number of dwellings occupied by the insured and or family: _____
- b) Number of dwellings occupied by tenants (not including employees): _____
- c) Number of dwellings occupied by employees/workers: _____
 - For all dwellings on premises, please provide:
 - a) Construction class (Frame, MNC, JM, etc.): _____
 - b) Number of stories: _____
 - c) Year built: _____
 - d) Year of updates to roof, plumbing, electrical, HVAC: _____
 - For all dwellings on premises, please select all that apply:
 - Smoke detectors ___Hardwired OR ___Battery operated
 - CO2 detectors ___Hardwired OR ___Battery operated
 - Dead bolt locks on exterior doors
 - 2 means of egress per floor
- d) Swimming pool?
 - Yes Total #: _____
 - No
 - If Yes, please select all safety measures that are present:
 - Surrounded by fence.
 - Self-latching gate.
 - Visible depth markers.
 - Posted rules.
 - Life saving equipment readily available.
 - Lifeguards.
 - Mechanicals are Virginia Graeme Baker Pool & Spa Safety Act compliant.

- If Yes, are there diving boards and/or water slides?
 - Yes Total # of each: _____
 - No

e) Lake / pond or other water exposure?

- Yes Total # of each: _____
- No

f) Snow / ice removal performed on premises?

- Yes
- No

- If Yes, is it done by the insured / employees or subcontracted out? _____

AUTO – UNDERWRITING INFORMATION

Radius of Operations (% of total):

0 to 50 miles: _____

50 to 200 Miles: _____

Over 200 Miles: _____

Maximum Distance: _____

1. Number of total vehicles: _____
2. Number of vehicles that remain on farm: _____
3. Are there youthful operators under the age of 25?
 - Yes
 - No
4. Does insured obtain MVR verification on all drivers prior to employment and how often are they monitored?
 - Yes
 - No
5. Describe all commodities hauled: _____
6. Does the insured haul commodities for others?
 - Yes
 - No
 - If Yes, what type of commodities? _____
7. Does insured do any backhauling?
 - Yes
 - No

8. Routine Vehicle Maintenance?

- Yes
- No

9. Are there Pre- and Post-Trip Inspections completed?

- Yes
- No

10. Does the insured have any buses and / or passenger vans?

- Yes
- No

- If Yes, does the insured transport employees / workers?

- Yes Distance: _____
- No

Based on the information received, additional information and / or supplemental applications may be required.

Applicant Name: _____

Applicant Signature: _____

Applicant Title/Position: _____

Date: _____