

Policy # _____ (If Renewal or Rewrite)
 Applicant's Name _____
 Address (RR# or Street) _____ Eff. Date _____
 Town _____ State _____ Zip _____ Phone _____ Quote Bound
 Individual _____ Corporation _____ Partnership _____ Joint Venture _____ Estate _____
 Owner Occupied Tenant Absentee Owner Physical Address _____
 Farm is located _____ miles _____ of _____

(NOTE: List primary building location 1st, other building locations 2nd, other land 3rd. More than 4 attach Separate Sheet.)

No. of Acres	Bldgs. Yes/No	Section	Township	Range	County	State	Zip Code	Class 1 to 10

Deductibles – (Split Deductibles are available by Coverage on Farmers & Ranchers except Coverage on A & B.)

	\$500 Ded.	\$1000 Ded.	\$2500 Ded.	\$5000 Ded.	Basic	Broad	Special	RC Roof (Cov. A only)
Cov. A & B	N/A							
Coverage D	N/A							
Coverage E	N/A							
Coverage F	N/A							

Section I Coverages	New House Credit Requested <input type="checkbox"/>	Limit of Liability	Annual Premium
A. Dwelling (Primary)	Year Built or Remodeled		
Additional Dwellings (Total) (Schedule on Page 2)			
B. Unscheduled Personal Property (Household)	RC <input type="checkbox"/>		
Replacement Cost on Carpet, Furnace & Air Conditioners <input type="checkbox"/>			
C. Loss of Use (10% of A is included in F&R Policy)			
D. Scheduled Farm Personal Property			
E. Unscheduled Farm Personal Property (Blanket) 100% Inventory			
F. Barns, Buildings & Structures (Total)			
Earthquake			
Optional Section I Coverages			
Section II Coverages		Limit of Liability	Annual Premium
G. Farm/Personal Liability – Each Occurrence			
H. Medical Payments to Others – Each Person			
– Each Accident		\$25,000	
Optional Section II Coverages			
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 subject such person to criminal and civil penalties.		TOTALS – Section II	
		TOTALS – Section I	
		TOTAL POLICY PREMIUM	
		% Risk Modification Credit/Debit	
		TOTAL ADJUSTED POLICY PREMIUM	

Contract of Sale Clause or Mortgage Clause: (specify location or item) _____

Loss Payable Clause: (specify item) _____

Agency: _____ Date _____

Agency Code # _____ License # _____ SS# _____ Date: _____

Agent's Signature

Applicant's Signature

COVERAGE A – DWELLINGS & ADDITIONAL DWELLINGS – Attach Costimator
COVERAGE B – DWELLINGS CONTENTS – ACV _____ RC _____
COVERAGE F – BARN, OUTBUILDINGS & STRUCTURES – For O/B Broad Perils Complete Questionnaire
– For O/B Collapse Complete Questionnaire
(Must be RC for above coverage)

Item #	Loc. #	Amt. RC/ACV	Amount Coverage	Description of Property	Check if Woodburner	Type	Construction Type	Net Rate	Broad Perils	Collapse Only	Premium

LOSS OF INCOME – Description of Building _____ \$ _____
Max. Cov. \$10,000 – Description of Building _____ \$ _____
Sewer Backup Coverage (Texas Only) Yes _____ No _____
DIAGRAM, DIMENSION, DISTANCE OF BUILDINGS

Sketch all buildings to scale, showing size and number of feet separating each structure. Each structure should be identified by name and/or item number. Buildings not insured should also be shown and identified. A clear up-to-date photo of each building, showing two sides of the structure and one slope of the roof, must be submitted. Indicate on picture location #, description and insurance amount. (Attach additional sheets for diagrams if needed.)

N

W

E

S

FARM PERSONAL PROPERTY

(Coverage D & E)

Coverage D Scheduled – Scheduling of all Farm Personal Property, except what is excluded in the policy conditions, is allowed.
 Coverage E Blanket (\$25,000 minimum) – Excluding Bulk Milk Tanks, Bulk Feed Tanks, Barn Cleaners, Pasteurizers, Boilers, Portable Buildings, or other Property excluded by the policy conditions.

Check Coverages Desired: Cov. D Cov. E Cov. D & E
 Coverage Requirements: Scheduled – 100% of ACV; Blanket – 100% of ACV

ATV'S PROHIBITED ON COV. D OR E TOTAL INVENTORY REQUIRED

FARM PERSONAL PROPERTY INVENTORY

<u>MOBILE MACHINERY & EQUIPMENT</u>	<u>MOBILE MACHINERY (CONT.)</u>	<u>\$1,000 MAXIMUM PER ITEM</u>
<u>Year, Make, Model #, ACV</u>	<u>Description</u> <u>ACV</u>	<u>MISCELLANEOUS EQUIPMENT</u>
		<u>Description</u> <u>ACV</u>
Tractor _____	Baler _____	Post Hole Digger _____
Tractor _____	Forage Harvester _____	Log Splitter _____
Tractor _____	Silo Filler _____	Chain Saws _____
Tractor _____	Ensilage Blower _____	Power Generators _____
Combine _____	Silo Unloader _____	Milking Machines _____ <u>Schedule Only</u>
Combine _____	Packers _____	Milk Cans, Racks _____ <u>Schedule Only</u>
Attachments _____	Manure Loader _____	Milk Cooler _____ <u>Schedule Only</u>
_____	Manure Spreader _____	(not bulk) _____ <u>Schedule Only</u>
Corn Head _____	Dirt Blade _____	Milking Supplies _____ <u>Schedule Only</u>
Grain Head _____	Snow Plow/Blade _____	Feeders (All) _____
Other _____	Fertilizer Appt. _____	Waterers (All) _____
Planter _____	Sprayers _____	Heaters (All) _____
Stalk Chopper/Cutter _____	Auger Elevator _____	Farrowing Crates _____
Mulcher _____	Bale Elevator _____	Electric Motors (No Irrigation) _____
Drills, Seeders _____	Other Port. Elvtr. _____	Pumps (No Irrigation) _____
Corn Sheller _____	Wagon Hoist _____	Fuel, Oil, Grease _____
Corn Picker _____	Auger Wagons _____	Fuel Tanks _____
Cultivators _____	Ensilage Wagons _____	Electric Fencers _____
Field Cultivator _____	Gravity Wagons _____	Electric Fencers _____
Rotary Hoe _____	Other Wagons _____	Compressors _____
Discs _____	Implement Trailer _____	Fertilizer _____
Harrows _____	Hay Racks _____	Fertilizer Tanks _____
Plows _____	Feed Grinder/Mill _____	Herbicides, Sprays _____
Chisel Plow _____	Feed Mixer _____	Welders _____
Hay Rake _____	Feed Carts _____	Power Tools _____
Hay Conditioner _____	Grain Cleaner _____	Hand Tools _____
Hay Fluffer _____	Port. Grain Drier (Not Batch) _____	Tack, Stable Equip. _____
Windrower _____	Garden Tractor _____	Building Materials _____
Swather _____	Roto Tiller _____	Veterinary Supplies _____
Mowers _____	Back Hoe _____	Other _____
	<u>TOTAL MACHINERY \$</u> _____	<u>TOTAL MISC. EQUIP. \$</u> _____

FARM PERSONAL PROPERTY INVENTORY (cont.)

Animals valued over \$2,000 per head must be scheduled.

<u>LIVESTOCK</u>			<u>LIVESTOCK (cont.)</u>			<u>GRAIN, FEED, HAY & SEED</u>		
(Maximum coverage per animal \$2,000)								
	# Head	ACV per head		# Head	ACV per head		# UNITS	ACV
Beef Cows	_____	_____	Ewes	_____	_____	Corn	_____	_____
Beef Calves	_____	_____	Lambs	_____	_____	Soybeans	_____	_____
Beef Heifers	_____	_____	Rams	_____	_____	Others	_____	_____
Feeder Cattle	_____	_____	Horses	_____	_____	Hay *	_____	_____
Dairy Cows	_____	_____	Ponies	_____	_____	Straw	_____	_____
Bulls	_____	_____		_____	_____	Silage	_____	_____
Sows	_____	_____		_____	_____	Ground Feed	_____	_____
Shoats	_____	_____		_____	_____	Food Supplies	_____	_____
Feeder Pigs	_____	_____		_____	_____	Seed	_____	_____
Boars	_____	_____		_____	_____		_____	_____
			TOTAL LIVESTOCK \$	_____	_____	TOTAL GRAIN \$	_____	_____

*Complete Questionnaire

TOTAL BLANKET \$ _____

If Blanket, the following property is to be excluded: _____

Peak Season Endorsement: Amount of Increase \$ _____ From _____ To _____

Rate _____ Premium \$ _____ Explain Reason for Increase _____

Milk Contamination Maximum \$2,500 per occurrence Yes _____ No _____

Irrigation Equipment (Schedule Only -- \$1,000 Deductible) -- If Additional Equip. -- Attach Schedule. Loc. Sec. Twp. Rge.

ALL RISK SCHEDULED INLAND MARINE PERSONAL PROPERTY (Jewelry, Computers, etc.)

All articles to be insured on a scheduled basis must be individually itemized with the amount of insurance applying to each article. Attach APPRAISAL or Bill of Sale Appraisal or state how values were substantiated. -- Or attach separate list of items.

	DESCRIPTION OF ARTICLE				AMOUNT OF INSURANCE

COVERAGE FOR LIVE ANIMALS IN TRANSIT -- Complete Supplemental Application -- Max. Cov. \$2,000 per animal, \$20,000 per load - \$1.50 per hundred.

MOTOR TRUCK CARGO COVERAGE -- Complete Supplemental Application -- Max. Cov. \$25,000 - \$2.50 per hundred.

COVERAGE G – SECTION II – LIABILITY

BASIC LIABILITY CHARGE: Total Acres _____ Single Limits _____ Med. Pmts. _____ \$ _____
 Additional set farm buildings with dwelling, location _____ \$ _____
 Additional set farm buildings without dwellings, location _____ \$ _____
 Additional residence maintained by insured, # _____, location(s) _____ \$ _____
 Additional residences rented to others, # _____, location(s) _____ \$ _____
 Custom Farming. Total Annual Receipts _____ What type? _____ \$ _____
 Custom application of herbicides or chemicals. Yes _____ No _____ (No Binding)
 Employers Liability & Medical Payments. (Not available if applicant eligible for Workers Comp.) (Not avail. in CA or CO)
 No. of part-time employees _____ Total days per yr: Under 40 Over 40
 No. of full-time employees _____ STOP GAP (Nevada) (Washington) \$ _____

COMPLETE EMPLOYERS LIABILITY QUESTIONNAIRE

Additional Insured Endorsement: Non-Comprehensive _____
 Name of Individual: _____
 Address: _____
 What interest(s) to be covered _____ \$ _____
 Name of Individual: _____
 Address: _____
 What interest(s) to be covered _____ \$ _____
 Partnership: Name and Address of Partners: _____
 Name and Address of Partners: _____
 Name and Address of Partners: _____
 Name and Address of Partners: _____
 Family Corp. Yes _____ No _____ Names and address of each member, percent owned and titles.
 (Is each member engaged in the farming operation?) _____ \$ _____
 Snowmobiles _____ Describe each unit by Make, Model and Serial No. _____ \$ _____
 ATV _____ Describe each unit by Make, Model and Serial No. _____ \$ _____
 Outboard Motors _____ (25 H.P. or less no charge) List ea. unit by Make, Model and H.P. _____ \$ _____
 Inboard Motors _____ MPH _____ \$ _____
 Medical Payments – Person Named: (Only available in AZ, DE, IA, MN, MO, NE, OH, PA, WA, WY)
 Ages 10-70 Name _____ Age _____ Relationship _____ \$ _____
 Maximum Name _____ Age _____ Relationship _____ \$ _____
 Limit Name _____ Age _____ Relationship _____ \$ _____
 \$1,000 Name _____ Age _____ Relationship _____ \$ _____
 Type of Business Pursuits _____ Incidental Business Receipts _____ \$ _____
 Animal Collision - # of head _____ \$ _____
 Increased limits for borrowed or rented equipment, (amount over \$25,000) minimum of 6 months Cov. _____ \$ _____
 Hunting and Fishing total annual receipts \$ _____ \$ _____
 Lodging and meals provided? Yes _____ No _____ \$ _____
 Fire Legal Liability in excess of \$50,000? \$ _____ \$ _____

COVERAGE FOR EQUINE LIABILITY AVAILABLE.
 MUST COMPLETE SUPPLEMENTAL EQUINE LIABILITY APPLICATION.
 EQUINE LIABILITY INCLUDES ANY BOARDING, BREEDING, TRAINING, SALES AND SHOWS
 OF OWNED AND NON-OWNED HORSES.

DESIRE CARE, CUSTODY AND CONTROL POLICY FOR NON-OWNED HORSES?
 COMPLETE SUPPLEMENTAL APPLICATION.

IS COMMERCIAL EXCESS LIABILITY DESIRED?
 MUST COMPLETE EXCESS APPLICATION. CANNOT BE BOUND
 LIMITS AVAILABLE ARE \$1,000,000, \$2,000,000 OR \$3,000,000.

PLEASE ANSWER THE FOLLOWING

What are the principal products of the farm? _____ Has this changed in the past 3 years? Yes No

Is any business other than farming conducted on the premises? (Explain) _____

Does insured have another occupation besides farming? _____ If yes, explain _____

Does anyone other than the owner or insured have an interest in the property? If yes, list names and interest: _____

If tenant, does American Reliable Insurance have coverage for owner? _____ If yes, give policy number: _____

(If leased land, leasee must provide proof of insurance.)

If absentee owner, does American Reliable Insurance have coverage for tenant? _____ If yes, give policy number: _____

Is there other property or liability insurance on this farm? _____ If yes, give name of company and explain what is covered: _____

Has the insured been cancelled or refused renewal in last 5 years? (Not applicable in Missouri.) If yes, explain: _____

Describe and list amounts of all losses during past 3 years: _____

Repaired? Yes No Have these losses been verified? Yes No

Name of previous carrier _____ Policy # of previous carrier: _____

If no prior carrier explain: _____

Has this account been written by your agency previously? _____ How long? _____ Time you have known insured? _____

Is there an airplane landing strip on your premises? _____ Is it filed with the FAA? _____

Are all insured buildings being utilized for the purpose intended? _____

Are any buildings in need of repair? _____ Explain _____

Does Roof Exclusion apply? _____ To what building(s)? _____

Are all dwellings occupied full-time? _____ If not, explain exceptions: _____

Are mobile homes to be covered? _____ If yes, complete a mobile home application. Give year of mobile home: _____

Are there any lakes, ponds, swimming pools, or other recreational facilities situated on any insured location? _____

If yes, is it open to public? _____

Are swimming pools completely fenced in (attach photo)? _____ Are there any diving boards? _____ Are there any trampolines? _____

Are any confinement buildings being insured? _____ If yes, attach completed confinement questionnaire.

Does applicant have horses? _____ Used for? _____ If yes, attach EQUINE application.

Is there boarding or off-premises exposures? Yes No If pleasure, give use _____

Does applicant have dogs? _____ # and Breed _____

Does applicant have exotic animals on premises? _____ Explain: _____

What fire protection equipment is employed in buildings or major machinery? _____

Are there Beauty Shop/Tanning business or Babysitting on property? Yes _____ No _____ Explain: _____

Are all livestock areas fenced? Condition of fences? _____ Type of fences? _____

Are there any fuel tanks or wood stoves located inside outbuildings? _____ If yes, attach completed wood stove application and picture.

Are any wood burning stoves or devices used in dwelling(s)? _____ If yes, attach completed wood stove application and picture.

Primary source of heat? Yes No (If yes, do not bind) Including Fireplaces

MINE SUBSIDENCE:

If Illinois, Indiana, Kentucky, West Virginia or Ohio risk, is Mine Subsidence Coverage desired? _____ If yes, what items? _____

If Mine Subsidence Coverage is not desired, Insured must waive in writing:

I do not desire Mine Subsidence Coverage. _____ Insured Signature _____ Date _____

TERRORISM COVERAGE DESIRED: Yes No _____ Insured Signature _____ Date _____ (See Attached Disclosure)

AMERICAN RELIABLE UNDERWRITING CHECKLIST

Applicant's Name: _____

Effective Date of Policy: _____

Agency: _____

	YES	NO	N/A	REMARKS
Application Signed by Agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Application Signed by Insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coverage Bound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Within Underwriters Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prior Carrier Information Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Year Loss Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Deductible Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Square Footage on Barns Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perils Information Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Add'l Insured/Partners Information Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mortgagee/Loss Payee Information Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Color Photos Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diagram Completed & Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supplemental Woodstove Questionnaire Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cost Estimator Completed & Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile Home Application Completed & Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Collapse/Broad Perils Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equine Supplemental App Completed & Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Care/Custody/Control Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IRPM Modification Added - If so, explain below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
# of Empl. Full Time () Part-Time ()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Business Pursuits Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Type of Business:				
Custom Farming - If yes, show amount below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
\$				
Valuable Personal Articles (appraisals attached)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jewelry, Furs, Fine Arts etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Snowmobiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Watercraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 or 4 Wheelers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scheduled Farm Personal Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blanket Farm Personal Property (100% Inventory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Principal Products of the Farm:				

**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA
AMERICAN RELIABLE INSURANCE COMPANY**

OKLAHOMA ADDENDUM

If the property is located in a rural fire protection district or in an area protected by a rural fire department, have you paid the appropriate dues or subscription payments? Yes No

Insured's Signature

Date