

MUSIC Farm and Ranch Supplemental Application

Applicant's Name _____

Agent Name _____

DBA _____

Address _____

Physical Address _____

Proposed Effective Date:

Web Address _____

From _____ To _____

(12:01 am Standard Time at the address of the Applicant)

Years doing business under current name: _____ years

Applicant is:

Type of farm or ranch _____

Individual Joint Venture

Years of Experience _____ years

Corporation LLC

Partnership Estate

The Farm is located _____ Miles _____ of _____

(List Primary location first, other locations second, and land third. If more than four please attach separate sheet)

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

Coverage Requested	Limits	Cause of Loss	Deductible
A. Dwelling	\$	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$
B. Private Structures	10% of A	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$
C. Household Personal Property	50% of A	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$
D. Loss of Use	20% of A		\$
E. Scheduled Farm Personal Property	See Schedule	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$
F. Unscheduled Farm Personal Property	See Schedule	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$
G. Other Farm Structures			
H. Bodily injury and property damage liability	\$ _____ per occurrence	\$ _____	General Aggregate

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I. Personal Injury Limit	\$	per occurrence
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Building and Structures (Coverage A & G)

Description	Construction	Age	Condition	Occupancy	ACV	Additional Interest
Dwelling						
Dwelling						
Farm						
Shed						
Stable						

Scheduled Farm Personal Property (Coverage E)

Description of Item	Quantity or ID Number	ACV	Additional Interest
Computer			
Feed and Seed			
Materials and Supplies			
Machinery and Equipment			
Animals over \$2000 per head must be scheduled			

What are the principal products of the farm? _____

Is the dwelling(s) occupied? Yes No

If yes, by whom? _____

Are there auxiliary heating devices in any buildings? Yes No

Are there any bio-diesel operations on the premises? Yes No

Are any structures not being used as originally intended? Yes No

Are any structures not located on a year-round accessible road? Yes No

Are there any mobile homes to be covered? Yes No

Are there any lakes, ponds, swimming pools, or other recreational activities on the premises? Yes No

If yes, please explain _____

Are the swimming pools properly fenced? Yes No

Are there any commercial businesses conducted on the premises? Yes No

If yes, please explain _____

Does applicant conduct any farm operations on premises such as seed or feed sales, X-mas tree lots, fruit or vegetable stands, etc? Yes No

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Are customers allowed to pick their own fruit or vegetables? Yes No

If yes, what kind? _____

If yes, what type of equipment provided? (if any) _____

Does the applicant operate a roadside stand on or off premises? Yes No

Does applicant do any farm work or custom farming for others? Yes No

Does applicant apply anhydrous ammonia to his farm or to others? Yes No

Does applicant apply herbicide or pesticide for others? Yes No

Has applicant ever had any complaints regarding pollution, overspray, waste run-off, or similar damages? Yes No

If yes, please explain _____

Does applicant raise livestock of any kind? Yes No

If yes, please explain _____

Does applicant have any involvement with horses? Yes No

If yes, please specify Boarding for hire Horses for rent Training for hire Riding instruction Personal Ownership Showing/Racing

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Are the applicant's fences in good condition? Yes No

Is there any custom feeding of livestock for others on premises? Yes No

Does applicant own any watercraft or aircraft? Yes No

Are the premises used for swimming or boating, hunting or fishing, hiking, trailrides, camping or picnicking, ATV tracks, or motorcycle courses? Yes No

If yes please explain _____

In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you? Yes No

Account Revenue Projections and History

Year	Payroll	Gross Receipts	Sub-Contracted Cost (Incl Cost of Materials)
Next 12 Months			
Prior Year			
Prior Year			
Prior Year			

Prior Carrier Information

	Year:	Year:	Year:	Year:	Year:
Carrier					
Premium					
Deductible					
Premium Base					

Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

Additional Insured

Name of Individual _____

Address _____

What interests are to be covered? _____

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Partnership

Name of Partner(s) _____

Address(es) _____

Family Corporation Yes No

Name of Members and % owned

_____ %

_____ %

_____ %

_____ %

Is Terrorism Coverage desired? (see attached disclosure)

Yes No

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____

Date

Agents Signature _____

Date