



Mid Valley General Agency LLC  
 3400 State Street #G-740, Salem, OR 97301  
 Phone: 888-565-7001 ♦ Fax: 888-265-7353  
 www.midvalleyga.com

**FARM AND RANCH APPLICATION**

Applicant's Name _____	Agent Name _____
Mailing Address _____	Address _____
_____	_____
_____	Agent Code _____

**PROPOSED EFFECTIVE DATE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_**  
 12:01 A.M., Standard Time at the address of the Named Insured as stated herein

PLEASE ANSWER ALL QUESTIONS

- Mortgagee:** \_\_\_\_\_  
 Address: \_\_\_\_\_ Loan No.: \_\_\_\_\_
- Mortgagee:** \_\_\_\_\_  
 Address: \_\_\_\_\_ Loan No.: \_\_\_\_\_

**PHYSICAL LOCATIONS**

**INSPECTION CONTACT:** \_\_\_\_\_ Phone No.: \_\_\_\_\_

- Location No. 1:** \_\_\_\_\_  
 No. of Acres: \_\_\_\_\_ County: \_\_\_\_\_
- Location No. 2:** \_\_\_\_\_  
 No. of Acres: \_\_\_\_\_ County: \_\_\_\_\_

**COVERAGE AND LIMIT INFORMATION**

- Occupancy:**  Owner  Tenant  Tenant Package
- Primary residence of insured?**.....  Yes  No
- Protection class:** \_\_\_\_\_
- Total no. of acreage:** \_\_\_\_\_
- Distance to fire hydrant:** \_\_\_\_\_
- Distance to fire station:** \_\_\_\_\_
- Perils to be insured:**  Named Perils  Broad Form
- Deductible—All Other Perils:** \$ \_\_\_\_\_
- Deductible—Wind & Hail:**  EXCLUDED  5% Deductible  Other \_\_\_\_\_

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10.

COVERAGES		
Section	Coverages	Limits of Liability
<b>I</b>	A. Dwelling/Mobile Home (if available in your state)	\$
	B. Unscheduled household goods and personal effects	\$
	Increased contents	\$
	C. Loss of use	\$
	D. Scheduled farm personal property	\$
	E. Scheduled farm and ranch property	\$
<b>II</b>	F. Personal liability—Each occurrence	\$
	G. Personal medical payments—Each person	\$
	H. Physical damage to property of others—Each occurrence	\$ 500
<b>Options</b>	Additional acreage charge	
	Surcharges: <input type="checkbox"/> R/C <input type="checkbox"/> Woodstove	

**DWELLING/MOBILE HOME INFORMATION**

Year	Construction	Square Ft.	If Mobile Home: Age/Make/Model & Serial Number Required	Updates?
	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry			<input type="checkbox"/> Yes <input type="checkbox"/> No

**1. Building updates:**

Roofing: Year \_\_\_\_\_  Full  Partial      Wiring: Year \_\_\_\_\_  Full  Partial  
 Plumbing: Year \_\_\_\_\_  Full  Partial      Heating/AC: Year \_\_\_\_\_  Full  Partial  
 Hurricane straps (Applicable in Florida only)? .....  Yes  No

**2. Mobile home:**             Tied Down     Portable     Skirted

**3. Is dwelling on all weather road?** .....  Yes  No

**4. Is dwelling visible within 1/4 mile of another dwelling?** .....  Yes  No

**5. Swimming pool on premises?** .....  Yes  No

**6. Pool fenced including gate and lock?** .....  Yes  No

**UNDERWRITING INFORMATION**

Type of Farm/Ranch Operation	Number of Employees	Condition of Fencing
<input type="checkbox"/> Field crops    Number of acres    _____	<input type="checkbox"/> Full-time    _____	<input type="checkbox"/> Average
<input type="checkbox"/> Horses        Number of head    _____	<input type="checkbox"/> Part-time    _____	<input type="checkbox"/> Excellent
<input type="checkbox"/> Dairy         Number of head    _____	<input type="checkbox"/> Seasonal    _____	<input type="checkbox"/> Poor
<input type="checkbox"/> Livestock    Number of head    _____	<input type="checkbox"/> None        _____	<input type="checkbox"/> None

**1. Is farming/ranching the applicant's full-time occupation?** .....  Yes  No  
 If "No," what is? \_\_\_\_\_

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2. **Is any part of the property leased to others?** .....  Yes  No  
If "Yes," how many acres leased and for what? \_\_\_\_\_

If "Yes," do all of the leasees carry insurance for their operations? .....  Yes  No

3. **Any custom farming or ranching?** .....  Yes  No  
If "Yes," describe: \_\_\_\_\_

4. **Is there a show ring, rodeo arena/chute on premises?** .....  Yes  No  
If "Yes," explain and include photo: \_\_\_\_\_

5. **On the premises, is there any commercial/business use?** .....  Yes  No  
If "Yes," provide the following:       Wholesale       Retail      Gross Receipts: \_\_\_\_\_  
Type of operation: \_\_\_\_\_

6. **Any LPG or gas storage tanks?** .....  Yes  No  
If "Yes," give locations and installation method: \_\_\_\_\_

7. **Are there any buildings on the premises which are unused?** .....  Yes  No  
If "Yes," describe: \_\_\_\_\_

8. **Any unusual hazards?** .....  Yes  No  
**Such as (but not limited to):**       Airstrips                               Dams/Lakes/Ponds  
    Open dump pits/landfill               Timber operations  
    Silage pits                                       Hunting

If others, describe: \_\_\_\_\_

9. **Are there any other animals (excluding Horses, Dairy and Livestock) kept on the premises?** .....  Yes  No  
If "Yes," list all:

Type of Animal: \_\_\_\_\_ Bite History? .....  Yes  No

Type of Animal: \_\_\_\_\_ Bite History? .....  Yes  No

10. **Any chemical application?** .....  Yes  No  
If "Yes," what kind?       Ground       Air

List type and nature of chemicals: \_\_\_\_\_

11. **Any self-construction; remodeling?** .....  Yes  No  
If "Yes," describe: \_\_\_\_\_

12. **Is there a wood-burning stove?** .....  Yes  No  
If "Yes," attach photo and mandatory Woodstove questionnaire.

13. **Any Bankruptcy/Foreclosures within the last three years?** .....  Yes  No  
If "Yes," explain: \_\_\_\_\_

If "discharged," date of discharge: \_\_\_\_\_

14. **Has any company canceled or refused coverage to the applicant (not applicable in Missouri or California)?** .....  Yes  No



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<b>SCHEDULED FARM PERSONAL PROPERTY—COVERAGE “D”</b>				
Item No.	Amount of Coverage	Description	Serial Number	Age
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

<b>SCHEDULED FARM AND RANCH PERSONAL PROPERTY—COVERAGE “E”</b>				
Item No.	Amount of Coverage	Description	Construction	Age
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

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**NOTICES AND FRAUD WARNINGS**

**PRIVACY POLICY:**

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

**FAIR CREDIT REPORTING ACT NOTICE:**

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

**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 subjects such person to criminal and civil penalties.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

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.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

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.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NO: \_\_\_\_\_

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_

(Applicable in Iowa Only)