# FARM AND RANCH APPLICATION

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| Date: |
| Agency Name/Address:  Phone:       Fax:  E-mail: | | Applicant’s Name:  Mailing Address:  City:       ST:       Zip:       County: | | |
| Code: | Subcode: | Phone No.: | Bus. Phone No.: | |
| Agency Customer ID: | | Effective Date: | Expiration Date: | |
|  | | E-mail: | Website Address: | |

**APPLICANT INFORMATION**

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| --- | --- | --- | --- | --- |
| Previous Address (if less than three years) Years at Previous Address:  Street:  City:       ST:       Zip: | | Location of property if different from above:  Street:  City:       ST:       Zip:       County: | | |
| Applicant’s Occupation (State nature of business if self-employed): | Marital Status | | DOB | Applicant’s Employer Name and Address: |
| Co-Applicant’s Occupation (State nature of business if self-employed): | Marital Status | | DOB | Co-Applicant’s Employer Name and Address: |

**COVERAGES/LIMITS OF INSURANCE—PRIMARY LOCATION (Complete Additional Farm Dwelling Supplemental Application for additional locations)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Location 1 Building 1** | **Dwelling (Coverage A)** | **Other Private Structures (Coverage B)** | **Personal Property (Coverage C)** | **Loss of Use (Coverage D)** | **Barns & Farm Personal Property (Coverage E&G)** | **Bodily Injury and Property Damage (Coverage H)** | **Medical Payments (Coverage J)** |
| **Limit** | $ | $ | $ | $ | Complete  Supplemental Application | $ | $ |
| **Cause Of Loss** | Basic  Broad  Special | Basic  Broad  Special | Basic  Broad |  |  |  |  |
| **Loss Settlement** | ACV  RC  FRC | Same as  Coverage A | ACV  RC |  |  |  |  |
| **Deductible Type & Amount (%/$)** | | All perils: | | Wind & Hail: | |  | Other: |

**RATING/UNDERWRITING—PRIMARY LOCATION**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year Built** | **Purchase Date** | **Construction Type**  Frame  Modular Home  Masonry  EIFS  Masonry Veneer  Log Home  Joisted Masonry  Hand-hewn  Fire Resistive  Milled  MFG/Mobile Home  Kit  Tied Down  Other:  Portable  Skirted | | | | **Usage Type**  Primary  Secondary  Seasonal  COC/Reno | | **Occupancy**  Owner  Tenant  Farm Renter (Tenant Package)  Vacant  **No. of  Months:** | | | **Windstorm Loss Mitigation Features**  Hurricane Straps  Wind Shutters  HIP Roof  Impact Resistant Glass |
| **Square Feet** | **Replacement Cost**  **$** |
| **No. Families** | **Market Value**  **$** |
| **Territory Code** | **Protection Class** | **Distance To** | | **Protection Device Type** | | | | | | Visible to Neighbors:  Yes  No | |
| Hydrant | Fire Station | **System** | **Smoke** | | **Temperature** | | **Burglar** | Foundation:  Open  Closed  Stilts | |
| FT | MI | Central |  | |  | |  | Sprinklers:  Full  Partial | |
| **Fire District / Code No.:**       / | | | | Local |  | |  | |  |  | |

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| --- | --- | --- | --- | --- |
| **Updates** | **Partial** | **Complete** | **Year** | **Details** |
| **Wiring** |  |  |  | Circuit Breakers:  Yes  No Fuses:  Yes  No No. of Amps  Aluminum:  Yes  No Knob & Tube:  Yes  No |
| **Plumbing** |  |  |  | Type:  Copper  PVC Other:       Any known leaks?  Yes  No |
| **Heating** |  |  |  | Primary:       Secondary:        None  Wood Stove?  Yes  No Portable Space Heaters?  Yes  No If “yes,” attach photo and mandatory Woodstove questionnaire If “yes,” are they thermostatically controlled?  Yes  No |
| **Roofing** |  |  |  | Roof Type/Material:       Condition of Roof:  Any known leaks?  Yes  No |

**Farm Premises Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Loc. No.** | **Address** | **Total No. of Acres** | **Farmed By** | **Gross Receipts** |
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**LOSS HISTORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Any losses, whether or **not** paid by insurance, in the last three years, at **this** or **any** other location?  Yes  No If “yes,” indicate below: | | | | |
| **DATE** | **TYPE** | **DESCRIPTION OF LOSS** | **AMOUNT PAID/RESERVED** | **OPEN/ CLOSED** |
|  |  |  | $ | Open  Closed |
|  |  |  | $ | Open  Closed |
|  |  |  | $ | Open  Closed |

**PRIOR/CURRENT COVERAGE**

|  |  |  |
| --- | --- | --- |
| Prior carrier/Current carrier: | Policy number: | Expiration date: |
| If lapse or no prior coverage, provide explanation: | | |

**UNDERWRITING QUESTIONS**

|  |  |
| --- | --- |
| **Type of Farm/Ranch Operation** | **Number of Employees** |
| Field crops Number of acres       Gross Receipts  Horses Number of head       Gross Receipts  Dairy Number of head       Gross Receipts  Livestock Number of head       Gross Receipts  Exotic/Racing Number of head       Gross Receipts  Other       Gross Receipts | Full-time  Part-time  Seasonal  None |
| **Describe farm/ranch, principal type of farming and any incidental for-profit activities:** | |

**FARM AND RANCH UNDERWRITING QUESTIONS**

**GENERAL QUESTIONS**

**1.** Select any of the following exposures that exist:

Airstrips  Open Dump/Landfill Pits  Silage Pits  Dams/Lakes/Ponds  Timber Operations

LPG/Gas/Fuel Storage Tanks  Hunting  Show ring, rodeo ring/chute

Chemical Application ( Ground /  Air)

List type and nature of Chemicals:

Other:

**2.** Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years?  Yes  No

If “yes,” what was the reason?

Is it open?  Yes  No

If “no” what is the date closed/discharged:

**3.** Any coverage declined, cancelled or non-renewed during last three years? (Not applicable in MO or   
CA)  Yes  No

If “yes,” what was the reason?

**4.** Is applicant delinquent on mortgage or tax payments?  Yes  No

**PROPERTY QUESTIONS**

**5.** Distance to coast:  Feet:        Miles:

**6.** Is property for sale?  Yes  No

**7.** Has any structure been converted to a private residence?  Yes  No

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| If “yes,” explain: |

**8.** Is there any existing fire, water or structural damage?  Yes  No

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| If “yes,” explain: |

**9.** Complete if any building(s) is/are undergoing renovation or reconstruction during the applied for policy period. Attach list for additional buildings.

Location Number:       Contractor Name:

Building Number:       Is Contractor licensed?  Yes  No

Starting Date:       Completion Date:

Starting Value: $      Completed Value: $

**10.** Are there any buildings on premises which are unused?  Yes  No

If “yes,” describe:

**11.** List other insurance with this company:

Policy No.:

**LIABILITY QUESTIONS**

**12.** Are there any animals (excluding Horses, Dairy and Livestock) kept on the premises?  Yes  No

If “yes,” list type of animal:       Bite History?  Yes  No

If “yes,” list type of animal:       Bite History?  Yes  No

**13.** Is there a Swimming Pool?  Yes  No

If “yes,” check applicable boxes:  Fenced  Diving Board  Slide

**14.** Is there a Trampoline?  Yes  No

**15.** Is any land held for real estate development or speculation?  Yes  No

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| If “yes,” explain: |

**16.** Any other locations owned by or rented to the applicant not listed on the application?  Yes  No

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| If “yes,” explain: |

**17.** How many acres are leased to others?

What is the land used for?

Who is it rented to?

Do the lessees carry liability insurance for their operations?  Yes  No

**GENERAL BUSINESS QUESTIONS**

**18.** Are there any contract or service operations performed for others such as snow removal, tilling, excavating or ditching?  Yes  No

If “yes,” describe:

**19.** Are independent contractors hired to perform any farming operations?  Yes  No

If “yes,” describe:

Do they carry liability insurance for their operations  Yes  No

**20.** Are any “hold harmless” or “indemnification” agreements in effect?  Yes  No

If “yes,” describe:

**21.** Is the applicant a subsidiary of another or does the applicant have subsidiaries?  Yes  No

If “yes,” list related companies:

**22.** Are there other business activities other than farm related operations?  Yes  No

If “yes,” describe:

**FARMING OPERATIONS QUESTIONS**

**23.** Is there any Custom Farming?  Yes  No

If “yes,” describe:

**24.** Does applicant:

a. Engage in any retail activity on or off the premises other than roadside stands?  Yes  No

If “yes,” describe:

b. Mix, process, slaughter, butcher or otherwise prepare his or any other grower’s product?  Yes  No

If “yes,” provide GL Carrier Name:       Limit:

c. Handle any product, such as seed, fertilizer, sprays, etc. for resale?  Yes  No

If “yes,” provide GL Carrier Name:       Limit:

**25.** Are the farm premises available to the public for special events such as, but not limited to, “u-pick,” weddings, show or hay rides?  Yes  No

If “yes,” describe:

**26.** Does insured raise, board, race, breed or rent horses or ponies?  Yes  No

If “yes,” provide GL or Stable Carrier Name:       Limit:

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| **REMARKS** (Attach additional sheets if more space is required): |

**ADDITIONAL INTEREST AND INSURED**

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| --- | --- | --- | --- |
| **INT No.:** | **Type Of Interest** | **Information** | **Loan Number and Type of Property** |
|  | Mortgagee  Additional Interest  Relationship:  Additional Insured  Relationship:  Trust | Name:  Address:  City:  State:  Zip Code: |  |
|  | Mortgagee  Additional Interest  Relationship:  Additional Insured  Relationship:  Trust | Name:  Address:  City:  State:  Zip Code: |  |

**ADDITIONAL REQUIREMENTS/ATTACHMENTS**

Inspection  Photographs  Protection Class 9/10 Questionnaire

Woodstove Questionnaire/Photos (2)  Replacement Cost Estimator

**PAYMENT PLAN**

Billing:  Insured  Mortgagee  Agency Bill

**ADDITIONAL FARM/RANCH INFORMATION**

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| **A DIAGRAM OF THE PROPERTY IS MANDATORY. IDENTIFY ALL BUILDINGS, LAKES, PONDS AND STORAGE TANKS.**  **Show distance between structures.** | | | | | | | | | | | | | | | | | | | |
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**NOTICES, FRAUD WARNINGS AND ATTESTATION**

**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 or another Nationwide insurance company. 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 Nationwide company 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

AGENT NAME:       AGENT LICENSE NUMBER:

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT:

(Applicable in Iowa Only)