# 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**

|  |  |
| --- | --- |
| 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 1Building 1** | **Dwelling(Coverage A)** | **Other PrivateStructures(Coverage B)** | **PersonalProperty(Coverage C)** | **Loss of Use(Coverage D)** | **Barns & FarmPersonal Property(Coverage E&G)** | **Bodily Injuryand PropertyDamage(Coverage H)** | **Medical Payments(Coverage J)** |
| **Limit** | $      | $      | $      | $      | Complete SupplementalApplication | $      | $      |
| **Cause Of Loss** | [ ]  Basic [ ]  Broad[ ]  Special | [ ]  Basic [ ]  Broad[ ]  Special | [ ]  Basic [ ]  Broad  |  |  |  |  |
| **LossSettlement** | [ ]  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****$**      |
| **No. Families**      | **Market Value****$**      |
| **TerritoryCode**      | **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:       [ ]  NoneWood Stove? [ ]  Yes [ ]  No Portable Space Heaters? [ ]  Yes [ ]  NoIf “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** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**LOSS HISTORY**

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| 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** | **AMOUNTPAID/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 andType of Property** |
|       | [ ]  Mortgagee[ ]  Additional InterestRelationship:       [ ]  Additional InsuredRelationship:       [ ]  Trust | Name:      Address:      City:      State:      Zip Code:       |       |
|       | [ ]  Mortgagee[ ]  Additional InterestRelationship:       [ ]  Additional InsuredRelationship:       [ ]  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)