



Mid Valley General Agency LLC
 888 Madison St NE, Ste 100, Salem, OR 97301
 Phone: 888-565-7001 ♦ Fax: 888-265-7353
 quotes@midvalleyga.com

FARM AND RANCH APPLICATION

				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 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	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad				
Loss Settlement	<input type="checkbox"/> ACV <input type="checkbox"/> RC <input type="checkbox"/> FRC	Same as Coverage A	<input type="checkbox"/> ACV <input type="checkbox"/> RC				
Deductible Type & Amount (%/\$)		<input type="checkbox"/> All perils: _____		<input type="checkbox"/> Wind & Hail: _____		<input type="checkbox"/> Other: _____	

RATING/UNDERWRITING—PRIMARY LOCATION

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

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

FARM PREMISES INFORMATION

Loc. No.	Address	Total No. of Acres	Farmed By	Gross Receipts

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
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> 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
<input type="checkbox"/> Field crops Number of acres _____ Gross Receipts _____ <input type="checkbox"/> Horses Number of head _____ Gross Receipts _____ <input type="checkbox"/> Dairy Number of head _____ Gross Receipts _____ <input type="checkbox"/> Livestock Number of head _____ Gross Receipts _____ <input type="checkbox"/> Exotic/Racing Number of head _____ Gross Receipts _____ <input type="checkbox"/> Other _____ Gross Receipts _____	<input type="checkbox"/> Full-time _____ <input type="checkbox"/> Part-time _____ <input type="checkbox"/> Seasonal _____ <input type="checkbox"/> 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?
If "yes," what was the reason?
Is it open?
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)
If "yes," what was the reason?
4. Is applicant delinquent on mortgage or tax payments?

PROPERTY QUESTIONS

- 5. Distance to coast: Feet, Miles
6. Is property for sale?
7. Has any structure been converted to a private residence?
If "yes," explain:
8. Is there any existing fire, water or structural damage?
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?, Starting Date, Completion Date, Starting Value, Completed Value
10. Are there any buildings on premises which are unused?
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?
If "yes," list type of animal: Bite History?
If "yes," list type of animal: Bite History?



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
 If "yes," explain: _____

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

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

ADDITIONAL INTEREST AND INSURED

INT No.:	Type Of Interest	Information	Loan Number and Type of Property
	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Interest Relationship: <input type="checkbox"/> Additional Insured Relationship: <input type="checkbox"/> Trust	Name: Address: City: State: Zip Code:	
	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Interest Relationship: <input type="checkbox"/> Additional Insured Relationship: <input type="checkbox"/> 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

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)