



# FARM AND RANCH APPLICATION

**EMAIL COMPLETED APPLICATION AND ALL CORRESPONDING DOCUMENTS TO [submissions.idealmarine@wichert.com](mailto:submissions.idealmarine@wichert.com)**

## GENERAL INFORMATION

Producer IDEAL Agriculture and Marine, a Product of Wichert Insurance      Producer Code 34491059

Application Date \_\_\_\_\_

Policy Effective Date \_\_\_\_\_

Global Property Deductible      \$1,000       \$2,500       \$5,000       \$10,000       Other \_\_\_\_\_

Business Type      Individual       Corporation       Partership       Other (Specify) \_\_\_\_\_

Full Business Name \_\_\_\_\_

Phone \_\_\_\_\_

Number of Years of Farming Experience \_\_\_\_\_

Full Mailing Address (include street/PO box, city, state, zip code) \_\_\_\_\_

County \_\_\_\_\_

Payment Option- Direct Billed Annual  Semi-Annua I  Quarterly

*Please note: Insurance carrier will run a credit score on the insured for rating purposes*

New Business       Renewal       If Renewal, Expiring Policy Number \_\_\_\_\_

Inspection contact name \_\_\_\_\_      Phone (if different from above) \_\_\_\_\_

Previous Insurance Carrier \_\_\_\_\_

Expiring Premium \_\_\_\_\_

Loss History      Check if no losses within the past 5 consecutive years      **LOSS RUNS REFLECTING 5 YEARS REQUIRED FOR BINDING**

Loss Date \_\_\_\_\_      Amount Paid \_\_\_\_\_      Description of loss \_\_\_\_\_

Loss Date \_\_\_\_\_      Amount Paid \_\_\_\_\_      Description of loss \_\_\_\_\_

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Loss Date \_\_\_\_\_      Amount Paid \_\_\_\_\_      Description of loss \_\_\_\_\_

Loss Date \_\_\_\_\_      Amount Paid \_\_\_\_\_      Description of loss \_\_\_\_\_

Has any policy been cancelled or nonrenewed by an insurance carrier within the past 5 years? YES       NO

If yes, please explain \_\_\_\_\_

Primary Type of Farm or Ranch \_\_\_\_\_

Secondary Type of Farm or Ranch \_\_\_\_\_

Description of Farm/Ranch Operation \_\_\_\_\_

Farm/Ranch Operation Annual Receipts \_\_\_\_\_

Farm/Ranch Operation Annual Payroll \_\_\_\_\_

Description of any incidental business activities \_\_\_\_\_

# FARM AND RANCH APPLICATION

Insured \_\_\_\_\_

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## GENERAL INFORMATION continued

### Does the insured do any of the following?

- YES  NO  Operations involving Equine related exposures, such as but not limited to: Boarding for others, breeding for training, riding by others, riding lessons, showing and rodeo type exposures (IF YES, AN EQUINE SUPPLEMENTAL APPLICATION IS REQUIRED)
- YES  NO  Commercial Feedlot Operations
- YES  NO  Commercial Hog/Swine Confinement Operations
- YES  NO  Commercial Poultry Confinement Operations
- YES  NO  Public Grain Handling or Elevator Operations
- YES  NO  U-Pick or U-Cut Operations
- YES  NO  Gymnastic equipment including but not limited to trampolines, raised balance beams, climbing ropes, etc

### Operations that primarily:

- YES  NO  Manufacture and sell fertilizer
- YES  NO  Sell and/or repair equipment
- YES  NO  Custom application of chemicals/fertilizer
- YES  NO  During the last five years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property?
- YES  NO  Is any property kept on a location(s) other than an insured location?  
 \_\_\_\_\_
- \_\_\_\_\_ Radius of operations of equipment (Miles)
- YES  NO  Does applicant have any other businesses?  
 If yes, please describe \_\_\_\_\_
- \_\_\_\_\_ Date of Last Inspection
- \_\_\_\_\_ Number of years the agent has known the applicant
- YES  NO  Custom Farming operations where the annual receipts exceeds 50% of the overall total farming receipts

**PLEASE PROVIDE LABELED PICTURES OF ALL LOCATIONS AND BUILDINGS IF AVAILABLE**



# FARM AND RANCH APPLICATION

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## PROPERTY INFORMATION

### LOCATION 1

Full Address (include street, city, state, zip code) \_\_\_\_\_

County/Parish \_\_\_\_\_

Location Description \_\_\_\_\_

Number of Acres \_\_\_\_\_

Owned by Applicant? YES  NO  If no, name of owner \_\_\_\_\_

Occupied by Applicant? YES  NO

Occupied by Tenant? YES  NO  If yes, tenant-occupied under insured's supervision? YES  NO

Operated under contract management? YES  NO

Is entire premises occupied year round? YES  NO

Fire District Code \_\_\_\_\_ Fire District Name \_\_\_\_\_ # of Miles to fire station \_\_\_\_\_

# of Feet to hydrant \_\_\_\_\_

Protection class \_\_\_\_\_

Is there a year-round water supply usable for fire protection? YES  NO

If yes, what is the source? Well

Pond/Lake

Hydrant within 1,000 feet

If yes, what is the quantity? Less than 1,000 gallons

1,000-3,000 gallons

Over 3,000 gallons

Optional Coverages/Exclusions Requested \_\_\_\_\_

Blanket Coverage Requested? YES  NO

### LOCATION 1 BUILDING # 1

Building Type \_\_\_\_\_

Mobile/Manufactured home? YES  NO

For dwelling, who is the occupant? \_\_\_\_\_

Building Limit \_\_\_\_\_

Include Contents Replacement Cost? (Coverage C) YES  NO

Deductible \_\_\_\_\_

Cause of Loss Basic  Broad  Special

Construction Frame  Masonry  Non-Combustible  Fire Resistive  Log

Valuation Replacement Cost  Actual Cash Value  Functional Replacement Cost

Building Condition \_\_\_\_\_

Number of Stories \_\_\_\_\_

Number of sides to the building \_\_\_\_\_

Original Year Built \_\_\_\_\_

Square Footage \_\_\_\_\_

Updates Year Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_

Heat \_\_\_\_\_ Roof \_\_\_\_\_

Is there a supplemental heating device? YES  NO  If yes, please describe \_\_\_\_\_

# FARM AND RANCH APPLICATION

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## PROPERTY INFORMATION continued

### LOCATION 1 BUILDING # 2

Building Type \_\_\_\_\_

Mobile/Manufactured home? YES  NO

For dwelling, who is the occupant? \_\_\_\_\_

Building Limit \_\_\_\_\_

Include Contents Replacement Cost? (Coverage C) YES  NO

Deductible \_\_\_\_\_

Cause of Loss Basic  Broad  Special

Construction Frame  Masonry  Non-Combustible  Fire Resistive  Log

Valuation Replacement Cost  Actual Cash Value  Functional Replacement Cost

Building Condition \_\_\_\_\_

Number of Stories \_\_\_\_\_

Number of sides to the building \_\_\_\_\_

Original Year Built \_\_\_\_\_

Square Footage \_\_\_\_\_

Updates Year Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heat \_\_\_\_\_ Roof \_\_\_\_\_

Is there a supplemental heating device? YES  NO  If yes, please describe \_\_\_\_\_

### LOCATION 1 BUILDING # 3

Building Type \_\_\_\_\_

Mobile/Manufactured home? YES  NO

For dwelling, who is the occupant? \_\_\_\_\_

Building Limit \_\_\_\_\_

Include Contents Replacement Cost? (Coverage C) YES  NO

Deductible \_\_\_\_\_

Cause of Loss Basic  Broad  Special

Construction Frame  Masonry  Non-Combustible  Fire Resistive  Log

Valuation Replacement Cost  Actual Cash Value  Functional Replacement Cost

Building Condition \_\_\_\_\_

Number of Stories \_\_\_\_\_

Number of sides to the building \_\_\_\_\_

Original Year Built \_\_\_\_\_

Square Footage \_\_\_\_\_

Updates Year Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heat \_\_\_\_\_ Roof \_\_\_\_\_

Is there a supplemental heating device? YES  NO  If yes, please describe \_\_\_\_\_

# FARM AND RANCH APPLICATION

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## PROPERTY INFORMATION continued

### **LOCATION 1 BUILDING # 4**

Building Type \_\_\_\_\_ Mobile/Manufactured home? YES  NO

For dwelling, who is the occupant? \_\_\_\_\_

Building Limit \_\_\_\_\_ Include Contents Replacement Cost? (Coverage C) YES  NO

Deductible \_\_\_\_\_

Cause of Loss Basic  Broad  Special

Construction Frame  Masonry  Non-Combustible  Fire Resistive  Log

Valuation Replacement Cost  Actual Cash Value  Functional Replacement Cost

Building Condition \_\_\_\_\_ Number of Stories \_\_\_\_\_

Number of sides to the building \_\_\_\_\_

Original Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_

Updates Year Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heat \_\_\_\_\_ Roof \_\_\_\_\_

Is there a supplemental heating device? YES  NO  If yes, please describe \_\_\_\_\_

### **LOCATION 1 BUILDING # 5**

Building Type \_\_\_\_\_ Mobile/Manufactured home? YES  NO

For dwelling, who is the occupant? \_\_\_\_\_

Building Limit \_\_\_\_\_ Include Contents Replacement Cost? (Coverage C) YES  NO

Deductible \_\_\_\_\_

Cause of Loss Basic  Broad  Special

Construction Frame  Masonry  Non-Combustible  Fire Resistive  Log

Valuation Replacement Cost  Actual Cash Value  Functional Replacement Cost

Building Condition \_\_\_\_\_ Number of Stories \_\_\_\_\_

Number of sides to the building \_\_\_\_\_

Original Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_

Updates Year Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heat \_\_\_\_\_ Roof \_\_\_\_\_

Is there a supplemental heating device? YES  NO  If yes, please describe \_\_\_\_\_

**FOR ANY ADDITIONAL BUILDINGS FOR LOCATION 1, PLEASE USE COPIES OF PAGE 9**



# FARM AND RANCH APPLICATION

Insured \_\_\_\_\_

Application Date \_\_\_\_\_

## PROPERTY INFORMATION continued

### LOCATION 2

Full Address (include street, city, state, zip code) \_\_\_\_\_

County/Parish \_\_\_\_\_

Location Description \_\_\_\_\_

Number of Acres \_\_\_\_\_

Owned by Applicant? YES  NO  If no, name of owner \_\_\_\_\_

Occupied by Applicant? YES  NO

Occupied by Tenant? YES  NO  If yes, tenant-occupied under insured's supervision? YES  NO

Operated under contract management? YES  NO

Is entire premises occupied year round? YES  NO

Fire District Code \_\_\_\_\_ Fire District Name \_\_\_\_\_ # of Miles to fire station \_\_\_\_\_

# of Feet to hydrant \_\_\_\_\_

Protection class \_\_\_\_\_

Is there a year-round water supply usable for fire protection? YES  NO

If yes, what is the source? Well  Pond/Lake  Hydrant within 1,000 feet

If yes, what is the quantity? Less than 1,000 gallons  1,000-3,000 gallons  Over 3,000 gallons

Optional Coverages/Exclusions Requested \_\_\_\_\_

Blanket Coverage Requested? YES  NO

### LOCATION 2 BUILDING # 1

Building Type \_\_\_\_\_ Mobile/Manufactured home? YES  NO

For dwelling, who is the occupant? \_\_\_\_\_

Building Limit \_\_\_\_\_ Include Contents Replacement Cost? (Coverage C) YES  NO

Deductible \_\_\_\_\_

Cause of Loss Basic  Broad  Special

Construction Frame  Masonry  Non-Combustible  Fire Resistive  Log

Valuation Replacement Cost  Actual Cash Value  Functional Replacement Cost

Building Condition \_\_\_\_\_ Number of Stories \_\_\_\_\_

Number of sides to the building \_\_\_\_\_

Original Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_

Updates Year Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heat \_\_\_\_\_ Roof \_\_\_\_\_

Is there a supplemental heating device? YES  NO  If yes, please describe \_\_\_\_\_



# FARM AND RANCH APPLICATION

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## PROPERTY INFORMATION continued

### **LOCATION 2 BUILDING # 2**

Building Type \_\_\_\_\_ Mobile/Manufactured home? YES  NO

For dwelling, who is the occupant? \_\_\_\_\_

Building Limit \_\_\_\_\_ Include Contents Replacement Cost? (Coverage C) YES  NO

Deductible \_\_\_\_\_

Cause of Loss Basic  Broad  Special

Construction Frame  Masonry  Non-Combustible  Fire Resistive  Log

Valuation Replacement Cost  Actual Cash Value  Functional Replacement Cost

Building Condition \_\_\_\_\_ Number of Stories \_\_\_\_\_

Number of sides to the building \_\_\_\_\_

Original Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_

Updates Year Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heat \_\_\_\_\_ Roof \_\_\_\_\_

Is there a supplemental heating device? YES  NO  If yes, please describe \_\_\_\_\_

### **LOCATION 2 BUILDING # 3**

Building Type \_\_\_\_\_ Mobile/Manufactured home? YES  NO

For dwelling, who is the occupant? \_\_\_\_\_

Building Limit \_\_\_\_\_ Include Contents Replacement Cost? (Coverage C) YES  NO

Deductible \_\_\_\_\_

Cause of Loss Basic  Broad  Special

Construction Frame  Masonry  Non-Combustible  Fire Resistive  Log

Valuation Replacement Cost  Actual Cash Value  Functional Replacement Cost

Building Condition \_\_\_\_\_ Number of Stories \_\_\_\_\_

Number of sides to the building \_\_\_\_\_

Original Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_

Updates Year Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heat \_\_\_\_\_ Roof \_\_\_\_\_

Is there a supplemental heating device? YES  NO  If yes, please describe \_\_\_\_\_

# FARM AND RANCH APPLICATION

Insured \_\_\_\_\_

Application Date \_\_\_\_\_

## PROPERTY INFORMATION continued

### **LOCATION 2 BUILDING # 4**

Building Type \_\_\_\_\_ Mobile/Manufactured home? YES  NO

For dwelling, who is the occupant? \_\_\_\_\_

Building Limit \_\_\_\_\_ Include Contents Replacement Cost? (Coverage C) YES  NO

Deductible \_\_\_\_\_

Cause of Loss Basic  Broad  Special

Construction Frame  Masonry  Non-Combustible  Fire Resistive  Log

Valuation Replacement Cost  Actual Cash Value  Functional Replacement Cost

Building Condition \_\_\_\_\_ Number of Stories \_\_\_\_\_

Number of sides to the building \_\_\_\_\_

Original Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_

Updates Year Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heat \_\_\_\_\_ Roof \_\_\_\_\_

Is there a supplemental heating device? YES  NO  If yes, please describe \_\_\_\_\_

### **LOCATION 2 BUILDING # 5**

Building Type \_\_\_\_\_ Mobile/Manufactured home? YES  NO

For dwelling, who is the occupant? \_\_\_\_\_

Building Limit \_\_\_\_\_ Include Contents Replacement Cost? (Coverage C) YES  NO

Deductible \_\_\_\_\_

Cause of Loss Basic  Broad  Special

Construction Frame  Masonry  Non-Combustible  Fire Resistive  Log

Valuation Replacement Cost  Actual Cash Value  Functional Replacement Cost

Building Condition \_\_\_\_\_ Number of Stories \_\_\_\_\_

Number of sides to the building \_\_\_\_\_

Original Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_

Updates Year Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heat \_\_\_\_\_ Roof \_\_\_\_\_

Is there a supplemental heating device? YES  NO  If yes, please describe \_\_\_\_\_

**FOR ANY ADDITIONAL LOCATIONS AND BUILDINGS PLEASE USE COPIES OF PAGE 9**





# FARM AND RANCH APPLICATION

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Application Date \_\_\_\_\_

## PROPERTY INFORMATION continued

**LOCATION #** \_\_\_\_\_

Full Address (include city, state, zip code) \_\_\_\_\_

County/Parish \_\_\_\_\_

Location Description \_\_\_\_\_

Number of Acres \_\_\_\_\_

Owned by Applicant? YES  NO  If no, name of owner \_\_\_\_\_

Occupied by Applicant? YES  NO

Occupied by Tenant? YES  NO  If yes, tenant-occupied under insured's supervision? YES  NO

Operated under contract management? YES  NO

Is entire premises occupied year round? YES  NO

Fire District Code \_\_\_\_\_ Fire District Name \_\_\_\_\_ Miles to fire station \_\_\_\_\_

Feet to hydrant \_\_\_\_\_

Protection class \_\_\_\_\_

Is there a year-round water supply usable for fire protection? YES  NO

If yes, what is the source? Well  Pond/Lake  Hydrant within 1,000 feet

If yes, what is the quantity? Less than 1,000 gallons  1,000-3,000 gallons  Over 3,000 gallons

Optional Coverages/Exclusions Requested \_\_\_\_\_

Blanket Coverage Requested? YES  NO

**LOCATION #** \_\_\_\_\_ **BUILDING #** \_\_\_\_\_

Building Type \_\_\_\_\_ Mobile/Manufactured home? YES  NO

For dwelling, who is the occupant? \_\_\_\_\_

Building Limit \_\_\_\_\_ Include Contents Replacement Cost? (Coverage C) YES  NO

Deductible \_\_\_\_\_

Cause of Loss Basic  Broad  Special

Construction Frame  Masonry  Non-Combustible  Fire Resistive  Log

Valuation Replacement Cost  Actual Cash Value  Functional Replacement Cost

Building Condition \_\_\_\_\_ Number of Stories \_\_\_\_\_

Number of sides to the building \_\_\_\_\_

Original Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_

Updates Year Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heat \_\_\_\_\_ Roof \_\_\_\_\_

Is there a supplemental heating device? YES  NO  If yes, please describe \_\_\_\_\_



# FARM AND RANCH APPLICATION

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## SCHEDULED FARM PROPERTY - Actual Cash Value unless otherwise requested

*Include machinery (IRRIGATION TOWER COUNT/LENGTH), grain, hay straw, fodder, crop, tools, misc.*

	<u>Description &amp; Location</u>	<u>Year</u>	<u>Manufacturer/Make/Model</u>	<u>Deductible</u>	<u>Limit</u>	<u>Serial Number</u>
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____	_____
20	_____	_____	_____	_____	_____	_____
21	_____	_____	_____	_____	_____	_____
22	_____	_____	_____	_____	_____	_____
23	_____	_____	_____	_____	_____	_____
24	_____	_____	_____	_____	_____	_____
25	_____	_____	_____	_____	_____	_____

Optional Coverages/Exclusions Requested \_\_\_\_\_

**FOR A SEPARATE IRRIGATION SYSTEM QUOTE, PLEASE COMPLETE THE IRRIGATION APPLICATION**

**PLEASE PROVIDE SAME INFORMATION FOR ANY ADDITIONAL EQUIPMENT VIA ATTACHMENT**

# FARM AND RANCH APPLICATION

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## SCHEDULED NON-FARM PROPERTY - Actual Cash Value unless otherwise requested

*Include jewelry, fur, coins, silverware & goldware, firearms, cameras, bicycles, fine arts, golfer's equipment, musical instruments, other sport & hobby equipment, stamps, etc*

	<u>Description</u>	<u>Location</u>	<u>Value per item</u>	<u>Number of items</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____

Optional Coverages/Exclusions Requested \_\_\_\_\_

PLEASE PROVIDE SAME INFORMATION FOR ANY ADDITIONAL ITEMS VIA ATTACHMENT

## RECREATIONAL VEHICLES

	<u>Description/Length/Horsepower</u>	<u>Year</u>	<u>Manufacturer</u>	<u>Model</u>	<u>Limit</u>	<u>Serial Number</u>	<u>Deductible</u>
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____

PLEASE PROVIDE SAME INFORMATION FOR ANY ADDITIONAL ITEMS VIA ATTACHMENT

## OPTIONAL PROPERTY ENDORSEMENTS

- Windstorm or Hail Percentage Deductible 1%  2%  5%
- Theft Exclusion
- Windstorm or Hail Exclusion
- Schedule Farm Machinery Glass



# FARM AND RANCH APPLICATION

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## LIABILITY

YES  NO  The farm is owner operated Products Limit \_\_\_\_\_

### Standard Coverage Limits:

Occurrence Limit	\$1,000,000	
Aggregate	\$2,000,000	
Personal and Advertising Injury Limit	\$1,000,000	
Medical Payments	\$5,000	
Fire Damage	\$100,000	Increased Fire Damage Limit Requested: _____

YES  NO  Excess Liability Limit Requested (*provided via a separate quote*)

**FOR EXCESS LIABILITY, PLEASE COMPLETE IDEAL EXCESS LIABILITY APPLICATION**

**FOR EQUINE LIABILITY, PLEASE COMPLETE IDEAL EQUINE LIABILITY SUPPLEMENTAL APPLICATION**

**FOR LIVESTOCK COVERAGE, PLEASE COMPLETE IDEAL LIVESTOCK LIABILITY SUPPLEMENTAL APPLICATION**

## OPTIONAL FARM LIABILITY ENDORSEMENTS

- 14 18 69 Limited Agricultural Chemical Drift Coverage Form
- CG 20 01 Primary and Noncontributory - Other Insurance Condition
- CG 21 00 Exclusion - All Hazards in Connection with Designated Premises - Commercial General Liability Coverage Part
- CG 21 16 Exclusion - Designated Professional Services
- CG 21 33 Exclusion - Designated Products - Schedule, Designated Product(s)
- CG 21 34 Exclusion - Designated Work - Schedule Description of Your Work
- CG 21 36 Exclusion - New Entities
- CG 21 38 Exclusion - Personal and Advertising Injury
- CG 21 39 Contractual Liability Limitation
- CG 21 40 Coverage B - Personal Injury Liability Only (Advertising Injury Liability not Included) (Occurrence Version)
- CG 21 44 Limitation of Coverage to Designated Premises or Project - Schedule, Premises
- CG 21 45 Exclusion Damage to Premises Rented to you
- CG 21 53 Exclusion - Designated Ongoing Operations
- CG 22 81 Exclusion - Erroneous Delivery or Mixture and Resulting Failure of Seed to Germinate - Seed Merchants
- CG 24 01 Non-Binding Arbitration
- CG 24 02 Binding Arbitration
- CG 24 04 Waiver of Transfer Rights of Recovery Against Others
- CG 24 26 Amendment of Insured Contract Definition
- CG 70 83 Designated Premises or Project Coverage Limitation
- CG 71 55 Exclusion - Designated Operations
- CG 71 76 Coverage Limitation - Continuous or Progressive Injury, Damage or Offense
- CG 71 89 Employers' Liability Stop Gap Coverage Endorsement - Ohio
- CG 72 61 Exclusion - Designated Operations
- CG 72 76 Designated Person or Organization Exclusion
- CG 72 86 Emergency First Aid Endorsement
- CG 72 91 Cross Suits Exclusion
- CG 72 94 Cross Suits Exclusion
- CG 73 00 Primary and Noncontributory (No Written Contract) - Other Insurance Condition
- FL 84 04 Farm Amendatory Endorsement (Coverage M - Chemical Drifts)
- FL 84 05 Farm Liability Miscellaneous Limits Amendment Declarations
- FL 84 18 Multiguard Farm and Ranch Agricover for Liability (CGL)
- FL 84 44 Limited Aircraft Dusting and Spraying Coverage FL 90 52 Multiguard Farm and Ranch Amendatory Endorsement Blanket Acreage
- FL 90 53 Limited Agricultural Pollution Amendment
- FL 90 54 Farm & Ranch Amendatory Endorsement - Animal & Poultry
- FL 90 55 Seed Merchant - Coverage for Erroneous Delivery or Mixture and Resulting Failure Of Seed To Germinate
- FL 90 69 Custom Farming Liability And Farm Management Liability Coverage

YES  NO  Does the insured have additional premises to insure? i.e. additional dwellings  
If yes, then add to the location and building schedule

# FARM AND RANCH APPLICATION

Insured \_\_\_\_\_

Application Date \_\_\_\_\_

## GENERAL UNDERWRITING

- YES  NO  Are independent contractors hired to perform any farming operations?  
If yes, please describe \_\_\_\_\_
- YES  NO  Is any part of the farm rented or leased for recreational use?  
If yes, please describe \_\_\_\_\_
- YES  NO  Are the farm premises open to the public for activities such as a roadside stands, "U-Pick", recreational, camping, "Rent-A-Garden", auction, sales, shows, rodeos, hay rides, fishing, kennels, animal boarding, or Christmas tree sales?  
If yes, please describe \_\_\_\_\_
- YES  NO  Are any portions of the farm or structures rented or leased or used by any other individual, corporation or interest for other than farming?  
If yes, please describe \_\_\_\_\_
- YES  NO  Does the applicant or spouse own, rent or operate as a farm, ranch or residence any premises other than those described in the premises information section?  
If yes, please describe \_\_\_\_\_
- YES  NO  Is any land held for real estate development or speculation?  
If yes, please describe \_\_\_\_\_
- YES  NO  Does applicant maintain any vacation or seasonal premises?  
If yes, please describe \_\_\_\_\_
- YES  NO  Is the applicant a subsidiary of another?  
If yes, please describe \_\_\_\_\_
- YES  NO  Does the applicant have any subsidiaries?  
If yes, please describe \_\_\_\_\_
- YES  NO  Is a formal safety program in existence?  
If yes, please describe \_\_\_\_\_
- YES  NO  Does applicant have any other business or other non-farm activities on or off premises, such as dude ranch, bed and breakfast or resort facility?  
If yes, please describe \_\_\_\_\_  
Annual Receipts \_\_\_\_\_
- YES  NO  Is farming the primary source of the insured's income?  
If no, please describe \_\_\_\_\_
- YES  NO  Have you inspected this property in the last twelve (12) months?  
Inspection Date \_\_\_\_\_

What is the maximum value of the equipment at any one location?

A. During farming season?      Inside \_\_\_\_\_      In Open \_\_\_\_\_

B. During off season?      Inside \_\_\_\_\_      In Open \_\_\_\_\_



# FARM AND RANCH APPLICATION

Insured \_\_\_\_\_

Application Date \_\_\_\_\_

## GENERAL UNDERWRITING continued

YES  NO  Is there any equipment loaned or rented to/from others?

If yes, please describe \_\_\_\_\_

Value for borrowed or rented equipment \_\_\_\_\_

YES  NO  Does the insured plan any construction or renovation work to be done on the premises in the next 12 months?

If yes, please describe \_\_\_\_\_

YES  NO  Does the Applicant directly supervise the farm?

If no, please describe \_\_\_\_\_

YES  NO  Does Applicant have any other policies with Allianz?

If yes, please describe \_\_\_\_\_

YES  NO  During last ten years, has any applicant been convicted of any degree of the crime of arson? (in RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment)

If yes, please describe \_\_\_\_\_

## ADDITIONAL INTERESTS

NONE

Additional Interest Type (Mortgagee, Loss Payee, Additional Insured, etc) \_\_\_\_\_

What property/interest does this apply to? \_\_\_\_\_

Loan/Lease Number \_\_\_\_\_

Additional Interest Type (Mortgagee, Loss Payee, Additional Insured, etc) \_\_\_\_\_

What property/interest does this apply to? \_\_\_\_\_

Loan/Lease Number \_\_\_\_\_

Additional Interest Type (Mortgagee, Loss Payee, Additional Insured, etc) \_\_\_\_\_

What property/interest does this apply to? \_\_\_\_\_

Loan/Lease Number \_\_\_\_\_

**PLEASE PROVIDE SAME INFORMATION FOR ANY OTHER ADDITIONAL INTERESTS VIA ATTACHMENT**



# FARM AND RANCH APPLICATION

Insured \_\_\_\_\_

Application Date \_\_\_\_\_

**AUTOMOBILE- all fields are required for a quote**

Year	Manufacturer	Model	Use & Gross Weight	Cost New	VIN	COMP DED	COLL DED
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____	_____	_____

**PLEASE PROVIDE SAME INFORMATION FOR ANY ADDITIONAL AUTOMOBILES VIA ATTACHMENT**

Combined Single Limit Liability Limit limit \$1,000,000 (minimum)

Medical Payments \$5,000

Actual Cash Valuation Applies

YES  NO  Include Hired & Non-Owned Automobile Liability Coverage

If Yes, Number of Employees \_\_\_\_\_ Do over 50% of employees use their autos in business? YES  NO

Auto liability Coverage Symbol (select one):

1 Any Auto

2 Owned Autos Only

7 Specifically Describes Autos

Where are the vehicles garaged? \_\_\_\_\_  
 \_\_\_\_\_

YES  NO  Do any vehicles have a radius over 50 miles?

If yes, specify which vehicles: \_\_\_\_\_  
 \_\_\_\_\_

YES  NO  Include Personal Injury Protection Coverage, if applicable?

YES  NO  Are any vehicles leased to others?



# FARM AND RANCH APPLICATION

Insured \_\_\_\_\_

Application Date \_\_\_\_\_

## DRIVERS

	<u>FULL NAME</u>	<u>FEMALE/MALE</u>	<u>MARRIED (Y/N)</u>	<u>DATE OF BIRTH</u>	<u>LICENSE #</u>	<u>STATE LICENSED</u>
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____	_____

PLEASE PROVIDE SAME INFORMATION FOR ANY ADDITIONAL DRIVERS VIA ATTACHMENT

*Insurance carrier will run MVRs for all drivers to determine rating and eligibility*

Additional information : (Safety programs, maintenance programs, hazardous materials, any other information):

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**EMAIL THE COMPLETED APPLICATION AND ALL CORRESPONDING DOCUMENTS TO:**  
**Submissions.idealmarine@wichert.com**