



AGRI Business Policy Application Other Than For Horse Operations

4600 Cox Road, Glen Allen, VA 23060-9817 Phone: (800) 262-7535 Fax: (804) 527-7784
Website: www.horseinsurance.com Email: agapplications@markelcorp.com

NOTE: Coverage shall not be bound until the Company approves the applicant's completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued.

Applicant: _____ Business Name: _____ Mailing Address: _____ City: _____ County: _____ State: _____ Zip Code: _____ Phone #: (____) _____ Fax #: (____) _____ Contact Person: _____ Contact Phone #: _____ Email: _____ Website: _____	Agent/Producer Name: _____ Company Name: _____ Agent Number, if known: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Phone #: (____) _____ Fax #: (____) _____ Email Address: _____
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I. Applicant Information

1. a. Type of Ownership: Corporation Individual Joint Venture Limited Liability Company Trust
 Organization Partnership FEIN: _____ None
- b. Relationship of applicant(s): Husband / Wife Parent / Child Siblings Other: _____
- c. If ownership is not an individual:
 - i. Which entity owns property: _____
 - ii. Which entity is the dwelling owned under: _____
 - iii. Which entity conducts operation: _____
2. Names of corporate partners/officers: _____
3. Desired Effective Date: _____
4. Is the applicant a member of: PASA; Other: _____ None
5. Is the applicant a subsidiary of another, or does the applicant have subsidiaries? Yes No If yes, provide details: _____
6. Deductible: \$1,000 \$3,000 \$5,000 \$10,000 Other _____ (under \$1,000 is not available.)
7. Is property located within 25 miles of: Coast, Waterway, Sound, or Bay? Yes No; Brush Zone? Yes No; Flood Zone? Yes No
8. **Oklahoma Residents Only:** If the property is located in a rural fire protection district or in an area protected by a rural fire department, have you paid the appropriate dues or subscription payments? Yes No
9. Mortgage(s) & Address(es): _____

Name	Address	City	State	Zip
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10. Loss Payee(s) & Address(es): _____

Name	Address	City	State	Zip
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11. a. How long has agent/producer known applicant? _____ b. Date producer last inspected the premises and buildings: _____

11. Location of Actual Operation(s): Including Street, County, City, State & Zip Code						
Location	# of Acres	# of Years at Location	Responding Fire District Name	Feet from Fire Hydrant	Miles from Fire Dept.	Own / Lease / Rent from Others
1.						<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Rent From Others
2.						<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Rent From Others

II. Prior 3 Year Property & Liability Insurance Information

Must be completed in full in order to receive a quote. Including homeowners, renters and business owners' policies.

Company	Dates	Premium	No. of Claims	Amount Paid

1. a. Has the applicant been canceled or refused coverage in the last 5 years? (Not applicable in Missouri.) Yes No
 b. If yes, please explain: _____
2. Explain losses/incidents within the past 5 years with dates and details of loss, including amount paid, on a separate sheet of paper. None
3. Has the applicant ever filed for bankruptcy or had a foreclosure? Yes No Explain: _____

	Dwelling – 1 (includes modular) Location # ____	Dwelling – 2 (includes modular) Location # ____	Mobile Home (manufactured) + Location # ____ Photos Required.
<i>Limit of Insurance</i>	\$ _____	\$ _____	\$ _____
<i>Appurtenant Structure</i> (Detached Garage Only)	\$ _____	\$ _____	Make: _____ Model: _____
<i>Household Contents</i> (Applicant's Only)	\$ _____	\$ _____	\$ _____
<i>Loss of Use</i>	\$ _____	\$ _____	\$ _____
<i>Dwelling / Household Contents - Covered Cause of Loss</i>	<input type="checkbox"/> Basic/Basic <input type="checkbox"/> Special/Broad <input type="checkbox"/> Broad/Broad <input type="checkbox"/> Special/Special	<input type="checkbox"/> Basic/Basic <input type="checkbox"/> Special/Broad <input type="checkbox"/> Broad/Broad <input type="checkbox"/> Special/Special	<input type="checkbox"/> Basic/Basic <input type="checkbox"/> Special/Broad <input type="checkbox"/> Broad/Broad <input type="checkbox"/> Special/Special
<i>Replacement Cost</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Number of Families</i>			
<i>Occupancy</i>	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal
<i>Occupied By</i>	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant
<i>Year Built</i>			
<i>Renovation Update</i> Year of all updates.	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None
<i>Number of Stories</i>			
<i>Total Square Footage</i> (Exclude garage)			Dimensions: _____ ft. X _____ ft.
<i>Construction</i> (Frame of Building)	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other: _____	Permanent foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No Tie downs meet building code requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No # of tie downs: _____
<i>Roof Type</i>	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____	<i>Skirting</i> <input type="checkbox"/> None Type: _____
<i>House Siding</i>	<input type="checkbox"/> Wood <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Vinyl <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Vinyl <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Vinyl <input type="checkbox"/> Other: _____
<i>Number of:</i>	Chimney(s) _____ Fireplace(s) _____	Chimney(s) _____ Fireplace(s) _____	Chimney(s) _____ Fireplace(s) _____
<i>Number of Baths</i>	½ Baths: _____ Full Baths: _____	½ Baths: _____ Full Baths: _____	½ Baths: _____ Full Baths: _____
<i>Additions</i> If other, attach additional information.	<input type="checkbox"/> Breezeway Sq.Ft. _____ <input type="checkbox"/> Balcony / Decks Sq.Ft. _____ <input type="checkbox"/> Room Additions Sq. Ft. _____	<input type="checkbox"/> Breezeway Sq.Ft. _____ <input type="checkbox"/> Balcony / Decks Sq.Ft. _____ <input type="checkbox"/> Room Additions Sq. Ft. _____	<input type="checkbox"/> Breezeway Sq.Ft. _____ <input type="checkbox"/> Balcony / Decks Sq.Ft. _____ <input type="checkbox"/> Room Additions Sq. Ft. _____
<i>Garage</i> Sq. Ft. _____ <i>Basement</i> Sq. Ft. _____ <i>Attic</i> Sq. Ft. _____	<input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None	<input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None	<input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None
<i>Heat Type</i> List all that apply. *Supplement required. Contact company.	<input type="checkbox"/> Wood Stove * / Insert <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Oil / Gas Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood Stove * / Insert <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Oil / Gas Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood Stove * / Insert <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Oil / Gas Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other: _____
<i>Air Conditioning</i>	Using: <input type="checkbox"/> Heat Ducts <input type="checkbox"/> Separate Ducts <input type="checkbox"/> Window Unit	Using: <input type="checkbox"/> Heat Ducts <input type="checkbox"/> Separate Ducts <input type="checkbox"/> Window Unit	<input type="checkbox"/> Central BTU's _____ <input type="checkbox"/> Window Unit _____ <input type="checkbox"/> Other: _____
<i>Protection Features</i>	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm Battery or Hardwired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Lightning Rods-UL Approved? <input type="checkbox"/> Yes	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm Battery or Hardwired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Lightning Rods-UL Approved? <input type="checkbox"/> Yes	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm Battery or Hardwired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Lightning Rods-UL Approved? <input type="checkbox"/> Yes

III. Dwelling Section

+ Mobile Homes are subject to approval.

IV. Schedule of Farm Buildings, Stables and Other Structures

Building	Building # ___ / Loc. # ___	Building # ___ / Loc. # ___	Building # ___ / Loc. # ___
<i>Limit of Insurance</i>	\$ _____	\$ _____	\$ _____
<i>Year Built</i>	_____	_____	_____
<i>Renovation Update</i> Year of all updates. Mark N/A if no heating, plumbing and/or electricity in building.	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None
<i>Covered Cause of Loss</i>	<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 <input type="checkbox"/> Special
<i>Replacement Cost</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Building Type</i>	<input type="checkbox"/> Barn # of stories: _____ <input type="checkbox"/> Shed: # of sides _____ <input type="checkbox"/> Greenhouse <input type="checkbox"/> Shop/Equipment Building <input type="checkbox"/> Stable / Horse Barn <input type="checkbox"/> Other: _____	<input type="checkbox"/> Barn # of stories: _____ <input type="checkbox"/> Shed: # of sides _____ <input type="checkbox"/> Greenhouse <input type="checkbox"/> Shop/Equipment Building <input type="checkbox"/> Stable / Horse Barn <input type="checkbox"/> Other: _____	<input type="checkbox"/> Barn # of stories: _____ <input type="checkbox"/> Shed: # of sides _____ <input type="checkbox"/> Greenhouse <input type="checkbox"/> Shop/Equipment Building <input type="checkbox"/> Stable / Horse Barn <input type="checkbox"/> Other: _____
<i>Square Footage</i>	Total Building: _____ Apartment: _____ Apt. occupied by: _____ Bathroom: _____ Loft: _____ Office: _____ Equipment Room: _____	Total Building: _____ Apartment: _____ Apt. occupied by: _____ Bathroom: _____ Loft: _____ Office: _____ Equipment Room: _____	Total Building: _____ Apartment: _____ Apt. occupied by: _____ Bathroom: _____ Loft: _____ Office: _____ Equipment Room: _____
<i>Construction (Frame of Building)</i>	<input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Pole <input type="checkbox"/> Masonry <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Pole <input type="checkbox"/> Masonry <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Pole <input type="checkbox"/> Masonry <input type="checkbox"/> Other: _____
<i>Exterior Wall Type</i>	<input type="checkbox"/> Wood <input type="checkbox"/> Concrete Block <input type="checkbox"/> Metal <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Concrete Block <input type="checkbox"/> Metal <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Concrete Block <input type="checkbox"/> Metal <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other: _____
<i>Roof Type</i>	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____
<i>Heat Type</i> List all that apply. *Supplement required. Contact company.	<input type="checkbox"/> Gas / Oil <input type="checkbox"/> None <input type="checkbox"/> Wood Stove* <input type="checkbox"/> Heat Pump <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Portable Heater Type: _____ & Use of Heater _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Gas / Oil <input type="checkbox"/> None <input type="checkbox"/> Wood Stove* <input type="checkbox"/> Heat Pump <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Portable Heater Type: _____ & Use of Heater _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Gas / Oil <input type="checkbox"/> None <input type="checkbox"/> Wood Stove* <input type="checkbox"/> Heat Pump <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Portable Heater Type: _____ & Use of Heater _____ <input type="checkbox"/> Other: _____
<i>Cooling Type</i>	<input type="checkbox"/> Forced Cool Air <input type="checkbox"/> None <input type="checkbox"/> Unit Air Conditioner <input type="checkbox"/> Evaporated Coolers <input type="checkbox"/> Heat Pumps <input type="checkbox"/> Other: _____	<input type="checkbox"/> Forced Cool Air <input type="checkbox"/> None <input type="checkbox"/> Unit Air Conditioner <input type="checkbox"/> Evaporated Coolers <input type="checkbox"/> Heat Pumps <input type="checkbox"/> Other: _____	<input type="checkbox"/> Forced Cool Air <input type="checkbox"/> None <input type="checkbox"/> Unit Air Conditioner <input type="checkbox"/> Evaporated Coolers <input type="checkbox"/> Heat Pumps <input type="checkbox"/> Other: _____
<i>Protection Features</i>	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm-Battery or Hard Wired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Lightning Rods-ULApproved? <input type="checkbox"/> Yes	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm-Battery or Hard Wired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Lightning Rods-ULApproved? <input type="checkbox"/> Yes	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm-Battery or Hard Wired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Lightning Rods-ULApproved? <input type="checkbox"/> Yes

On a separate piece of paper, please show all buildings on the premises (whether insured or not) and distance in feet between them. Label all buildings and attach a dated photograph of every building. This information is required prior to binding.

1. Dwelling Personal Property - No Coverage Requested

- a. Is coverage desired on antiques, fine arts, furs, jewelry, guns, or silverware? Yes No
 b. If yes, a complete schedule & current appraisal must be provided for coverage to be bound.
 SUBJECT TO COMPANY APPROVAL.

	<u>Total Limit</u>		<u>Total Limit</u>		<u>Total Limit</u>
Antiques	\$ _____	Furs	\$ _____	Jewelry	\$ _____
Fine Arts	\$ _____	Guns	\$ _____	Silverware	\$ _____

2. Computer - Additional Coverage No Coverage Requested

- a. Does the applicant use surge protectors on the computer(s)? Yes No

b. <u>Type of Computer</u>	<u>Make</u>	<u>Model</u>	<u>Serial Number</u>	<u>Total Value</u>
<input type="checkbox"/> Desk <input type="checkbox"/> Laptop <input type="checkbox"/> Other	_____	_____	_____	\$ _____
<input type="checkbox"/> Desk <input type="checkbox"/> Laptop <input type="checkbox"/> Other	_____	_____	_____	\$ _____

VI. Scheduled Farm Personal Property – All Coverages On An ACV Basis

Machinery & Implements: No coverage for vehicle subject to motor vehicle registration or 3-wheel all terrain vehicles.

- No Coverage Requested
Check Applicable Box: Basic Broad Special

Description	Make	Year / Model	Serial Number	Foreign Object	Limit of Insurance
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Total					\$

Tools, Equipment, Material & Supplies

- No Coverage Requested
Check Applicable Box: Basic Broad Special

Description	# of Units	Unit Value	Total Value
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

Grains, Feeds & Seeds

- No Coverage Requested
Check Applicable Box: Basic Broad Special

Description	# of Units	Unit Value	Total Value
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

Hay, Straw & Fodder in the open are only eligible for direct damage caused by fire, lightning, vehicles, windstorm or hail and theft. Grain in the open is only eligible for direct damage caused by fire, lightning, vehicles or theft.

Livestock (\$2,000 Max Per Head) *

- No Coverage Requested
Check Applicable Box: Basic Broad Collision

Description	# of Units	Unit Price	Total Value
Alpacas / Llamas			\$
Dairy Cattle			\$
Beef Cattle			\$
Bulls			\$
Horses			\$
Mules			\$
Swine			\$
Goats			\$
Sheep			\$
Chicken			\$
Turkey			\$
Guinea Hens			\$
Other:			\$
Total			\$

Irrigation Equipment

- No Coverage Requested
Check Applicable Box: Basic Broad Special

Description	# of Units	Unit Price	Total Value
Center Pivot			\$
Drip			\$
Hand Set			\$
Lateral Move			\$
Pumps			\$
Solid Set			\$
Wheel-Line			\$
Other:			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

* If valued over \$2,000, not eligible for coverage.

VII. Unscheduled Farm Personal Property – All coverage on actual cash value basis.

This form is not available for Livestock and Farm Personal Property over \$25,000.

Check Applicable Box: Basic Broad Special None

Agricultural Produce				Agricultural Machinery & Implements				Agric. Tools, Equip, & Supplies			
# of Units	Unit Price	Total Value		# of Units	Unit Price	Total Value		# of Units	Unit Price	Total Value	
Corn				Tillage:				Air Compressors			
Fruit Type: _____				Tractors				Bins			
				Discs				Boxes & Box Shook			
Hay				Harrows				Farm Lubricants			
Nuts				Plows				Fencing & Posts			
Silage				Other				Gasoline / Diesel Fuel			
Soybeans				Cultivating:				Hand Tools			
Vegetable Type: _____				Cultipackers				Materials & Supp.			
				Cultivators				Office Equip			
Herbs				Drills				Picking Equip.			
Other				Planters				Power Tools			
Total Value: \$ _____				Rotary Hoes				Produce Washing Equipment			
Irrigation Equip.				Seeders				Vet Supplies			
Center Pivot				Spreaders				Other			
Drip				Sprayers							
Hand set				Other							
Lateral Move				Harvesting:							
Pumps				Augers							
Solid set				Blowers							
Wheel-Line				Choppers							
Other				Combines Type: _____							
				Driers							
				Harvesters Type: _____				Total Value: \$ _____			
				Hay Balers				Spoilage Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No			
				Mowers				a. If yes, limit: \$ _____			
				Nut Shaker				b. <input type="checkbox"/> Refrigeration Maintenance <input type="checkbox"/> Refrigeration Back Up System Warranty			
				Rakes				c. <u>Causes of Loss:</u>			
				Other				<input type="checkbox"/> Breakdown/Contamination			
Total Value: \$ _____				Total Value: \$ _____				<input type="checkbox"/> Public Power Outage <input type="checkbox"/> Selling Price			

VIII. General Information

A. Disruption of Farming - \$5,000 limit is included on commercial operations with eligible buildings.

Coverage is 30 days for 80%. If higher limit is desired, please contact company.

B. Miscellaneous Exposure – All questions must be answered.

1. Does the applicant have a trampoline? Yes No

	Use	Model	Age	HP or CC	Length / # of Wheels
2. a. All Terrain Vehicles	<input type="checkbox"/> None <input type="checkbox"/> Farm <input type="checkbox"/> Personal <input type="checkbox"/> Other	_____	_____	_____	_____
b. Jet Ski/ Personal Watercraft	<input type="checkbox"/> None <input type="checkbox"/> Farm <input type="checkbox"/> Personal <input type="checkbox"/> Other	_____	_____	_____	_____
c. Snowmobile	<input type="checkbox"/> None <input type="checkbox"/> Farm <input type="checkbox"/> Personal <input type="checkbox"/> Other	_____	_____	_____	_____
d. Watercraft	<input type="checkbox"/> None <input type="checkbox"/> Farm <input type="checkbox"/> Personal <input type="checkbox"/> Other	_____	_____	_____	_____

To apply for watercraft or jet ski coverage, visit www.wave-line.com. To apply for ATV coverage, visit www.atv-line.com.

C. Swimming Pool & Water Exposure - No Exposure

1. Does the applicant have a: Pool; Lake; Other: _____
2. a. Is pool fenced? Yes No If yes, what is the height? _____ Ft.
- b. Does the pool have self-locking gates? Yes No
- c. Is there an alarm to alert when people enter the pool or pool area? Yes No
- d. What is the depth of the pool: _____
- e. Are there water slides? Yes No
- f. Are there diving boards or platforms? Yes No

IX. Safety

1. Who is the primary manager of the applicant's operations? Applicant Other: _____ Date of birth: _____
Provide management experience: _____
2. Is there a closed circuit t.v. monitor of the facility or a night watchman with hourly watch? Yes No
3. Is a written formal safety program in existence? (Provide copy and details.) Yes No
4. a. Does the applicant have safety and farm rules posted? (Submit copy or photo.) Yes No
- b. Does the applicant have written emergency evacuation procedures? Yes No
- c. Is smoking permitted in buildings or immediate area? Yes No
- d. Does the applicant have "No Smoking" signs clearly posted? (Submit copy or photo.) Yes No
- e. Does the applicant have fully charged and mounted fire extinguishers and/or smoke alarm systems in buildings? Yes No
5. Does applicant maintain smoke detectors in all living quarters? Yes No
6. Are operable fire extinguishers visible and readily accessible on tractors and combines? Yes No
7. Are all fire extinguishers' service tags updated on an annual basis? Yes No

X. Employee / Volunteer Exposure

No Exposure

1. Does the applicant hire any employees? Yes No Number of Farm employees part time: _____ full time: _____
2. Does the applicant carry Workers Compensation/Employers Liability? Yes No
3. a. Number of Domestic employees: _____ (California Only)
- b. Does the applicant have Domestic Employees Workers' Compensation? (California Only) Yes No
- c. If yes, number of Out-Servants: _____ Occupation(s): _____
- d. If yes, number of In-Servants: _____ Occupation(s): _____
4. Does applicant have: leased or temporary employees? If yes, number of leased: _____ number of temporary: _____ Yes No
5. Does applicant have any volunteers working for them? If yes, number of volunteers: _____ (Explain duties on separate page.) Yes No
6. Does applicant have any exchange labor working for them? Yes No
If yes, explain: _____
7. Are independent contractors hired to perform any farm operations? Yes No
If yes, describe (Certificate of Insurance is required): _____

NOTE: "Bodily injury" to any person arising out of and in the course of that person acting on behalf of the applicant, whether through employment, voluntarily or otherwise, expressly is not covered by the general liability policy applied for with this application.

XI. General Liability

1. Choose One \$ 300,000 occurrence / \$ 900,000 aggregate - (\$700.00 Minimum Earned Premium)
Limit of Liability: \$ 500,000 occurrence / \$1,500,000 aggregate - (\$775.00 Minimum Earned Premium)
 \$1,000,000 occurrence / \$3,000,000 aggregate - (\$850.00 Minimum Earned Premium)
2. Type of: Farm Ranch
 Berries, Fruits, & Nuts Vegetables Poultry Dairy Citrus Alpacas/Llamas Horses*
 Grain & Field Crops Nurseries Sheep Cattle Hogs Aqua Farm Other _____
(* Horse & Cattle Supplement must be completed.)
3. Is farm or ranch: sustainable certified natural certified sustainable USDA certified organic other: _____
4. Any other exotic or non-domestic animals or birds? Yes No
If yes, advise type and number of each: _____
5. a. Is this the applicant's principle occupation? Yes No
b. If no, describe occupation or business: _____
6. a. Estimated gross income from operation: \$ _____
b. Identify percentage of Farmer's Equity: < 20% 21-50% 51-100%
7. a. Number of years in this type of operation: _____
b. Describe the applicant's experience in Agri-Business: _____
8. Other Business Pursuits (Explain): _____
9. a. Does the applicant live on the premises? Yes No
b. If no, how often does the applicant visit? _____
10. a. Is there a full-time caretaker? Yes No
b. Is caretaker employee or independent?
c. Number of years as caretaker: _____
11. Is there a business or professional office on premises? Yes No
If yes, describe _____
12. Does the applicant own any rental property? Yes No
If yes, explain: _____
13. Any portion of the farm rented, leased, or used by others for farm activities? Yes No
If yes, describe: _____
14. Is property posted? Yes No
15. Any non-farming activities conducted on premises by applicant or others with owners permission? Yes No If yes, indicate which ones:
 educational sessions, tours, camping, haunted house, All-Terrain Vehicle rides, RV hook-ups, hunting, fishing, other: _____
16. Mark all hazards on premises: Abandoned Structures; Bodies of Water; Junk Cars; Manure Pits; Airstrip; Oil / GasWells;
 Open Pit Dumps; Silage Pits; None; Other: _____
17. a. Is custom farming performed? Yes No b. If yes, give total amount of annual receipts: \$ _____
c. Type of custom farming: _____ d. Radius of Operations: _____
18. Does the applicant want limited pollution coverage? Yes No Limit: \$25,000 \$50,000 \$100,000
19. a. Does the applicant have Gas, Diesel, Other: _____ fuel supply tanks? Yes None
b. Distance from buildings: _____
c. Tanks have: Automatic Shut-off; Concrete Barriers; Containment Dikes; None
20. Is applicant involved in: Entertainment/ Amusements involving farm animals? Yes No
If yes, explain: _____

XII. Additional Liability Exposure

1. a. Applicant own/lease/use: (Indicate all vehicles used.) *Note: No liability coverage for Three-wheel All-Terrain Vehicles.*

	None	# of Vehicles	Personal Use	Farm Use	Rides to Public
All Terrain Vehicles / Utility Vehicle	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buggies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carts	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf Carts	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dirt Bikes / Motorized Scooters / Mopeds	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snowmobiles	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carriages	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleds	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wagons	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use of any above vehicle is limited to use by the applicant / employee for operation only.

b. Are any of the above used by: Guests; Volunteers; Anyone under 16; Other: _____? Yes No

c. Are operators required to be licensed in applicant's state? Yes No

d. Are any of the above vehicles used exclusively on the applicant's location? N/A Yes No

e. If no, what vehicles are used off premises: _____

2. a. Number of dogs owned by applicant: _____ None Number of dogs not owned by applicant: _____ Owned by: _____ None

b. Breed of dog(s): (If mixed, provide primary breed.) _____

c. Have any dogs been trained for guard duty or drug detection? Yes No

d. Have there been any incidents of aggressive behavior including biting? Yes No

e. Are all dogs confined when public or guests are on premises? Yes No

f. Does the applicant allow dogs not owned on the premises? Yes No

3. Does the applicant have any bleachers or grandstands? (Submit photo.) Yes No

4. Do any additional insureds need to be added to this policy? (Liability Only.) Yes No

a. Name: _____

b. Name: _____

Address: _____

Address: _____

Interest: Owner of Premises Government Entity Other: _____

Interest: Owner of Premises Government Entity Other: _____

5. Are any other businesses being conducted on the applicant's premises? *If yes, provide details on a separate piece of paper. Check all that apply.*

No Other Operation

Beauty Salon

Crafts/ Woodworking

Home Day Care

Road Side Stand

Bed & Breakfast

Cut your own Christmas Tree

Pack Trips / Trail Rides

Upholstery Operation

Camping

Horses

Petting Zoos

Other: _____

Carriage Rides

Fruit & Vegetable "Pick your own"

Rental/ Saddle Animal for hire

Other: _____

Catering/ Bakery

Hay Rides/ Sleigh Rides

Retail Store

Other: _____

XIII. Processing / Sales / Miscellaneous

Note: This policy does not cover products liability, unless otherwise noted.

A. Processing - No Exposure

1. a. Does applicant mix, process, slaughter, butcher, or otherwise prepare for any "end-customer" applicant's or other grower's product? Yes No
b. If yes, explain: _____
2. Any commercial food processing by applicant? Yes No
If yes, describe: _____
3. Does the applicant prepare or mix feed for animals for sale? Yes No
4. Is there any processing of milk for consumption? Yes No
If yes, number of livestock milked: _____

B. Sales - No Exposure

1. a. Does the applicant sell from their premises? Yes No
b. Explain any other method of sales: farm market, website/internet, roadside stands, mail order, other: _____
2. a. Are there any contract sales? Yes No
b. If yes, restaurant; schools; co-op; CSA; other: _____
3. a. Does the applicant sell any other products or produce of others? Yes No If yes, receipts: \$ _____
b. Does the applicant sell any animals for others? Yes No If yes, receipts: \$ _____
4. a. Does the applicant have food or snack bar sales? Yes No (Liquor liability not covered.)
b. If yes, annual gross receipts: \$ _____ Square Footage: _____ Location in which building on premises: _____
c. Does the applicant have: Ansul Systems Commercial Grill System Deep Fat Fryers
d. Does the applicant have vending machines? Yes No If yes, are they anchored securely? (Submit photo.) Yes No
5. a. Is there any sales of milk or milk products to the public? Yes No
b. If yes, list products and receipts: _____
6. List all products sold on and off premises.

Receipts: \$ _____

Receipts: \$ _____

C. Miscellaneous - No Exposure

1. Are the farm premises open to the public for: roadside stands, "U-Pick", recreational, "rent-a-garden", auction sales show, food/beverage service, animal boarding, Christmas tree sales, educational sessions, Other: _____? Yes No
2. Does the applicant want milk contamination coverage? Yes No
3. Does applicant build, repair, or design machinery, equipment, or systems? Yes No
If yes, provide full details: _____

4. a. Does the applicant perform hoof trimming services? Yes No and On Premises Off Premises Annual gross receipts: \$ _____
b. Does the applicant have: Apprentice / Interns If yes, payroll: \$ _____ ; Helper If yes, payroll: \$ _____

XIV. Crops

No Exposure

1. List types of crops: _____
2. a. To whom does the applicant sell the products? _____
b. Are sales on wholesale basis? Yes No
c. Retail sales? Yes No If yes, explain: _____
3. Does applicant resell any product, such as seed, fertilizer/compost, sprays, etc.? Yes No
4. Are any contract or service operations performed such as tilling or ditching? Yes No
5. Is crop dusting and seeding by aircraft not owned by applicant performed? Yes No Estimated cost: \$ _____
6. Does applicant operate a commercial feed mill (milling, mixing, storage, or blending) or have grain elevators? Yes No
7. Any mixing storage or blending of commrcial fertilizer/compost by applicant? Yes No
8. Any transportation of highly flammable materials on public highways? Yes No

XV. Livestock / Poultry

A. Livestock - No Exposure

1. a. Does the applicant have livestock? Yes No
b. sheep: # _____, use: _____; goat: # _____, use: _____; cattle: # _____, use: _____;
 alpacas / llamas: # _____, use: _____; other: _____ # _____, use: _____
2. a. Are all areas fenced? Yes No If yes, fencing type: _____; Age: _____; Condition: _____ *Submit photo of fence.*
b. How often is fencing checked? Daily; Weekly; Monthly; Other: _____
3. Are there owned horses? (If yes, Horse & Cattle Supplement must be completed.) Yes No
4. Are horses not owned by applicant on any insured premises? (If yes, Horse & Cattle Supplement must be completed.) Yes No
5. Does applicant board, race, breed, or rent horses? Yes No
6. Are horses used for personal / pleasure? Yes No

B. Poultry - No Exposure

1. a. Does the applicant raise poultry? Yes No
b. chicken: # _____; turkey: # _____; duck: # _____; guinea hens: # _____; other _____: # _____
c. Used for: egg laying; meat; breeding; other: _____
2. The poultry is raised: Free Range / Pastured or Confinement

C. Slaughtering / Butchering - No Exposure

1. Does the applicant have owned slaughtering or butchering operations? Yes No
2. Any processing of meat or poultry on premises? Yes No

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and [NY: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature	Date	Agent's Signature (If applicable)	Date

How did you hear about Markel: Magazine Ad Referral Convention Web Site Other

Describe: _____