

NAME OF APPLICANT _____

COUNTRYWAY INSURANCE COMPANY

COUNTRY CLASSIC® FARM POLICY

APPLICATION

INSTRUCTIONS FOR COMPLETING APPLICATION

1. USE BALL POINT PEN.
2. ANSWER ALL QUESTIONS.
3. ENCLOSE LABELED PHOTOS OF ALL BUILDINGS INSURED OR OTHERWISE.
4. TAPE PICTURES TO THIS COVER.
5. LABEL ALL PHOTOS BY INCLUDING THE INSURED'S NAME, LOCATION NUMBER, DWELLING AND BARN NUMBER. THIS SHOULD AGREE WITH THE COMPLETED APPLICATION AS WELL AS THE DIAGRAM.
6. COMPLETE ALL SECTIONS AND SUPPLEMENTAL FORMS THAT NEED TO BE INCLUDED WITH THIS APPLICATION.
7. INSURED AND AGENT SIGN THE APPLICATION.

SECTION 1 — PROPERTY **Attach Replacement Cost Estimators** **Farm #1**

COVERAGE A FARM DWELLINGS		DWELLING #1	DWELLING #2	DWELLING #3
		TYPE	TYPE	TYPE
COVERAGE FORM	FO 1-2-3-	FO	FO	FO
A. Farm Dwelling		\$	\$	\$
B. Related Private Structures				
C. Personal Property				
D. Additional Living Expense and/or Rental Value				
Alarm Credit (Fire/Burglary) (Local/Central) (Central-forward documentation)				
Replacement Cost Contents (Yes or No)				
Earthquake (Yes or No) % Deductible _____				
Windstorm/Hail (Flat Deductible _____ % Deductible _____)				
Modified Ordinance or Law (F0-70) (Yes or No)				
Deductible				
New Home Discount - Year Built (If applicable)				
Construction/Age				
Solid Fuel Stoves (Yes or No) (If yes, Complete Page 2)				
Premium		\$	\$	\$

COVERAGE E DWELLINGS & MOBILE HOMES	D #1	D #2	MH #1	MH #2
	TYPE	TYPE	TYPE	TYPE
Dwelling	\$	\$	\$	\$
Mobile Home Value and Description				
Contents				
Solid Fuel Stove (Yes or No) If yes, Complete Page 2				
Alarm Credit (Fire/Burglary) (Local/Central) (Central-forward documentation)				
Earthquake % Deductible _____				
Modified Ordinance or Law (F0-70) (Yes or No)				
Deductible				
Construction/Age				
Premium	\$	\$	\$	\$

DWELLING UNDERWRITING INFORMATION		COVERAGES A & E											
DWELLING	A	E	OCCUPIED BY (NAMES)	# OF FAMILIES	VACANT Y-N	ELECTRIC WIRING		AGE OF			ROOF		ROOF MATERIALS (* SEE KEY BELOW)
						FUSES	CIRCUIT BREAKERS	WIRING	PLUMBING	HEATING	AGE	CONDITION	

*a. composition shingles b. wood shingles c. tile d. metal e. Other

Please answer questions 1-6 by filling in spaces with appropriate letter or check:		Dwelling #					
1. Is there a Central Heating System thermostatically controlled?							
2. Type of heating device? A. ceiling, wall or floor furnace; B. permanent warm air furnace, hot water or steam boiler, C. electric; D. space heater; E. heating stove							
3. Kind of fuel? A. gas; B. oil; C. electric; D. coal; E. wood.							
4. If gas or oil is used for fuel, what kind of pipe is used between the storage tank and the heating device? A. rubber or plastic tubing; B. copper or aluminum tubing; C. flexible metal hose; D. steel or iron pipe ...							
5. What kind of chimney or vent is used? A. masonry from ground; B. masonry from bracket; C. metal pipe within pipe; D. concrete and asbestos pipe; E. ordinary stove pipe.							
6. Does dwelling have a fully enclosed mortared masonry or concrete foundation under all exterior walls? . . .							

SOLID FUEL STOVE INFORMATION ALL DWELLINGS

	Dwelling #									
(2 Photos required)										
1. Was stove professionally installed? (Y or N) — Name of installer . . .										
2. Is stove free of cracks or broken parts? (Y or N)										
3. Is stove on non-combustible floor? (Y or N)										
4. Does floor protection extend at least 6" from sides and back?(Y or N) and 18" to the front? (Y or N)										
5. Are there any combustible items within 36" of stove? (Y or N)										
6. Is there 18" between stove pipe and ceiling? (Y or N)										
7. Is stove pipe routed through floors or closets? (Y or N)										
8. Is there a thimble where pipe penetrates a wall? (Y or N)										
9. Does stove have a damper? (Y or N)										
10. Was chimney professionally installed? (Y or N)										

ATTACH TWO (2) PHOTOS OF SOLID FUEL STOVE BELOW INCLUDE ONE PHOTO OF THE STOVE AND ONE OF THE INSTALLATION.

Remarks:

BARNs AND OUTBUILDINGS							
BUILDING #	1	2	3	4	5	6	7
DESCRIBE ALL BARNS AND OUTBUILDINGS AND USE							
TYPE							
CONSTRUCTION							
YEAR OF CONSTRUCTION							
ICE/SNOW Y-N							
SPECIAL FORM PERILS Y-N							
EARTHQUAKE-Y-N % DEDUCTIBLE							
FREESTALL Y-N							
HEAT Y-N (* If yes, see key below)							
TYPE/FUEL (*See key below)							
EXPOSED STYRENE URETHANE INSULATION Y-N							
TELEPHONE IN BARN Y-N							
UNDERWRITING USE ONLY							
AMOUNT OF INSURANCE (Includes all fixed equipment and unloaders in silos)							
DEDUCTIBLE							
OPTIONS AND MODIFICATIONS (***see key below)							
PREMIUM							

*TYPE OF HEATING DEVICE: A. ceiling, wall or floor furnace; B. permanent warm air furnace, hot water or steam boiler; C. electric D. space heater; E. heating stove.

**KIND OF FUEL: A. gas; B. oil; C. electric; D. coal; E. wood; F. other solid fuel (explain)

***OPTIONS AND MODIFICATIONS: A. lightning rods-provide master label; B. superior barn; C. limited perils; D. tobacco firing permit; E. utility value; F. alarm credits-provide documentation (fire/burglary); G. ordinance or law; H. replacement cost.

FARM LIABILITY

SECTION II – LIABILITY						
PERSONAL LIABILITY COVERAGE GL-2						
OCCURRENCE LIMIT: _____						
MEDICAL PAYMENTS PER PERSON: _____						
PERSONAL INJURY (YES OR NO) _____						
LIABILITY CHARGES		FARM #	PREM	FARM #		PREM
INITIAL FARM PREMISES	ACRES		\$	EMPLOYERS LIABILITY – GL-76:		
WITHOUT BUILDINGS	ACRES			FULL TIME (180 DAYS+) NO.		\$
RENTED/OWNED WITH BUILDINGS				PART TIME (41-179 DAYS PER YEAR) NO.		
	ACRES			PART TIME (40 DAYS OR LESS) NO.		
	ACRES			NUMBER MAN DAYS		
	ACRES			PAYROLL		
	ACRES			HORSE LIABILITY — # HORSES		
	ACRES			INCIDENTAL BUSINESS PURSUITS – GL-90		
	ACRES			TYPE OF BUSINESS _____		
	ACRES			LOCATION _____		
	ACRES			RECEIPTS _____		
ADD'L RESIDENCE OCCUPIED BY INSURED						
USE REMARKS SECTION BELOW TO GIVE LOCATION						
ADD'L RESIDENCE RENTED TO OTHERS						
USE REMARKS SECTION BELOW TO GIVE LOCATION & NUMBER OF FAMILIES PER DWELLING..						
LIMITED FARM POLLUTION LIABILITY COVERAGE – BASIC LIMIT INCLUDED AS FOLLOWS: \$25,000 OCCURRENCE/\$25,000 AGGREGATE						
OPTIONAL INCREASES — \$50,000, \$100,000, \$300,000, OR \$500,000 (CIRCLE COVERAGE LIMIT)						
(ADDITIONAL LIMIT CANNOT EXCEED FCPL OR CGL LIMIT)						
ADDITIONAL INSURED FORM GL-70 (IDENTIFY INSURABLE INTEREST BELOW)						
ADDITIONAL INSURED _____			ADDITIONAL INSURED _____			
FARM # _____ APPLICABLE FORM: _____			FARM # _____ APPLICABLE FORM: _____			
INSURABLE INTEREST _____			INSURABLE INTEREST _____			
NAME _____ (RELATIONSHIP) _____			NAME _____ (RELATIONSHIP) _____			
ADDRESS _____			ADDRESS _____			
_____ ZIP _____			_____ ZIP _____			
ADDITIONAL INSURED _____			ADDITIONAL INSURED _____			
FARM # _____ APPLICABLE FORM: _____			FARM # _____ APPLICABLE FORM: _____			
INSURABLE INTEREST _____			INSURABLE INTEREST _____			
NAME _____ (RELATIONSHIP) _____			NAME _____ (RELATIONSHIP) _____			
ADDRESS _____			ADDRESS _____			
_____ ZIP _____			_____ ZIP _____			
REMARKS: _____						

GENERAL UNDERWRITING INFORMATION – Answer Each Question and Describe all ‘Yes’ Answers In Remarks Below

1. Do you engage in any occupation or business other than farming either on or off the premises?
 No Yes If yes, please explain _____
2. Are you or have you ever been a livestock dealer or machinery dealer? No Yes If yes, please provide complete details in remarks.
3. Does any other company insure any property item? No Yes Who? _____
4. Do you own horses? No Yes (If yes, No. _____)
5. Any swimming pools? No Yes Above ground or In ground? _____
Is there adequate fencing and/or locking gates? No Yes If Yes, Send Photos.
6. Are there any unusual attractions or exposures such as swimming beach or ponds, boat rental, public Christmas tree cutting, quarries, hay rides, school bus tours, petting zoo, sleigh rides, or hunting? No Yes If yes, advise _____
- 6A. Please describe any other unusual attractions or exposures: _____
7. Are there any dogs? No Yes Breeds _____
- 7A. Have there been any dog bites? No Yes If yes, please explain _____
8. Has any company canceled, rejected, declined or non-renewed similar coverage? No Yes If yes, please explain _____

9. Name, address and Policy Number of current insurance carrier: _____

10. Average annual gross receipts from sales \$ _____
11. Have you ever filed bankruptcy? No Yes If yes, please explain _____
12. Are there any unsatisfied judgments, garnishes or lawsuits (including pollution or environmental) pending against you? No Yes
If yes, please explain _____
13. Equity of Farm _____
14. Is farm operated by other than you? No Yes If yes, list name, social security number, address, phone number and prior experience:

15. How long have you been farming at present location? _____
If less than 2 years, list prior experience including location in Remarks.
16. If any livestock on farm, describe fencing and condition: _____
17. Describe the techniques you use to prevent runoff of manure and chemicals into environmentally sensitive areas or water sources: _____

GENERAL UNDERWRITING INFORMATION CONTINUED

18. Do you determine the nutrient content (minimum nitrogen, phosphorous, and potassium levels) of manure at least once a year? No Yes
19. Do you keep records of all applications, noting date, weather and soil conditions, and rate of application? No Yes
 How long do you retain these records? _____yrs.
20. Do you conduct regular inspections of all storage areas and application equipment? No Yes
 How long do you retain these records? _____yrs.
21. Do you have an emergency plan in place for handling spills and overflows? No Yes
22. Are you current on all permits required for manure and chemical handling and storage? No Yes N/A
23. Have you ever received a complaint from an individual or group, or been investigated or inspected because of runoff, contamination
 or odor? No Yes If yes, when did it occur and how was it resolved: _____

24. Describe your techniques for reducing odor from manure application, and addressing concerns or complaints of neighbors: _____

25. Have tests in the past two years on your well water revealed high levels (greater than 10 parts per million) of nitrates or bacteria? No Yes

ALL PONDS, LAGOONS, AND OTHER IN-GROUND AND ABOVE GROUND STORAGE FACILITIES MUST BE SHOWN ON THE DIAGRAM ON PAGE 3.

26. All losses in the last 5 years - both liability and property: **Indicate "NONE" if there were no losses.**

TYPE OF LOSS	AMOUNT PAID	DATE OF LOSS

REMARKS: _____

PREMIUM SUMMARY	
1. COVERAGE A FARM DWELLINGS	\$
2. COVERAGE E FARM DWELLINGS	
3. BARN & OUTBUILDINGS	
4. MOBILE HOMES	
5. FARM PERSONAL PROPERTY (MACHINERY, LIVESTOCK, PRODUCE)	
6. FARM LIABILITY	
7. OPTIONAL PROPERTY COVERAGES	
	SUBTOTAL
	TAX/SURCHARGE
IRPM _____% <input type="checkbox"/> CREDIT <input type="checkbox"/> DEBIT	
Special quality considerations - please advise in remarks	TOTAL ANNUAL PREMIUM
	\$

IMPORTANT NOTICE – FAIR CREDIT REPORTING ACT

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION, AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS, MAY, IN CERTAIN CIRCUMSTANCES, BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

FRAUD WARNING STATEMENT

“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, WHICH CAN INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS. (IN NEW YORK STATE THE FRAUDULENT ACT IS SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH VIOLATION.)

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FORGOING STATEMENTS ON THE APPLICATION ARE TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

_____ DATE

_____ PERSONAL SIGNATURE OF APPLICANT

_____ AGENT SIGNATURE NO.

<p><u>BINDER PROVISION</u></p> <p>IN RELIANCE UPON THE STATEMENTS MADE IN THIS APPLICATION AND SUBJECT TO THE CONDITIONS OF THE SAME, THE COMPANY HEREBY BINDS THE INSURANCE APPLIED FOR TO BECOME EFFECTIVE _____ (AM) (PM) MONTH _____ DAY _____ 20____.</p> <p>AGENT'S SIGNATURE _____</p>
<p>NON-BINDER PROVISION</p> <p>I UNDERSTAND THAT NO INSURANCE IS BOUND HEREUNDER AND AGREE THAT NO INSURANCE SHALL BECOME EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY THE COMPANY.</p> <p>DATE _____ APPLICANT'S SIGNATURE _____</p>