

NAME OF APPLICANT _____

COUNTRYWAY INSURANCE COMPANY

SINGLE LOCATION

FARMOWNERS 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.



COUNTRYWAY INSURANCE COMPANY FARMOWNERS APPLICATION

HOME OFFICE USE ONLY:
POLICY NO.: _____
DEPOSIT AMOUNT _____
DATE RECEIVED _____

APPLICANT(S) NAME & MAILING ADDRESS

		AGENT NAME Main Street Insurance Agency, Inc.	
		AGENT NUMBER	PHONE # FAX #
		OJZO / 585-591-1590 / 585-591-1637	
		EFFECTIVE (MO/DAY/YR.) _____ EXPIRATION (MO/DAY/YR) _____	
SOC. SEC. # – ALL APPLICANT(S)	PHONE	METHOD OF PAYMENT	
		<input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> 4-PAY <input type="checkbox"/> ESCROW <input type="checkbox"/> ACCOUNT BILL (ATTACH FORMAT)	

LIST ALL OTHER POLICIES INSURED WITH COUNTRYWAY INSURANCE CO. POLICY NO (S)

TYPE OF OWNERSHIP: INDIVIDUAL PARTNERSHIP JOINT VENTURE AN ORGANIZATION (OTHER THAN PARTNERSHIP OR JOINT VENTURE)

POLICY TYPE: PERSONAL COMMERCIAL PRINCIPAL TYPE OF FARMING _____

FARM 1	PROPERTY CONFINED TO _____	ACRES IN TERRITORY # _____	COUNTY _____
LOCATION ADDRESS: (COMPLETE IF DIFFERENT FROM MAILING ADDRESS) FIRE DEPT. _____			
MILES TO FIRE DEPT. _____			
FEET FROM HYDRANT _____			
CITY _____		STATE _____	ZIP _____
<input type="checkbox"/> RENTED <input type="checkbox"/> OWNED		PROTECTION: <input type="checkbox"/> PROTECTED <input type="checkbox"/> PARTIAL <input type="checkbox"/> UNPROTECTED	

ADDITIONAL FARM LAND		NO BUILDINGS TO BE INSURED				
# ACRES	RENTED	OWNED	ROAD	TOWN	COUNTY	STATE
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> SECURED PARTY	<input type="checkbox"/> LOSS PAYEE	FARM # _____
NAME _____		INSURABLE INTEREST _____	
ADDRESS _____		ZIP _____	
<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> SECURED PARTY	<input type="checkbox"/> LOSS PAYEE	FARM # _____
NAME _____		INSURABLE INTEREST _____	
ADDRESS _____		ZIP _____	
<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> SECURED PARTY	<input type="checkbox"/> LOSS PAYEE	FARM # _____
NAME _____		INSURABLE INTEREST _____	
ADDRESS _____		ZIP _____	
<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> SECURED PARTY	<input type="checkbox"/> LOSS PAYEE	FARM # _____
NAME _____		INSURABLE INTEREST _____	
ADDRESS _____		ZIP _____	

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 1-2-3-4	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				
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		WIRING	AGE OF		ROOF		ROOF MATERIALS (* SEE KEY BELOW)
						FUSES	CIRCUIT BREAKERS		PLUMBING	HEATING	AGE	CONDITION	
						<input type="checkbox"/>	<input type="checkbox"/>						
						<input type="checkbox"/>	<input type="checkbox"/>						
						<input type="checkbox"/>	<input type="checkbox"/>						
						<input type="checkbox"/>	<input type="checkbox"/>						
						<input type="checkbox"/>	<input type="checkbox"/>						
						<input type="checkbox"/>	<input type="checkbox"/>						

*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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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? ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	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:

BARN 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. poultry superior barn; D. limited perils; E. tobacco firing permit; F. utility value; G. alarm credits-provide documentation (fire/burglary); H. ordinance or law; I. replacement cost.

FARM LIABILITY (USE APPLICABLE FORM)

SECTION II – LIABILITY							
COMMERCIAL LIABILITY COVERAGE GL-610 — GL-100			PERSONAL LIABILITY COVERAGE GL-2 — GL-9				
OCCURRENCE LIMIT: \$			OCCURRENCE LIMIT: \$				
PERSONAL AND ADVERTISING INJURY (<input type="checkbox"/> YES OR <input type="checkbox"/> NO)			MEDICAL PAYMENTS PER PERSON \$				
FIRE LEGAL LIABILITY - \$50,000 INCLUDED			PERSONAL INJURY (<input type="checkbox"/> YES OR <input type="checkbox"/> NO)				
INCREASED FIRE LEGAL LIABILITY LIMIT \$							
MEDICAL PAYMENTS PER PERSON \$							
LIABILITY CHARGES	FARM #	PREM			FARM #	PREM	
INITIAL FARM PREMISES	ACRES	\$	CUSTOM FARMING TYPE				
WITHOUT BUILDINGS	ACRES		RECEIPTS			\$	
RENTED/OWNED WITH BUILDINGS			EMPLOYERS LIABILITY:				
	ACRES		FULL TIME (180 DAYS+) NO.				
	ACRES		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		PICK YOUR OWN TYPE _____				
ADD'L RESIDENCE OCCUPIED BY INSURED USE REMARKS SECTION BELOW TO GIVE LOCATION			LOCATION _____				
			RECEIPTS \$ _____ (with or without ladders)				
ADD'L RESIDENCE RENTED TO OTHERS USE REMARKS SECTION BELOW TO GIVE LOCATION & NUMBER OF FAMILIES PER DWELLING..			INCIDENTAL BUSINESS PURSUITS – GL90				
			TYPE OF BUSINESS _____				
			LOCATION _____				
			RECEIPTS _____				
LIMITED FARM POLLUTION LIABILITY COVERAGE – BASIC LIMIT INCLUDED AS FOLLOWS: \$25,000 OCCURRENCE/\$25,000 AGGREGATE							
OPTIONAL INCREASES — <input type="checkbox"/> \$50,000. <input type="checkbox"/> \$100,000, <input type="checkbox"/> \$300,000, OR <input type="checkbox"/> \$500,000 (CHECK COVERAGE LIMIT)							
(ADDITIONAL LIMIT CANNOT EXCEED FCPL OR CGL LIMIT)							

ADDITIONAL INSURED FORMS (IDENTIFY INSURABLE INTEREST BELOW)

COMMERCIAL POLICY: - GL-72; GL-108	PERSONAL POLICY: - GL-70; GL-71
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 - 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. Do you board horses? No Yes (If yes, No. _____)
6. Any swimming pools? No Yes Above ground or In ground? _____
Is there adequate fencing and/or locking gates? No Yes
7. 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 _____
- 7A. Please describe any other unusual attractions or exposures _____
8. Are there any dogs? No Yes Breeds _____
- 8A. Have there been any dog bites? No Yes If yes, please explain _____
9. Has any company canceled, rejected, declined or non-renewed similar coverage? No Yes If yes, please explain _____

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

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

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

GENERAL UNDERWRITING INFORMATION CONTINUED

20. Do you determine the nutrient content (minimum nitrogen, phosphorous, and potassium levels) of manure at least once a year? No Yes

21. 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.

22. Do you conduct regular inspections of all storage areas and application equipment? No Yes

How long do you retain these records? _____yrs.

23. Do you have an emergency plan in place for handling spills and overflows? No Yes

24. Are you current on all permits required for manure and chemical handling and storage? No yes N/A

25. 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: _____

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

27. 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 PAGE FOR EACH LOCATION.

28. All losses in the last 5 years - both liability and property:

TYPE OF LOSS	AMOUNT PAID	DATE OF LOSS
	\$	
	\$	
	\$	
	\$	

REMARKS: _____

PREMIUM SUMMARY	
1. COVERAGE A FARM DWELLINGS	\$
2. COVERAGE E FARM DWELLINGS	
3. BARNs & 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.

BINDER PROVISION

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____.

AGENT'S SIGNATURE _____