

MORTGAGEE INFORMATION:

NAME and ADDRESS: (If escrow billed and more than one mortgagee, use first section for escrow account information)	
1: _____	Loan Number: _____
_____	Escrow <input type="checkbox"/> YES <input type="checkbox"/> NO
2: _____	Loan Number: _____
_____	_____

ML-309 - Co-owner Dwelling # _____ Location: _____	
Cov. A \$ _____ <input type="checkbox"/> ACV <input type="checkbox"/> R/C Ded. _____	Cov. C <input type="checkbox"/> ACV <input type="checkbox"/> R/C
Form: <input type="checkbox"/> ML-1 (Basic) <input type="checkbox"/> ML-2 (Broad) <input type="checkbox"/> ML-3 (Special)	<input type="checkbox"/> ML-4 (Tenant)
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Mobile Home Prot. Class _____	# Families _____
Mobile Home Information: Year: _____ Make: _____	Length: _____ Width: _____

ADDITIONAL FARM PREMISES WITH BUILDINGS (ML-11)			Owned, Rented, Operated by Insured	Rented to Others
Location	Acres	Prot. Class		
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL FARM PREMISES WITHOUT BUILDINGS (ML-11)			Owned, Rented, Operated by Insured	Rented to Others
Location	Acres	Prot. Class		
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL RESIDENCE PREMISES – RENTED TO OTHERS (ML-70A)		
Location		
1. _____	<input type="checkbox"/> 1-Family	<input type="checkbox"/> 2- Family
2. _____	<input type="checkbox"/> 1-Family	<input type="checkbox"/> 2- Family
3. _____	<input type="checkbox"/> 1-Family	<input type="checkbox"/> 2- Family

CUSTOM FARMING (ML-313)
Estimated Receipts: Including Pesticides: \$ _____ Excluding Pesticides: \$ _____

FARM EMPLOYEES COVERAGE (ML-311)	Estimated Payroll: \$ _____
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BUSINESS EXPOSURES: <input type="checkbox"/> With Products <input type="checkbox"/> Without Products
Classification: _____ Annual Receipts: \$ _____
Food or Beverage Consumed on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL COVERAGES:

COVERAGE E – SCHEDULE OF FARM PERSONAL PROPERTY (ML-300)

	Limit of Liability:	Ded.	
\$	_____	_____	Farm Produce & Supplies (co-insurance clause applies)
\$	_____	_____	Mobile Machinery (co-insurance clause applies)
\$	_____	_____	Livestock (co-insurance clause applies)
\$	_____	_____	_____
\$	_____	_____	_____
\$	_____	_____	_____
\$	_____	_____	_____

COVERAGE G – UNSCHEDULED FARM PERSONAL PROPERTY (ML-300)

Limit of Liability: \$ _____

FOR INLAND MARINE COVERAGES – USE INLAND MARINE APPLICATION

SEASONAL VARIATION ENDORSEMENT (ML-391) – Attach Schedule

COVERAGE F (ML-303)
SCHEDULE OF BARN, BUILDINGS, STRUCTURES AND ADDITIONAL FARM DWELLINGS

Limit of Liability	Stories	Roof	Building / Fixed Equipment	Description/ Occupancy	Loc.	Type	Ded.
			Additional Dwelling				
			Garage				
			Barn				
			Barn				
			Silo				
			Silo				
			Fixed Equipment in Barn (Identify Barn)				
			Description:				

UNDERWRITING INFORMATION:

<p>1. Insured's farming history:</p> <p>2. Type of farming: (Include all related operations)</p> <p>3. % total income other than farming:</p> <p>4. Describe fully any business operations conducted on premises:</p> <p>5. Does insured operate a roadside market? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> % of sales from Purchased Produce: _____</p> <p>6. Does the farm produce maple syrup, cider, butter, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Is there a PICK-YOUR-OWN exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. List unusual liability hazards: (farm ponds, junk cars, etc.)</p>	<p>9. List all recreational vehicles:</p> <p>10. Any Riding, Training or Boarding of Horses? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:</p> <p>11. # of Horses owned by insured: # of Horses owned by others:</p> <p>12. Number of Employees: Worker's Compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Wood burning stove: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Has any carrier declined, canceled or non-renewed risk? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give reason:</p> <p>15. Name of previous carrier:</p> <p>16. Have there been any losses in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list:</p>
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		Part	Full	Year		Part	Full	Year
Renovation:	Wiring				Heating			
	Plumbing				Roofing			

DIAGRAM AND PHOTOS

Attach separate diagram showing all buildings whether insured or not and the distance between each. Identify each building as per items on schedule. **Attach photos of all insured and uninsured buildings.**

BILLING OPTIONS

<input type="checkbox"/> Deposit Attached	Amount \$ _____	(LARGER OF: 25% of premium or \$50 minimum)
<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly
<input type="checkbox"/> 8-Payments (Direct Bill Only)	<input type="checkbox"/> Escrow Billing	<input type="checkbox"/> Milk Check
<input type="checkbox"/> Third Party Billing (Name, Address and Zip Code): _____		

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT:

In making this application for insurance it is understood that as part of our underwriting procedure, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence. If you wish information on the nature and scope of the customer report which may be requested, ask your agent for the address of the company handling your account.

APPLICANT'S STATEMENT

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true; and that these statements are offered as an inducement to the company to issue the policy for which I am applying.

FRAUD WARNING

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

DATE	SIGNATURE OF APPLICANT	DATE	SIGNATURE OF AGENT
<input type="checkbox"/> Photos Attached <input type="checkbox"/> Photos will be sent by:		<input type="checkbox"/> I HAVE SEEN this property. <input type="checkbox"/> I HAVE NOT SEEN this property.	
		Is Coverage Bound? <input type="checkbox"/> YES <input type="checkbox"/> NO	