



FARM APPLICATION

NAMED INSURED AND MAILING ADDRESS:

PRODUCER:

Telephone #: _____
 Previous Policy # _____

CODE

Policy Period: From: _____ to _____ 12:01 a.m. Standard Time

INSURED LOCATIONS

No.	Identify location by section or civil district, township, range, distance in miles by compass direction from nearest town; town, state. Identify road, where road leads from, location of road as to county and state.	
1		Acres -
2		Acres -

Type I Farms*	Type II Farms*	Type III Farms*	Type IV Farms*
Horses <input type="checkbox"/>	Poultry <input type="checkbox"/>	Vegetables <input type="checkbox"/>	Grain <input type="checkbox"/>
Livestock (excl. horses) <input type="checkbox"/>	Dairy <input type="checkbox"/>	Melons <input type="checkbox"/>	Other Field Crops <input type="checkbox"/>
Animal specialties (excl. bees, fish, worms) <input type="checkbox"/>		Fruits <input type="checkbox"/>	
		Tree Nuts <input type="checkbox"/>	
		Horticulture <input type="checkbox"/>	
		Bees, fish, worms <input type="checkbox"/>	
		Other insect farming <input type="checkbox"/>	

REMARKS

Form of Business Individual Joint Venture Partnership Organization (other than Partnership or Joint Venture)

<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY
<input type="checkbox"/> BOUND (Give date and/or Attach Copy)	

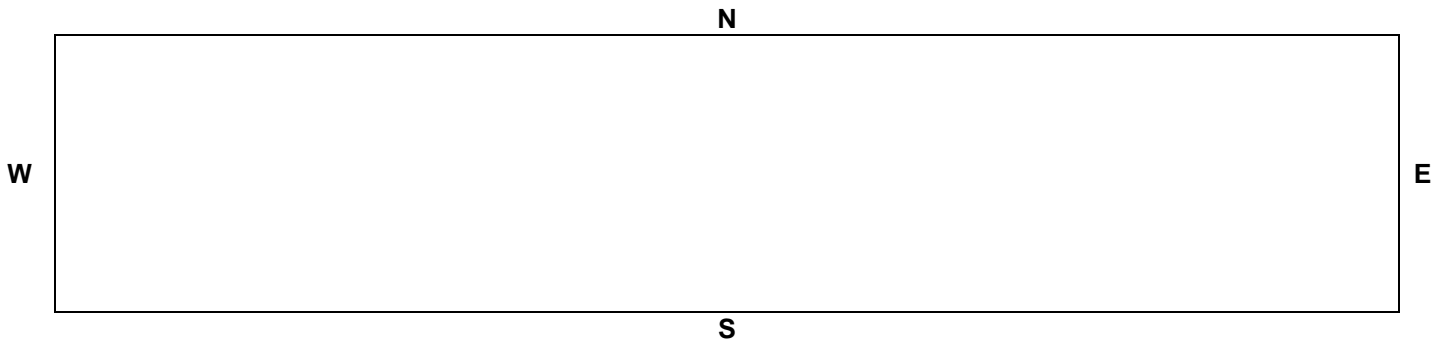
PRIOR INSURANCE INFORMATION						
		Year:	Year:	Year:	Year:	Year:
	Carrier					
	Policy Type					
	Total Premium					

Has policy been cancelled or non renewed in the past five (5) years? If yes, please explain: _____

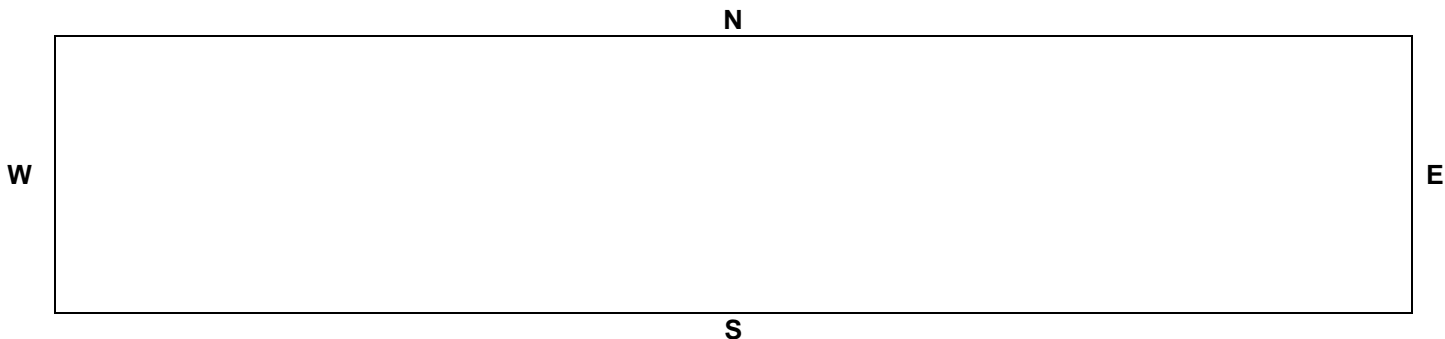
LOSS HISTORY							
Enter all claims or Occurrences that may give rise to claims for the prior 5 years.						<input type="checkbox"/> Check here if none	
Date of Occurrence	Type of Loss	Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved		Claims Status
							Open
							Closed
							Open
							Closed
							Open
							Closed
							Open
							Closed
							Open
							Closed
Comments:				See attached loss summary			

IMPORTANT: Make diagram of all buildings on the premises and indicate those note to be insured. Show distance in feet between buildings.

Location 1



Location 2



COVERAGES PROVIDED - Insurance at the "Insured Locations" applies only for coverages for which Limits of Insurance are shown.

PROPERTY COVERAGE	LIMITS OF INSURANCE		COVERED CAUSES OF LOSS
	Loc. No. 1	Loc. No. 2	
A. Dwellings	\$	\$	
B. Other Private Structures Appurtenant to Dwellings			
C. Household Personal Property			
D. Loss of Use			
E. Scheduled Farm Personal Property	<input type="checkbox"/> See Schedule <input type="checkbox"/>		
F. Unscheduled Farm Personal Property			
G. Other Farm Structures	<input type="checkbox"/> See Schedule <input type="checkbox"/>		
Other Property			

MORTGAGE HOLDERS

"Insured Location" No. Mortgage Holder Name and Address

DEDUCTIBLE: \$ _____

A - Dwellings

Loc	# Families	Yr Const	Const	Prot	Cause of Loss	Type	Coal/Wood Stove	Smoke Det	Inf Grd	Limit

Other Dwellings

Loc	# Families	Yr Const	Const	Prot	Cause of Loss	Type	Coal/Wood Stove	Smoke Det	Inf Grd	Limit

Replacement Cost on Coverage C (check box if requested)

Attach Personal Inland Marine if needed FP 04 61

ADDITIONAL OPTIONAL COVERAGES:

- | | |
|---|--|
| <input type="checkbox"/> FP 04 02 Sump Overflow and Water Backup From Sewers or Drains (Coverages A, B, C & D only) | <input type="checkbox"/> FP 04 04 Dwelling Replacement Cost Protection (including Ordinance or Law Coverage) |
| <input type="checkbox"/> FP 04 07 Increased Special Limits on Specified Household Personal Property | <input type="checkbox"/> BMI 0516 Guaranteed Replacement cost |
| <input type="checkbox"/> FP 04 75 Unoccupancy and Vacancy Permit | <input type="checkbox"/> BFL 0455 Identity Fraud |
| <input type="checkbox"/> FP 15 01 Disruption of Farm Operations | <input type="checkbox"/> FP 12 12 Burglary & Robbery Protection Systems |
| <input type="checkbox"/> FGE 10 09 Farm Plus Endorsement | <input type="checkbox"/> FP 04 78 Functional Building Valuation |
| | <input type="checkbox"/> FP 04 08 Farm Computer Coverage |

E - Scheduled Farm Personal Property and G - Other Farm Structures - USE SCHEDULE

F - Unscheduled Farm Personal Property

Limit of Insurance	Covered Causes of Loss	Rate	Premium

COVERAGE E - SCHEDULE OF "FARM PERSONAL PROPERTY"

No.	ITEM	Cause of Loss	Limit	Rate	Premium
1	Grain, threshed seeds, beans, ground feed, silage, "livestock" feed, all in buildings, structures, sacks, wagons or trucks				
2	Grain in stacks, shocks, swaths or piles in the open				
3	Hay, straw, fodder in buildings or structures				
4	Hay, straw, fodder in the open in stacks, windows or bales				
5	Farm products, materials and supplies				
6	"Poultry" (excluding turkeys unless specified) in the open				
7	"Poultry" (excluding turkeys unless specified) in the following "poultry" buildings:				
8	Trays, boxes, box shoo				
9	Computers and related software				
10	Miscellaneous equipment (machinery, vehicles, tools, supplies usual or incidental to farm operations)				
11	Borrowed farm machinery, vehicles, equipment				
12	Farm machinery, vehicles, equipment on or away from the "insured location" - Indicate Year, Make, Model:				
	A.				
	B.				
	C.				
	D.				
	E.				
	F.				
	G.				
Coverage for Foreign Objects in Machinery applies to items as listed in 12 above, only if endorsement FP 04 20 is attached to the policy and if SPECIAL is indicated under the COVERED CAUSES OF LOSS column:					
	Letter(s):				
13	"Livestock"				
14	Other animals				
15					
16					
17					
18	Portable building and portable structures				
19					
20					
21					
22					
23					
24					
25	Farm Operations Record				
26					
27					
28					
29					
30					
Enter either BASIC, BROAD or SPECIAL; but if endorsement FP 04 56 is used, enter COLLISION					

Loss Payees (Names and Addresses)

	Limit	Premium
Totals:	\$	\$

COVERAGE G - SCHEDULE OF OTHER FARM STRUCTURES

		Type	Const.	Cause of Loss	Limit	Rate	Premium
1	BARN #						
2	BARN #						
3							
4							
5	GRANARY #						
6	GRANARY #						
7							
8	CRIB #						
9	CRIB #						
10							
11	SILO #						
12	SILO #						
13							
14	HOG HOUSE #						
15	IMPLEMENT SHED #						
16	HEN HOUSE #						
17							
18	BROODER HOUSE #						
19	BROODER HOUSE #						
20							
21							
22							
23							
24	SWIMMING POOLS						
25	FENCES						
26	OUTDOOR RADIO AND TV EQUIPMENT						
27	PRIVATE POWER POLES, OUTDOOR WIRING						
	POLES #	EACH #					

TOTALS \$ _____ \$ _____

*INDICATES COVERED ON REPLACEMENT COST BASIS (INCLUDED IN "COVERED CAUSES OF LOSS" COLUMN.)

ADDITIONAL PROPERTY INFORMATION:

FARM LIABILITY COVERAGE PART

Policy No. _____ Named Insured: _____

COVERAGES PROVIDED - Insurance at the "Insured Location" applies only for coverages for Limits of Insurance are shown.

"Insured Location" No.	LIABILITY COVERAGE	LIMITS OF INSURANCE			
		General Aggregate	Each "Occurrence"	Fire Damage Limit Any One Fire**	Any One Person "Organization"
ALL	H. Bodily Injury & Property Damage	\$	\$	\$	
	J. Medical Payments				\$
	I. Personal & Advertising Injury				\$

Unless coverage is extended as described below, the following are not covered as farming in this policy: Retail activity (other than on-premises roadside stands selling products produced principally by the name insured); Mechanized Processing Operations.

"Farming" is extended to include: Retail Activity (Describe): _____

 Mechanized Processing Operations (Describe): _____

CUSTOM FARMING: FL 04 69
 Receipts from custom "farming" operations performed by the "insured" if greater than \$5,000. \$ _____

INCIDENTAL ACTIVITIES ON THE FARM:
 Description: _____ Location: _____

ADDITIONAL RESIDENCE PREMISES RENTED TO OTHERS: FL 04 06

BMICCC-Care Custody or Control

Limit:	Description:
--------	--------------

FARM EMPLOYEES: FL 04 65
 Farm Employees Payroll: \$ _____

ADDITIONAL FARM PREMISES: (Location & Acreage)

GENERAL INFORMATION (Explain all YES responses)

	Yes	No		Yes	No
1. Are independent contractors hired to perform any farming operations?	<input type="checkbox"/>	<input type="checkbox"/>	13. Does applicant maintain any vacation or seasonal premises?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does applicant mix, process, slaughter, butcher or otherwise prepare for an "end consumer" his or any other grower's product?	<input type="checkbox"/>	<input type="checkbox"/>	14. If dairy farm, is there any processing of milk?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does applicant handle any product, such as seed, fertilizer, sprays, etc. for resale?	<input type="checkbox"/>	<input type="checkbox"/>	15. If dairy farm, is there any retail sales of milk products to the public? Receipts \$_____	<input type="checkbox"/>	<input type="checkbox"/>
4. Are any contract or service operations performed for others such as snow removal, tilling, excavating or ditching?	<input type="checkbox"/>	<input type="checkbox"/>	16. Number of cows milked? _____		
5. Are the farm premises open to the public for activities such as roadside stands, "u-pick", recreational, "rent a garden", auction, sales, show, food or beverage service, hay rides, fishing, kennels, animal boarding, or Christmas tree sales uses?	<input type="checkbox"/>	<input type="checkbox"/>	17. Are any premises used for hunting purposes? <input type="checkbox"/> By Owners: <input type="checkbox"/> Rented to Others <input type="checkbox"/> No charge Receipts <input type="checkbox"/> Fee \$_____	<input type="checkbox"/>	<input type="checkbox"/>
6. Are any portions of the farm rented or leased or used by any other individual, corporation or interest for other than farming?	<input type="checkbox"/>	<input type="checkbox"/>	18. Does applicant maintain a non-farm office or private school in an insured building?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there any unusual hazard such as (but not limited to) open dump pits, silage pits, sump holes, ponds, lakes or reservoirs?	<input type="checkbox"/>	<input type="checkbox"/>	19. Is there a swimming pool on premises? If yes, schedule on Coverage G. <input type="checkbox"/> Is it fenced? <input type="checkbox"/> Is there a diving board?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are any "hold harmless" or "indemnifying" agreements in effect?	<input type="checkbox"/>	<input type="checkbox"/>	20. Does applicant serve on any other Boards for remuneration?	<input type="checkbox"/>	<input type="checkbox"/>
9. If livestock is kept, are all areas adequately fenced and are fences in a good state of repair? If no, please explain	<input type="checkbox"/>	<input type="checkbox"/>	21. Does applicant have any potentially dangerous animals or exotic pets?	<input type="checkbox"/>	<input type="checkbox"/>
10. Any non-owned horses on any insured premises?	<input type="checkbox"/>	<input type="checkbox"/>	22. Is there any watercraft or snowmobile exposure?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does insured board, race, breed or rent horses?	<input type="checkbox"/>	<input type="checkbox"/>	23. Is there a supplemental heating source in any dwelling/building (fireplace, wood or coal stove, space heater)? If yes, provide questionnaire.	<input type="checkbox"/>	<input type="checkbox"/>
12. Is any land held for real estate development or speculation?	<input type="checkbox"/>	<input type="checkbox"/>	24. Does the insured have other business with BMIC? If yes, provide policy number. Policy Number: _____	<input type="checkbox"/>	<input type="checkbox"/>

FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATE 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant's Signature _____ Producer's Signature _____

MOBILE AGRICULTURE MACHINERY AND EQUIPMENT COVERAGE PART

Policy No. _____ Named Insured: _____

Location: _____

LIMITS OF INSURANCE

Limits of Insurance

BLANKET BASIS

ALL COVERED PROPERTY as provided in Paragraph A. 1a of Form 00 30: \$ _____

SCHEDULE BASIS

LIMIT	X	RATE	=	PREMIUM
\$				\$

A. COVERED PROPERTY as provided in Paragraph A. 1b (1) of Form FP 00 30:

- 1 \$
- 2 \$
- 3 \$
- 4 \$
- 5 \$
- 6 \$
- 7 \$
- 8 \$
- 9 \$
- 10 \$
- 11 \$
- 12 \$
- 13 \$
- 14 \$
- 15 \$
- 16 \$
- 17 \$
- 18 \$
- 19 \$
- 20 \$

If endorsed on this policy, FP 04 20, Foreign Objects in Machinery, applies to the following numbered items as listed in A. above:

No(s)

LIMIT	X	RATE	=	PREMIUM
\$				\$

B. ALL OTHER COVERED PROPERTY NOT SPECIFICALLY DESCRIBED
(Refer to Paragraph A. 1b (2) of Form FP 00 30*)

LIMIT	X	RATE	=	PREMIUM
\$				\$

*Coverage not to exceed \$2,000 on any one item

DEDUCTIBLE:	SPECIAL PROVISIONS (if any):
--------------------	-------------------------------------

LIVESTOCK COVERAGE PART

Policy No. _____ Named Insured: _____

Location: _____

LIMITS OF INSURANCE

A. COVERED PROPERTY

1. Blanket Basis		Deductible \$ _____		
CLASS	LIMIT PER ANIMAL	LIMIT PER CLASS	RATE	PREMIUM
Cattle				
Sheep				
Swine				
Goats				
Horses				
Mules				
Donkeys				
Total (1)				\$ _____

2. Scheduled Basis		Deductible \$ _____					
Class/Type	Limit Per Class/Type	Rate	Premium	Class/Type	Limit Per Class/Type	Rate	Premium
Cattle				Horses			
Sheep				Mules			
Swine				Donkeys			
Goats				Other (Attach Schedule)			
Total (2)							\$ _____
Grand Total							\$ _____

B. SPECIAL PROVISIONS (if any)
