

AGRIBUSINESS INSURANCE APPLICATION

Renewal of #	APPLICANT INFORMATION SECTION		Date:
Producer: LAUREL FOWLER INSURANCE		Underwriter:	
Agency Contact: LINDA ANDERSON Agency Phone #: 800 700-6263			
Code	Sub Code:	Please indicate applications attached:	
Status of Submission:		<input type="checkbox"/> Property <input type="checkbox"/> Farm or General Liability <input type="checkbox"/> Umbrella <small>(may not be bound)</small>	
<input type="checkbox"/> Quote <input type="checkbox"/> Issue Policy		<input type="checkbox"/> Automobile <input type="checkbox"/> Farm personal property <input type="checkbox"/> Cargo/Transit	
<input type="checkbox"/> Bound (give date and/or attach binder)		<input type="checkbox"/> Personal articles & recreation vehicles <input type="checkbox"/> Other	
Effective Date:	Expiration Date:	Quote Desired By:	
Name of Applicant:			
Mailing Address:			
City, State, Zip:			
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other			
Inspection Contact:		Accounting Contact:	
Telephone #:		Telephone #:	
Method of Payment: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill Number of Payments			
Type of Farm or Ranch			
<input type="checkbox"/> (921) Berries, Fruits, & Nuts <input type="checkbox"/> (926) Poultry <input type="checkbox"/> (90A) Citrus <input type="checkbox"/> (92A) Cotton <input type="checkbox"/> (923) Vegetables <input type="checkbox"/> (928) Horses <input type="checkbox"/> (90B) Nurseries <input type="checkbox"/> (92B) Tobacco <input type="checkbox"/> (924) Grain & Field Crops <input type="checkbox"/> (929) Livestock-Containment <input type="checkbox"/> (90C) Fish Farms <input type="checkbox"/> (92C) Hobby Farms <input type="checkbox"/> (925) Dairy <input type="checkbox"/> (935) Ranches-Open Range <input type="checkbox"/> (90D) Gentlemen Farms <input type="checkbox"/> (927) Other			
Total number of acres:		Number of acres cultivated:	Number of acres grazed:
Farmed by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Manager <input type="checkbox"/> Other <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
How long has applicant actively farmed?		Gross farming receipts?	
Date you last inspected premises and buildings?		Photo(s) attached?	
Is this new business to your agency?		How long have you known applicant?	
Does applicant have another source of income other than farming?		If yes, explain:	
Remarks:			
Applicant's signature: _____		Agent's signature: _____	
Date: _____		Date: _____	

Applicant:

Producer: FOWLER

PRIOR CARRIER INFORMATION				
Line	Category	Year	Year	Year
PROPERTY	Carrier	•		
	Policy No.			
	Policy Type			
	S PD			
	Mod Factor			
	Total Premium	•		
LIABILITY	Carrier	•		
	Policy No.			
	Policy Type			
	BI/CSL			
	PD			
	Total Premium	•		
OTHER	Carrier	•		
	Policy No.			
	Policy Type			
	Amount			
	Mod Factor			
	Total Premium	•		

LOSS HISTORY

Enter all claims or occurrences that may give rise to claims for the prior five years Check here if none

Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed

NOTE: Fidelity requires a six year loss history See attached loss summary

Has any policy been cancelled? Yes No Nonrenewed? Yes No Declined? Yes No

Explain yes answers:

Name of prior carrier and policy number:
 • Not required in California

OPERATIONS OVERVIEW

Applicant:

Producer: FOWLER

ADDITIONAL INTERESTS	Affiliated or subsidiary companies to be insured	Relationship		
	Additional insureds	Interest	Sec.I	Sec.II

Loc. #	Sec.I	Sec.II	Location to be insured (incl. zip code)	*PC	# of Acres	Check if no Bldgs.	Insured's Interest		
							Owner Occupant	Lessee	Lessor
	<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"/>
	<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"/>
	<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"/>
	<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"/>

* Protection Class

SEE ADDITIONAL SCHEDULE OF OPERATIONS CP-4857A

UNDERWRITING INFORMATION

Applicant:

Producer: FOWLER

PROPERTY

Please explain all "yes" answers marked with an asterisk.

1. Is there a telephone on the premises? Yes No
2. Is there a year-round usable water supply? Yes No

If yes, (a) Source = Well
 Pond/Lake
 Hydrant within 1,000 ft.
 Other
 (b) Quantity = Less than 1,000 gallons
 1,000-3,000 gallons
 Over 3,000 gallons

3. Are any wood or coal fired stoves used in outbuildings? Yes No
4. Does applicant own rental property? Yes* No
5. Are any burglary and/or fire alarms on the premises? If yes, Yes No

Where	Type of alarm
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LIABILITY

If yes is answered to any question, please explain (use reverse of form) and provide annual gross receipts or cost.

1. Are independent contractors hired to perform any farming operations? Yes No
2. Is any part of the farm used or leased for organized recreational use? Yes No
3. Does applicant build, repair or design machinery, equipment or systems for anyone at a charge or fee? Yes No
4. Does applicant mix, process, slaughter butcher or otherwise prepare for any "end consumer" his or any other grower's product? Yes No
5. Does applicant handle any product, such as seed, fertilizer, sprays, etc. for resale? Yes No
6. Are any contract or service operation performed for others such as tilling, excavating or ditching? Yes No
7. Are the farm premises open to the public for roadside stands, "U-Pick", recreational, "rent-a garden", auction sales show, food or beverage service, animal boarding, or Christmas tree sales uses? Yes No
8. Are any portions of the farm rented or leased or used by any other individual, corporation or interest for other than farming? Yes No

9. Is there any unusual hazard such as (but not limited to) open dump pits, silage pits, sump holes, lakes or reservoirs? Yes No
 10. Is there an airstrip on the premises? Yes No
 11. Are any "hold harmless" or "indemnifying" agreements in effect? Yes No
 12. Is the applicant engaged in any other business, profession or trade? Yes No
 13. If livestock is kept, are all areas well-fenced? Yes No
 If no, please explain
 Premises is in: open range area
 closed range area
 14. Are the described insured premises the only premises which the applicant or spouse owns, rents or operates as a farm or ranch, or maintains as a residence, other than business property? If no, explain. Yes No
 15. Any non-owned horses on any insured premises? Yes No
 16. Does insured board, race, breed or rent horses? Yes No
 17. Is any land held for real estate development or speculation? Yes No
 18. Does applicant maintain any vacation or seasonal premises? Yes No
 19. If dairy farm, is there any processing of milk? Yes No
 20. If dairy farm, is there any retail sales of milk products to the public? Yes No
- Receipts
21. Number of cows milked
 22. Are any premises used for hunting purposes? Yes No.
 By owners: no charge fee
 Renter to others: Receipts
 23. Does applicant maintain a non-farm office or private school in an insured building? Yes No
 24. Is there a swimming pool on premises? Yes No
 If yes, fenced Yes No
 Diving Board? Yes No
 25. Does applicant serve on any boards for remuneration? Yes No
 26. Is the applicant a subsidiary of another or does the applicant have subsidiaries? Yes No
 27. Is a formal safety program in existence? Yes No

Explain Yes Answers:

AGRIBUSINESS PROPERTY (ISO Coverage A, B, C, D & G)

Applicant: _____

Producer: FOWLER

Property Deductible:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> Other (specify)			
Location #	Fire Protection Class	District Name					
Coverage (A, B, C, D)	R/C	Covered Causes of Loss			Limit	Rate	Premium
Main Dwelling	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	<input type="checkbox"/> Special			
Other Structures	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	<input type="checkbox"/> Special			
Household Personal Prop.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Broad	<input type="checkbox"/> Broad	<input type="checkbox"/> Special			
Loss of Use	N/A	N/A					

MAIN DWELLING (underwriting information)

Year Built	Sq. Ft.	Type of Construction	Type 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Age of Roof Type of Roof	Occupancy Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/>	Type of Heat Age of Unit	Woodstove or Wood Insert Yes No <input type="checkbox"/> <input type="checkbox"/> If Yes, please complete woodstove application CP-4866
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Mortgage: _____
Loss Payable: _____
Address: _____

Other Dwellings and Farm Structures (Coverage G)

Description	Diag. #	Valuation*	Const.	Type Heat	Sq. Ft.	Causes of Loss**	Type			Limit
							1	2	3	
							<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"/>	
							<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"/>	
							<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"/>	
							<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"/>	

* Valuation ** Causes of loss
R = RC A = ACV U = Utility Value (functional RC) 1 = Basic 2 = Broad 3 = Special

SEE ADDITIONAL PROPERTY SCHEDULE CP-4857B

AGRIBUSINESS SCHEDULED FARM PERSONAL PROPERTY (ISO Coverage E)

Applicant:

Producer: FOWLER

Deductible: \$250 \$500 \$1,000 Other (specify)

Cause of Loss (Perils)
1) Basic 2) Broad
3) Special

Company Use Only	Description (include year, make, model & serial #; livestock info., etc.)	1	2	3	Custom Use	Limit of Insurance
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.	Transit					
18.						
19.	Hay on premises in open (stack \$ maximum clear space ft.)					
20.	Hay on premises in barn (stack \$ maximum clear space ft.)					
TOTAL LIMIT						\$0
		Cause of Loss (perils)			Limit of	
1..	Miscellaneous agricultural machinery and implements (not exceeding \$2,000 per item)					
2.	Miscellaneous tools, equipment and supplies (Not exceeding \$2,000 per item)					
TOTAL LIMIT						\$0
SCHEDULED HAY LOCATED OFF PREMISES						
	Location Description (include address and stack number)	Cause of Loss (perils)			Limit of	
1.						
2.						
3.						
4.						
5.						
TOTAL LIMIT						\$0

AGRIBUSINESS UNSCHEDULED FARM PERSONAL PROPERTY (ISO Coverage F)

Applicant:

Producer: FOWLER

Agricultural Produce	# of Units	Unit Price	Total Value	Agricultural Machinery and Implements	# of Units	Unit Price	Total Value	Agricultural Tools, Equipment and Supplies	# of Units	Unit Price	Total Value
Barley			0	Tillage:				Agricultural Chem			
Corn			0	Tractors			0	Fertilizers			0
Fodder			0	Discs			0	Herbicides			0
Fruit			0	Harrows			0	Insecticides			0
Ground Feed			0	Plows			0	Pesticides			0
Hay			0	Other			0	Air Compressors			0
Mfg. Stock Feed			0				0	Bins			0
Nuts			0				0	Boxes and Box			0
Oats			0				0	Shook			0
Silage			0	Cultivating:				Electric Motors			0
Soybeans			0	Cultipackers			0	Farm Lubricants			0
Straw			0	Cultivators			0	Fencing and Posts			0
Wheat			0	Drills			0	Gasoline/Diesel			0
			0	Planters			0	Fuel			0
			0	Rotary Hoes			0	Hand Tools			0
			0	Seeders			0	Materials and Supp			0
			0	Spreaders			0	Milking Equipment			0
			0	Sprayers			0	Office Equipment			0
Total Value \$0								Paints			0
Poultry	# of Birds	Unit Price	Total Value	Harvesting:				Picking Equipment			0
Chickens			0	Augers			0	Poultry Equipment			0
Turkeys			0	Blowers			0	Power Tools			0
			0	Choppers			0	Saddles and Tack			0
			0	Combines			0	Spare Parts			0
			0	Corn Pickers			0	Tires			0
			0	Cotton Pickers			0	Vet Supplies			0
			0	Driers			0	Welders and Torches			0
Total Value \$0				Elevators (Port.)			0				0
Livestock	# of Head	Unit Price	Total Value	Forage			0				0
Dairy Cows			0	Harvesters			0				0
Dairy Heifers			0	Grain Cleaners			0				0
Dairy Calves			0	Grain Heads			0				0
Beef Cows			0	Grape			0				0
Beef Calves			0	Harvesters			0				0
Feeder Cattle			0	Hay Balers			0				0
Bulls			0	Mowers			0				0
			0	Nut Shakers			0				0
			0	Rakes			0				0
			0	Rice Harvesters			0				0
Sows and Gilts			0	Roods			0	Total Value \$0			
Boars			0	Silo Filters			0	Irrigation Equipment	# of Units	Unit Price	Total Value
			0	Silo Unloaders			0	Center Pivot			0
Feeder Pigs			0	Tomato Harvesters			0	Irrigation			0
Ewes			0	Wagons			0	Drip			0
Rams			0				0	Handset			0
			0				0	Lateral Move			0
Lambs			0				0	Irrigation			0
Horses			0				0	Pumps			0
Mules			0				0	Solid Set			0
			0				0	Wheel-Line			0
			0				0				0
			0				0				0
			0				0				0
Total Value \$0				Total Value \$0				Total Value \$0			
IF EXCLUSION OF PROPERTY FROM BLANKET COVERAGE IS DESIRED, PLEASE LIST THE SPECIFIC ITEMS ON PAGE 8											
LIMITS OF INSURANCE		Limit of Insurance									
		Agricultural Produce	\$0								
		Poultry	\$0								
		Livestock	\$0								
		Agri. Machinery & Implements	\$0								
		Agri. Tools, Equip. & Supplies	\$0								
		Irrigation Equipment	\$0								
			Total	\$0	Rate	Premium					
					X	=	\$0				

AGRIBUSINESS FARM PERSONAL PROPERTY
(ISO Coverage E)

Applicant:

Producer: FOWLER

UNDERWRITING INFORMATION

Scheduled

Unscheduled

If property is kept on a location(s) other than an insured location, where is it kept...

(a) during farming season?

(b) during off season?

What is maximum value of equipment at any one location...

(a) during farming season? inside \$ in open \$

(b) during off season? inside \$ in open \$

Is there any equipment loaned or rented to/from others? Yes No

Value for borrowed or rented equipment \$

Does applicant perform his own maintenance on equipment? Yes No

If no, please indicate type of repairs done, where performed and by whom:

What is radius of operations of equipment? miles

Property excluded from blanket coverage:

Remarks:

Cotton Picker Oil Water

Supplemental Application (Snowmobiles, All Terrain Vehicles, Watercraft)

Named Insured

A: Snowmobiles/All Terrain Vehicles										
Unit No.	Model Year	Type (Snow/ATV)	Make	Identification Number	C.C./C.I. Displacement	Horse-power	Limit of Liability	Stated Amt. or Cost New	Where Used?	Licensed For Highway?
A1										
A2										

B: Watercraft — Under 26 feet in length.										
Unit No.	Description	Model Year	Manufacturer	Model Name and/or No.	Identification or Serial Number	Horse-power	Rated Speed	Length	Original Cost New	
B1	Boat & attached equipment								\$	
	Outboard Motor #1								\$	
	Outboard Motor #2								\$	

Power	Type of Hull	Construction	Waters To Be Navigated
<input type="checkbox"/> Outboard <input type="checkbox"/> Sail <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Inbound (Prop Shaft) <input type="checkbox"/> Inboard (Jet Drive)	<input type="checkbox"/> Runabout <input type="checkbox"/> Cabin Cruiser <input type="checkbox"/> Other (describe)	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other	Use (i.e., fishing, skiing, pleasure) Operator Discount <input type="checkbox"/> U.S. Coast Guard Aux. I.D. No. <input type="checkbox"/> U.S. Power Squadron I.D. No.

C. Trailers				
Unit No.	Model Year	Manufacturer	Stated Amt. of Coverage	Used With (Boat, Snowmobile, Etc.)
			\$	

Coverages and limits of liability — enter limits of liability and/or deductibles for each unit.													
Unit No.	Part I				Part II	Part III				Part IV			
	Bodily Inj. (Thousands) Each Person		Property Damage (Thousands) Each Occurrence	Single Limit B.I. and P.D. (Thousands) Each Occurrence	Medical Payments (Dollars) Each Person	Comprehensive Enter Deductible Applicable	Collision Enter Deductible Applicable	All Risk Physical Loss-Enter Deductible Applicable	Limit of Liab. Actual Cash Value Or As Shown Below	Uninsured Motorists (Thousands)			
	Each Person	Each Occurrence	Each Occurrence	Each Person					B.I. Each Person	B.T. Each Accident	P.D. Each Accident		
A1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
A2	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
B1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
C1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
C2	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	

Premiums												Premium Totals	
A1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
A2	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
B1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Other Coverages	Personal Effects Or Unattached Board Equipment	Limit of Liability \$	Unit No.	Premium \$
	Other			

Coverage Parts, Forms and Endorsements Attached To and Becoming A Part of This Policy: Total Annual Premium At Inception \$

Any Loss Is Payable As Interest May Appear To The Named Insured And Unit No.

Unit No.

Has Any Operator Yes No

1. Membership in an organized club concerned with any recreational vehicle?

2. Less than one year's experience in the operation of type of vehicle or watercraft insured?

Is Any Recreational Vehicle:

8. Stored or moored at a location other than the applicant's residence?

9. Uses as a primary residence premises?

10. Used in organized races or competitive events?

11. Equipped for amphibious use?

12. Homemade, kit built or modified from factory specifications?

13. Rented or leased to others or used for other commercial purposes?

Recreational Vehicle Condition And Equipment

14. Does any vehicle or boat have body damage or cracked or broken glass?

15. Is any boat equipped with a stove? (Describe installation and fuel in remarks)

16. Is any boat equipped with Coast Guard approved type fire extinguishers and personal flotation devices?

17. Is any boat equipped with auto engine converted to marine use by anyone other than the manufacturer of the boat?

