



Farmers Comprehensive Personal Liability Application

Date: _____

Producer's Name, Address and Phone Number _____ _____ _____	Applicant's Name and Mailing Address (include county & ZIP) _____ _____ _____
Code _____	
Policy Term Inception (Mo/Day/Yr) _____ Expiration (Mo/Day/Yr) _____	New <input type="checkbox"/> Renewal <input type="checkbox"/> PREV Pol#: _____

Principal location #1 is confined to _____ acres in the _____ of Section or Civil District _____ Township _____ Range _____ about _____ miles _____ from _____ and situated on _____ side of road leading to _____ _____ County of _____ State of _____
Principal location #2 is confined to _____ acres in the _____ of Section or Civil District _____ Township _____ Range _____ about _____ miles _____ from _____ and situated on _____ side of road leading to _____ _____ County of _____ State of _____

COVERAGES	LIMITS OF LIABILITY	PREMIUM
L. Personal Liability	\$ _____ each occurrence	\$ _____
M. Personal Medical Payment	\$ _____ each person	
N. Identity Theft Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No \$25,000 Annual Aggregate Each Insured	

PLEASE FURNISH THE FOLLOWING GENERAL INFORMATION

1. How long have you known the applicant? _____ Prior Carrier? _____
2. What activities other than farming are conducted on premises? _____
3. Does Insured raise or board horses? Explain. _____ Any dogs? Explain. _____
4. Does Insured have other sources of Income? Explain. _____
5. Principal type farming? _____ # of acres cultivated _____ Pastured _____
6. If any livestock on farm, describe fencing and condition. _____

OPTIONAL COVERAGES CHECKLIST

	With Buildings	Without Buildings	Location
<input type="checkbox"/> Additional Farm Premises (Operated)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
(Rented)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Total Acreage _____			
<input type="checkbox"/> Additional Residences (Maintained by the Insured) - # _____		<input type="checkbox"/> Additional Residences - Rented To Others) # _____	
<input type="checkbox"/> Residence. Employees in excess of two (2) - # _____ (List all with complete description on a separate sheet)		Medical Payments <input type="checkbox"/> is excluded <input type="checkbox"/> is not excluded	
<input type="checkbox"/> Increase Limits of Liability: Coverage L Limit: \$ _____ Coverage M Limit: \$ _____			
Additional Insured – Designated Premises Only Endorsement: Name and mailing address of person(s) to be added as Additional Insured's: _____			
Location of Premises: _____			
Relationship to Insured (Partner, Administrator, Trustee, etc.) _____			
<input type="checkbox"/> Owned Snowmobile(s)- # _____			
Make	Model	Serial Number	
_____	_____	_____	
_____	_____	_____	
<input type="checkbox"/> Watercraft Liability Endorsement <input type="checkbox"/> Outboard 25hp to 50 hp <input type="checkbox"/> Inboard or Outboard under 30 mph			
<input type="checkbox"/> Sailboat more than 26" long- with aux. Power? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe Boat: Outboard - Model and Horsepower _____ Other than Outboard - a) Rated speed (MPH) - <input type="checkbox"/> under 16 <input type="checkbox"/> 16-30 b) Navigation Period- From _____ to _____ each year			

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	AMOUNT OF COVERAGE
_____	_____	_____

IF NEW BUSINESS, PLEASE GIVE LOSS HISTORY – ANY LOSSES DURING THE LAST 5 YEARS?

YES (LIST BELOW) NO

DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT (\$)
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

REMARKS

Fraud Warnings

Various state regulations require us to inform you of fraud warnings.

To insureds in:

Alaska, Arkansas, Alabama, Arizona, California, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Massachusetts, Maryland, Michigan, Missouri, Mississippi, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, Wisconsin, West Virginia, Wyoming:

NOTICE: In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

Colorado

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. (CO)

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. (DC)

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (FL)

Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both. (HI)

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (KY)

Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (LA)

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. (NM)

New York

Any person who knowingly and with intent to defraud any insurance company or any other person files an application or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any other fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (OH)

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. (OK)

Pennsylvania

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 act, which is a crime, and subjects such person to criminal and civil penalties. (PA)

Rhode Island

NOTICE: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime in many states.

Tennessee

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. (TN)

Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. (VA)

APPLICANT'S STATEMENT; I HAVE READ THE ABOVE APPLICATION AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE: (Kansas: This does not constitute a warranty.)

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 INVESTIGATION 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 OR LIVING. IF AN INVESTIGATION IS MADE, YOU CAN BE ASSURED THAT IT WILL BE HANDLED IN THE STRICTEST OF CONFIDENCE. IF YOU WISH INFORMATION ON THE NATURE AND SCOPE OF THE CONSUMER REPORT WHICH MAY BE REQUESTED, ASK YOUR AGENT FOR THE ADDRESS OF THE COMPANY HANDLING YOUR ACCOUNT.

Applicant's Signature

Date (MM/DD/YY)

Agent's / Broker's Signature