



# Personal Umbrella Product

## FARM PERSONAL CATASTROPHE EXCESS SUPPLEMENTAL APPLICATION

All questions must be answered and application must be signed by applicant.

Name of Insured: \_\_\_\_\_ Name of Farm: \_\_\_\_\_

Ownership:  Individual;  Partnership;  Corporation;  Other (specify) \_\_\_\_\_

General Type of Farm Operation: \_\_\_\_\_ Policy No. \_\_\_\_\_

### General Information

Location	Total Acres	Operated By Insured	Leased to Others	Describe Operation
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are Annual Gross Receipts from Insured Operated Farm operations in excess of \$5,000?  Yes  No

Total Acres Operated by the Insured: \_\_\_\_\_

Number of Grazing Animals (Cattle, Dairy Cows, Buffalo, etc): \_\_\_\_\_ Number of Horses: \_\_\_\_\_

Number of Lakes and/or Reservoirs: \_\_\_\_\_ Number of hog houses, poultry coops, etc: \_\_\_\_\_

### Please answer the following questions:

- |   | Decline                      | Acceptable                  |
|---|------------------------------|-----------------------------|
| 1. Are the Annual Gross Receipts from Farm Operations over \$1 Million?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the farm operation include any manufacturing, processing or slaughtering?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are Farm Vehicles, Implements or Trucks operated outside a 50 mile radius of the principal farm location?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do any of the Farm Trucks carry goods for others?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the insured board, breed, race or rent horses or stable space to others?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does the insured conduct Logging, lumbering or saw mill operations?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are Veterinarian Services conducted on the premises by the insured or any employee?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Is there a Dude Ranch or Bed & Breakfast operated on any premises?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Is the public allowed on any premises for Pick-your-own produce, hay rides, mazes, cut-your-own tree sales, nursery sales, etc., (other than a road-side vegetable stand)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Is farm equipment rented or leased to others?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Are there Grain Elevator Operations other than storage of the insured's own grain on any insured premises?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Is there Crop dusting of any kind-either operated by the insured or conducted at any location for the insured?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Are there Oil or Gas pumping, wells or above ground pipelines on any insured location?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Are there lakes or reservoirs of more than 5 acres on any insured location?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Is there a Dam of any kind on any insured location?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Are there sink holes, sump holes, quarries, caves, mines, dumps or land fills on any insured location?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Does the farm include either feeder lot or animal confinement operations?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Broker