



COLONY INSURANCE COMPANY
FARM & RANCH OWNERS PDQ
SUPPLEMENTAL APPLICATION

General Agent Name
Address: _____

Phone: _____

Fax: _____

Date: _____

Insured: _____

Location: _____

If there is no street address on ACORD application attach legal description of the property. Provide location of each farm premises.

APPLICANT INFORMATION:

Policy Period Desired: From _____ To _____

Business Trade Name _____

Mailing Address _____ City _____

County _____ State _____ Zip Code _____ Phone () _____

Years in Business _____ Years Management Experience _____

Business Entity: Individual _____ Partnership _____ Corporation _____

Contact Person _____ Phone () _____

Type of Farm or Ranch _____

UNDERWRITING INFORMATION:

Locations of Farming or Ranching Operations

No.	Location	Total Acreage	Buildings? Yes / No
1]	_____	_____	_____
2]	_____	_____	_____
3]	_____	_____	_____

Building and Structures (Coverage A & G)

Description	Construction	Age	Condition	Use or Occupancy	Value in Dollars	Additional Interest
Dwelling	_____	_____	_____	_____	_____	_____
Dwelling	_____	_____	_____	_____	_____	_____
Barn	_____	_____	_____	_____	_____	_____
Shed	_____	_____	_____	_____	_____	_____
Stable	_____	_____	_____	_____	_____	_____

Scheduled Farm Personal Property

Description of Item	Quantity or ID Number	Value in Dollars	Additional Interest
Computer			
Feed and Seed			
Materials and Supplies			
Machinery and Equipment			

Farm Products

What are your annual sales: Livestock \$ _____ Poultry \$ _____ Other Farm Products \$ _____

GENERAL INFORMATION QUESTIONS

Applicant

1. Does the agent know the applicant? Yes No; If "Yes", number of years: _____.
2. When did the agent last personally inspect the property? _____ Distance to nearest fire service? _____
3. What is the applicant's main source of income? _____
4. Who actually farms the premises? _____
5. Are any farms or ranches owned or controlled by the applicant not included for coverage? Yes No; If "Yes" explain below.

Buildings

6. Is the dwelling(s) currently occupied? Yes No; If "Yes", by whom? _____
7. Are there auxiliary heating devices in any building? Yes No
8. Are any structures not being used as originally intended? Yes No; If "Yes", explain below.
9. Are any structures not located on an accessible road year-round? Yes No; If "Yes", explain below.
10. Are Swine or poultry brooders used? Yes No; If "Yes", in what buildings? _____

Farm Operations

11. Are there any commercial businesses conducted on premises? Yes No; If "Yes", explain below.
12. Is the applicant involved in any farm management for others? Yes No; If "Yes", explain below.
13. Does the applicant conduct any farm operations on premises such as seed or feed sales, Christmas trees, fruit or vegetable stands, etc.? Yes No; If "Yes", explain below and answer questions 12 and 13. If "No", skip to #14
14. Are customers allowed to pick their own fruits or vegetables? Yes No; If "Yes", what kind? _____
15. Does the applicant operate a roadside stand on or off premises? Yes No; If "Yes", explain below.
16. Does the applicant do any farm work or custom farming for others? Yes No; If "Yes", explain below.
17. Does the applicant apply anhydrous ammonia to his farm? Yes No; To farms of others? Yes No; If "Yes", explain below.
18. Does the applicant apply herbicides or pesticide for others? Yes No; If "Yes", explain below.
19. Has the applicant ever had any complaints regarding pollution, overspray, waste run-off or similar damages? Yes No; If "Yes", explain below.

Livestock

20. Does the applicant raise livestock of any kind? Yes No; If "Yes", explain below.
21. Does the applicant have any involvement with horses? Yes No; If "Yes", indicate how many, check box (es) that apply, and explain below.

Boarding for hire	Horses for rent	Personal ownership
Training for hire	Riding instruction	Showing/Racing
22. Describe the condition of applicant's fences? Excellent Good Fair Poor
23. Is there any custom feeding of livestock for others on premises? Yes No; If "Yes", how many head?

Other Operations

24. Does the applicant own any Aircraft or Watercraft? Yes No; If "Yes", If "Yes", explain below.
 25. Are the premises used for any of the following activities? Swimming or boating? Yes No; Hunting or Fishing? Yes No; Hiking? Yes No; Trail rides? Yes No; Camping /picnicking? Yes No.
 If "Yes" to any of the previous exposures, describe and explain below.

Explanation: _____

Prior Carrier and Loss History for 3 Years

Current Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____

<u>Date of Loss</u>	<u>Amount of Loss</u>	<u>Description of Loss</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

COVERAGE REQUESTED:

A-Dwelling(s) _____	Limit \$ _____	Causes of Loss:	Basic	Broad	Special
B-Private Structures	10% of A	Causes of Loss:	Basic	Broad	Special
C-Household Personal Property	50% of A	Causes of Loss:	Basic	Broad	Special
D-Loss of Use	20% of A				
E-Scheduled Farm Personal Property	(See Schedule)	Causes of Loss:	Basic	Broad	
F-Unscheduled Farm Personal Property	Limit \$ _____	Causes of Loss:	Basic	Broad	
G-Other Farm Structures	(See Schedule)	Causes of Loss:	Basic		
H-Bodily Injury & Property Damage Liability	Limit \$ _____	per Occurrence with,			
	\$ _____	General Aggregate			
I-Personal Injury	Limit \$ _____	per Occurrence			
J-Medical Payments	\$1,000				

Optional Livestock Collision: (Schedule E) Number of Animals _____ Limit per Animal \$ _____

I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.

Signature of Applicant _____ Date _____

Agency Name and Agent's Signature _____ Date _____