

SECTION A: Applicant Information

- Applicant Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Website: _____ Phone Number: _____
- Proposed Effective Date: From: _____ To: _____ 12:01 A.M., Standard Time at Address of Applicant

SECTION B: Business Information

- Form of Insured's business:
☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
- State the total number of farm acres operated for the following:
 By Insured: _____
 Rented to others: _____
 Rented from others: _____
- Number of years the Insured has of farming experience: _____
- Does the Insured have any migrant farm workers? ☐ Yes ☐ No
 If yes, please complete section G: Migrant Worker Information

SECTION C: General Information

- Does the Insured's insurance include Personal Lines Policies? ☐ Yes ☐ No
- Are the Commercial Farm and/or GL liability limits \$1,000,000 occurrence/\$2,000,000 aggregate? ☐ Yes ☐ No
- Is this a Hobby Farm? (smallholding (LLC) or small farm that is maintained without expectation of being a primary source of income) ☐ Yes ☐ No
- Is there slaughtering of animals on premises? ☐ Yes ☐ No
- Is there horse racing on premises? ☐ Yes ☐ No
- Does the Insured manufacture any animal feed? (other than hay or whole grain) ☐ Yes ☐ No
- Does the Insured transport their own product? ☐ Yes ☐ No
 If yes, is product transported over 200 miles? ☐ Yes ☐ No
- Grain elevator: primary operations? ☐ Yes ☐ No
- Does the Insured have any of the following? (check all that apply)
☐ Hiring process in place ☐ Animal handling program in place
☐ Emergency plan in place ☐ Equipment training program in place
- Does the Insured process and/or package their own product? ☐ Yes ☐ No
 If yes, please complete Section L: Product Liability Supplemental

SECTION D: Operations and Receipts Information

- Description of operations:

2. Select below the following classes of business. Select best fit per the majority of receipts. Select all applicable.

- | | | | |
|---|---|--|---------------|
| ☐ Soybeans | ☐ Cotton | ☐ Nut | → type: _____ |
| ☐ Grain | ☐ Tree | ☐ Citrus | → type: _____ |
| ☐ Horse | ☐ Tobacco** | ☐ Vegetable | → type: _____ |
| ☐ Egg | ☐ Strawberry** | ☐ Field Crop | → type: _____ |
| ☐ Cattle Ranch | ☐ Poultry | ☐ Fruit | → type: _____ |
| ☐ Leafy Greens** | ☐ Vineyards/Wineries | ☐ Livestock Confinement** | |
| ☐ Dairy → <i>complete Section K: Dairy Farm Supplemental</i> | | | |
| ☐ Other → specify: _____ | | | |

** Leafy greens include all lettuces, spinach, kale, cabbage (green and red), watercress, arugula, green leaf herbs such as parsley and basil, Bok choy, spring mix, escarole, green leaf, butter heard, mesclun, radicchio, green chard, beet greens, turnip greens, collard greens, Swiss chard, mustard greens, sprouts of any kind

** This is an unacceptable class of business, and does not fit within our Farm Underwriting Guidelines

3. Is farming the major source of income for the Insured? ☐ Yes ☐ No

If no, provide the Insured's occupation: _____

4. Provide the following receipts below:

- Crop receipts: \$ _____
- Seed receipts: \$ _____
- Livestock receipts: \$ _____
- Crop spraying: \$ _____ → by air? ☐ Yes ☐ No
- Custom farming (meaning farming for others): \$ _____
- Other receipts/source (*complete section E*): \$ _____

SECTION E: Other than Farming Information ☐ N/A

1. Are visitors allowed on premises for any of the following? (select all that apply)

- ☐ Commercial Hunting (applicant is paid a fee for use of property)
- ☐ School Field Trips → if checked, how many annually: _____
- ☐ Festivals (including, but not limited to, corn and/or straw mazes, pumpkin patches, hayrides, or any other farm-based entertainment operated on the applicant's premises)
- ☐ U-Pick Operations
- ☐ Tree Cutting
- ☐ Events (such as weddings)
- ☐ Store (including farm stand)

SECTION F: Livestock Information ☐ N/A

1. Is there livestock on premises? ☐ Yes ☐ No

2. State the type of livestock and total number of each: _____

3. Are all livestock fenced or contained? ☐ Yes ☐ No

If yes, is fencing or containment inspected on a regular basis? ☐ Yes ☐ No

Horse Information ☐ N/A

1. Are there any horses on premises? ☐ Yes ☐ No

2. Are horses for farm use only? ☐ Yes ☐ No

3. Public riding → is a waiver required for all riders? ☐ Yes ☐ No

4. Instruction → is a waiver required for all riders? ☐ Yes ☐ No

5. Instruction → does the instructor have insurance? ☐ Yes ☐ No

SECTION G: Migrant Worker Information ☐ N/A

1. What is the process of employment? _____
2. State the total number of workers annually: _____
3. Are workers seasonal? ☐ Yes ☐ No
If yes, state the months of employment: _____
4. Under what circumstances are migrant workers allowed to drive insured vehicles?

5. If able to drive Insured vehicles, what is the distance of travel? _____

SECTION H: Property Information

1. Does the Insured have safety measures for visitors such as check in/out, post warning signs, guiding while on the premises? ☐ Yes ☐ No
2. Are premises occupied year-round? ☐ Yes ☐ No
3. State the number of dwellings occupied by the Insured and/or family: _____
State the number of dwellings occupied by tenants (not employees)**: _____
State the number of dwellings occupied by employees/workers**: _____
***Please complete attached COPE worksheet for all non-owner-occupied dwellings*
4. Is snow and/or ice removal performed on premises? ☐ Yes ☐ No
If yes, is it done for the Insured/employees or is it subcontracted out? _____

Water Exposure (swimming pool/lake/pond/etc.)

1. Is there a swimming pool on premises? ☐ Yes ☐ No
If yes, select below safety measures that are present (select all that apply):
☐ Surrounded by fence ☐ Self-latching gate
☐ Visible depth marks ☐ Posted rules
☐ Lifeguards ☐ Lifesaving equipment is readily available
☐ Mechanicals are Virginia Graeme Baker Pool & Spa Safety Act compliant
2. Are there diving boards and/or water slides? ☐ Yes ☐ No
3. Are there any lakes, ponds, or other water exposures? ☐ Yes ☐ No
If yes, state the total number of each water exposure: _____

SECTION I: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____

SECTION J: Automobile Information ☐ N/A

1. State radius of operations for the categories below (percentage of total):

0-50 miles: _____
50-200 miles _____
Over 200 miles: _____
Max distance: _____

2. State the number of total vehicles:

3. State the number of vehicles that remain on the farm:

4. Does the Insured haul for others? ☐ Yes ☐ No

If yes, what is being transported? _____

Is there any backhauling? ☐ Yes ☐ No

5. Does the Insured have vans or buses used to transport employees? ☐ Yes ☐ No

6. Check below driver and vehicle criteria in place (select all that apply):

- ☐ MVRs checked prior to hire
- ☐ MVRs checked at least annually thereafter
- ☐ Physical exams at time of hire
- ☐ Drug/alcohol screening at time of hire
- ☐ Reference check
- ☐ Require CDL when applicable ☐ N/A
- ☐ Formal vehicle maintenance program in place
- ☐ Pre and post trip inspections completed
- ☐ Formal accident review program in place
- ☐ Progressive discipline policy in place for drivers involved in series of multiple accidents/violations, etc.

7. Are there drivers under the age of 25? ☐ Yes ☐ No

SECTION K: Dairy Farm Supplemental ☐ N/A

1. State gross annual receipts: _____
2. Annual milk sales to processors: _____
Annual milk sales to other than processors: _____
3. Are there sales from products other than milk? (such as cheese) ☐ Yes ☐ No
If yes, please complete Section L: Product Liability Supplemental
4. Are there solar panels on premises? ☐ Yes ☐ No
If yes, state the annual sales: _____
5. Provide the total number of head: _____
Provide the total number of milking cows: _____
Provide the total number of dry cows: _____
6. Are cattle owned? ☐ Yes ☐ No
7. Provide the annual milk production (weight): _____
8. Provide the storage capacity: _____
9. Who is milk sold to: _____
10. Are there any milk retail sales on premises? ☐ Yes ☐ No
11. Is there a cleaning and sanitizing program in place? ☐ Yes ☐ No
If yes, please describe: _____
12. How is contaminated milk disposed of? _____
13. How is milk hauled to the processor? _____
14. Is raw milk (unpasteurized) sold to anyone other than processors? ☐ Yes ☐ No
15. Is the milking parlor automated? ☐ Yes ☐ No
16. Does the milking parlor have slip and fall mats and handrails? ☐ Yes ☐ No
17. Does the milking parlor have fire extinguishers? ☐ Yes ☐ No
18. Does the milking parlor have backup generators? ☐ Yes ☐ No
19. Is milk tested prior to loading into the tank truck? ☐ Yes ☐ No
20. Is there a rodent control program? ☐ Yes ☐ No
21. Are there contracts in place between the Insured and the contract hauler? ☐ Yes ☐ No
22. Do contracts outline insurance requirements and hold harmless agreements in favor of the Insured? ☐ Yes ☐ No
23. Does the Insured gather certificates of insurance and/or contracts with third parties? ☐ Yes ☐ No
If yes, what are the limits required? _____

SECTION L: Product Liability Supplemental ☐ N/A

1. Check Insureds' applicable type of operations below:

- ☐ Manufacturer ☐ Co-packer ☐ Packaging ☐ Bottler
☐ Importer ☐ Wholesaler ☐ Retailer ☐ Distributor
☐ Supplier of ingredients
☐ Other → specify: _____

2. Check Insureds' applicable type of products below:

- ☐ Nuts/snacks ☐ Vegetables ☐ Fruits ☐ Dairy
☐ Meat/poultry ☐ Fish/seafood ☐ Bakery ☐ Beverage
☐ Soup/sauces ☐ Other → specify: _____

3. What percentage of products become a component part/ingredient of a finished product: _____

4. Products are sold to (list percentages of the following):

- Wholesale: _____ %
 Retail: _____ %
 Consumer direct: _____ %
 Other: _____ % → specify: _____

5. Complete the table below with sales figures for the current year, the past three years, and the estimated sales for the forthcoming year, along with the approximate percentage of sales per country:

Year	Total Sales	USA %	Canada %	Europe %	Other %
Current Year					
Next 12 Months					
Prior Year 1					
Prior Year 2					
Prior Year 3					

6. Complete the table below with sales information for applicants' top five products:

Product	Total Sales

Quality Control and Recordkeeping

1. Does the Insured have quality control and testing procedure? ☐ Yes ☐ No
 If yes, how long are quality control and testing records kept? _____
2. Can the Insured identify its products from those of competitors? ☐ Yes ☐ No
3. Do all records show whom and the date each product was sold? ☐ Yes ☐ No
4. Does the Insured have a specific program to withdraw known or suspected defective products from the market? ☐ Yes ☐ No
5. Has the Insured ever recalled or is applicant considering recalling any product? ☐ Yes ☐ No
 If yes, please attach an explanation
6. Have any of Insureds' products, ingredients, or components thereof ever been the subject of any investigation, enforcement action, or notice of violation of any kind by any governmental, quasi-governmental, administrative, regulatory, or oversight body? ☐ Yes ☐ No

SECTION M: COPE Worksheet ☐ N/A

[illegible]