



Please Fax Completed Form To 936-309-0050

AGENCY INFO

Name:		Agency Code:	
Phone:	() -	Fax:	() -
Contact:		Email:	

APPLICANT INFO

Name:		Entity Type:	Select One
Date of Birth:	/ /	Social Security No:	- -
FEIN#:	-		
Mailing Address:			
City:	State:	Choose State	Zip:
County:	Phone:	() -	Acres:
Farm Type:			

LOCATION INFO

Address:				
City:	State:	Choose State	Zip:	
Section:	Township:	Range:		
Inside City Limits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	# of Additional Locations with Buildings:	

LIABILITY COVERAGE(S)

Liability Limit:	Select Occurrence Limit	Select Aggregate Limit
Medical Payments Limit:	Select One	
Any business activities OTHER than farming or ranching conducted at any insured location?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe:
Optional Coverages:	(ATV's, Watercraft, etc. Please describe)	

DWELLING – Costimator is required for all dwellings; Must be insured to at least 80% of value.

Form:	Basic <input type="checkbox"/>	Broad <input type="checkbox"/>	Special <input type="checkbox"/>	Contents Only <input type="checkbox"/>
Deductible:	\$500 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>
Contents Form:	Basic <input type="checkbox"/>	Broad <input type="checkbox"/>	Special <input type="checkbox"/>	Limit: 50% <input type="checkbox"/>
Contents Valuation:	Replacement Cost <input type="checkbox"/>			
	or Actual Cash Value <input type="checkbox"/>			

DWELLING INFO

Year Built:		Mobile Home? Yes <input type="checkbox"/> No <input type="checkbox"/>	Total sq ft:	
Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tenant Occupied <input type="checkbox"/>	Roof Type: Select One			
Construction: Select	If Mobile, foundation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Amount of Insurance: \$	Value at 100% Replacement Cost: \$			
What Updated:				
Wiring Year:	Plumbing Year:	Heating Year:	Roof Year:	
Garage sq ft:	Attached <input type="checkbox"/> Detached <input type="checkbox"/>	Wood Stove: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Protective Devices: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, describe:			
Fire Protection: Within 5 miles of fire dept? Yes <input type="checkbox"/> No <input type="checkbox"/>	Within 1000 ft of hydrant? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Additional Water Source?				

BLANKET MACHINERY- Irrigation must be scheduled separately/separate rate for livestock

Amount of Insurance: \$

SCHEDULED FARM PERSONAL PROPERTY

Year	Make	Model	Peril	Limit	Ded
			Select		Select
			Select		Select
			Select		Select
			Select		Select
			Select		Select

BARNs, OUTBUILDINGS AND ADDITIONAL DWELLINGS

(All values under \$4,000: Type 3 – Any open building, all hay barns: Type 2 or 3, Barns over 1 story, Type 2- Must insure at least \$7.50 per sq ft – Dwellings at 80% of costimator)

Type/Description	Year	Sq Ft	Construction	Roof Type	Perils	Limit	Ded
			Select	Select	Select		Select
			Select	Select	Select		Select
			Select	Select	Select		Select
			Select	Select	Select		Select
			Select	Select	Select		Select

OPTIONAL PROPERTY COVERAGES:

Description	Limit of Insurance (if applicable)

APPLICANTS LOSS HISTORY (Last 5 years, regardless of location)

Date of Loss	Description	Amount

Premium of Existing/Expiring Policy:

Notes or comments about the risk:
