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American States Insurance Company
 American Economy Insurance Company

FARMPAC APPLICATION

Agency _____

Number _____

Town _____

I
N
S
U
R
E
D
Name _____

Mailing Address _____

City, State, ZIP _____

_____ to _____
 (inception) (expiration)

New Renewal of Policy No. _____

Dwelling Form: Basic Broad Special Tenant

Deductible: \$50 \$250 \$1,000 \$5,000
 \$100 \$500 \$2,500 \$7,500

Payment Plan: Agency Bill Customer Bill

Premium: _____

The following Described property is occupied by _____ and (except as herein otherwise provided) situated on and confined to _____ acres in the _____ of Section _____ Township _____ Range _____ about _____ miles from _____ and situated on _____ side of the road leading to _____ county of _____ State of _____ Zone of _____ Rural Fire Department Class _____ (where applicable)

Location	Description	Frame/Masonry	Limit of liability	Year Built	Square Feet	Important Rating	Type	Ltg Rd Credit	Premium
	Main Dwelling					Refer to manual for complete requirements. A photo of each building is required for issuance. COV. A- DWELLINGS			
	Unscheduled Pers. Prop.								
	Secondary Dwlg.								
	Unscheduled Pers. Prop.								
Replacement Cost Coverage on Household Goods: <input type="checkbox"/> Main Dwelling <input type="checkbox"/> Secondary Dwlg <input type="checkbox"/> Additional Dwlg Special Perils Coverage on Household Goods: <input type="checkbox"/> Main Dwelling <input type="checkbox"/> Secondary Dwlg <input type="checkbox"/> Additional Dwlg						Type 1: Min. \$20,000 (a) Superior condition (b) Thermostatically controlled heat (c) Continuous foundation (d) Interior plumbing (e) Approved electric heat (f) Insured 80% to value Type 2: Min. \$15,000 Same as (c) thru (e) above plus approved heating system and be of good construction and maintenance. Type 3: All Others.	Barns & Outbuildings <input type="checkbox"/> Optional Perils <input type="checkbox"/> Special Perils		
Outbuildings & Additional Dwellings							COV. F- OUTBUILDINGS Type 1: Min. \$2,000 (a) Superior condition (b) One Story (c) Continuous foundation (d) Incombustible floor (e) Fully enclosed (f) No hay storage Type 2: Min. \$1,000 (a) Superior condition (b) Continuous foundation (c) Fully enclosed on 3 sides Type 3: All Others		

Additional Premises

Location	Legal Description	No. of Acres	No. of Dwellings
2			
3			
4			
5			
6			

Complete information below for the main dwelling and all additional dwellings (include residential cost estimator for each).

Dwelling	Continuous Foundation Y/N	Central Heat Y/N	Interior Plumbing Y/N	Solar Heat Y/N	Wood Burning Stove*	Fireplace Insert* Y/N	If dwelling is over 30 years old, provide remodeling dates			
							Wiring	Heating	Plumbing	Roof
Main Dwelling										
# 2										
# 3										
# 4										

Do all rental dwellings have a working smoke alarm installed? Yes No

*Must have a questionnaire completed and photo of any such installation

COMPREHENSIVE FARM LIABILITY

Non Applicable

COVERAGES	LIMIT OF LIABILITY	Premium
Comprehensive Farm Personal Liability	\$ _____ each occurrence \$50,000 unless other amount is shown	
Medical Payments	\$ _____ each person \$1,000 unless other amount shown	
Custom Farming Type of Operation _____	Est. Annual Receipts: \$ _____	
Employer Liability & Employers Medical Payments	_____ Full-time farm employees _____ Part-time farm employees (Y/N) Estimated Payroll \$ _____	
Additional Named Insured 1. 2. 3.		
Additional Business Activity _____ Annual Gross Receipts: \$ _____		
Recreational Vehicle/Watercraft (Description, Value) <input type="checkbox"/> Physical Damage <input type="checkbox"/> Liability 1. 2. 3. 4. 5.		
Fire Legal Liability - \$50,000 Limit <input type="checkbox"/> Check if coverage is desired		
Family Medical Coverage:	Name	Date of Birth
		Limit of Liability

MORTGAGEE, LOSS PAYABLE, CONTRACT OF SALE:

Name	Address	Interest

COVERAGE D or E

FARM PERSONAL PROPERTY - to be insured as indicated by the check in the block below:

COV. D BLANKET FARM PERSONAL PROPERTY
(minimum \$10,000)

COV. E, SCHEDULED FARM PERSONAL PROPERTY

Insurance must be carried to not less than 80% of value at all times to comply with policy provisions.

Note: Livestock valued at more than \$2,000 per head MUST be scheduled.

Grain & Feed			Livestock			Machinery	
Description	No. of	Total	Description	No. of	Total	Description	Total Value
Corn			Horses			Tractors	
Soybeans							
Wheat							
			Feeder Cattle				
			Beef Cows				
			Beef Calves				
Hay			Bulls			Combines	
Straw							
Silage							
Feed			Dairy Cows				
			Dairy Calves				
			Heifers			Corn Picker	
Total Above						Cotton Picker	
Specific Person Property COVERAGE E only			Boars				
			Sows				
			Feeders				Portable Elevator
Description		Total Value					
Borrowed Farm Machinery			Rams			Plows	
			Ewes			Discs	
Leased Farm Machinery			Lambs			Harrows	
						Cultipacker	
Portable Buildings							
			Total Above			Corn Planter	
Poultry			TOOLS & SUPPLIES			Drill	
			Description	No. of Units	Total Value	Seeders	
Hay in Stacks						Rotary Hoes	
Stack Limit of \$						Cultivators	
Straw in stacks						Fertilizer Spreader	
Stack Limit of \$						Sprayers	
Irrigation Equipment							
						Mowers	
						Hay Baler	
						Hay Bin	
						Hay Rakes	
						Forage Harvester	
						Silo Filler	
						Manure Loader	
						Manure Spreader	
Total			Total				
Exclusions: The following are not to be covered:						Wagons	
_____ , _____ , _____							
_____ , _____ , _____							
_____ , _____ , _____						Feed Grinder & Hammer Mill	
						Gas Engines	

Peak Season

Limit of Liability	Period of Time		Premium
	From	To	

Glass In Cabs

Type Of Machinery	Yr., Make, Model	Premium

Total Above	
Other Unlisted Per. Prop.	
Excluded Value	
Total Value	
Total Amount of Ins	Premium

OPTIONAL COVERAGES: Check if coverage is desired	Premium		Premium
Earthquake <input type="checkbox"/>		Sports Equipment (Attach Schedule) <input type="checkbox"/>	
Optional Perils (Machinery) <input type="checkbox"/>		Cameras (Attached Schedule) <input type="checkbox"/>	
Jewelry (Attached Schedule) <input type="checkbox"/>		Extended Replacement Cost Cov. A <input type="checkbox"/>	
Furs (Attach Schedule) <input type="checkbox"/>		Back Up of Sewers, Drains & Sumps <input type="checkbox"/>	
Silverware (Attach Schedule) <input type="checkbox"/>		Pollutant Extension to Motor Vehicles <input type="checkbox"/>	
Dairyman's Protective Endorsement <input type="checkbox"/>		Ultra Plus FARMPAC Endorsement <input type="checkbox"/>	

INCREASED LIMITS	Increase in Liability	Premium	Increase In Liability	Premium
Outdoor Radio & TV Equipment			Pollution Clean Up and Removal	
Private Power & Light Poles				

Transportation of Farm personal Property (Value & description of transported property) _____
 Satellite Dish Description (Make, Model & Cost): _____

AGENT'S STATEMENT - ALL QUESTIONS MUST BE ANSWERED

Applicant known to agent Yes No Years _____
 When did you personally inspect property? _____
 Present value: Land? _____ Bldgs? _____
 Mortgage outstanding: _____
 Income other than farming: _____ % of total Income
 Year farming operation was started: _____
 Type of farming _____
 Total acreage: _____ acres of which _____ acres
 are under cultivation
 Farmed by Owner Manager Other Explain: _____
 Heat in farm barns, bldgs? Yes No If yes, explain and
 give type _____
 Any undesirable wind risk? Yes No Details, if yes: _____
 Are any dwellings vacant? Yes No If yes, which one(s)? _____
 Will any of the dwellings be unoccupied for more than 120 days?
 Yes No If yes, which one(s) _____
 Is there horse boarding, breeding or riding lessons given on premises?
 Yes No Give details: _____
 Is there hunting, fishing, or swimming allowed on premises?
 Yes No If yes, is there a charge? Yes No
 If there is livestock on the insured premises, are fences in good
 condition and well maintained? Yes No
 If no, explain. _____

Are all outbuildings fully utilized? Yes No They are used for: _____
 How are barns utilized? _____
 Water supply: Source: _____ Quantity _____
 Distance from buildings. Approx. _____ ft. to _____
 Fire Dept. or Dist. at _____
 Distance _____ over Paved Unpaved roads
 Risk is eligible for service Telephone on premises
 Distance to fire hydrant, if any? _____
 Number of losses applicant has had in last 3 years caused by
 perils covered. _____ Give date and kind of loss,
 insurer and amount paid: _____

 Has any insurer canceled or refused similar insurance? Yes No
 If yes, what company and why? _____

(NOT APPLICABLE IN MISSOURI)

Who was prior carrier? _____
 Other insurance company has for applicant _____
 Policy No's: _____

APPLICANT'S SIGNATURE _____ AGENT'S SIGNATURE _____

ATTACH A DIAGRAM INDICATING ALL BUILDINGS. SHOW DISTANCE IN FEET BETWEEN BUILDINGS.

Additional Information:

Note: 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.