

**ACORD** **AGRICULTURE APPLICATION**  
**APPLICANT INFORMATION SECTION** DATE (MM/DD/YYYY)  
1/24/2008

PRODUCER	PHONE (A/C, No, Ext): (866)386-4136 x2419 FAX (A/C, No): (601)898-4793	COMPANY	NAIC CODE
Continental Brokers, Inc. 214 Key Drive Suite 2000 Madison MS 39110		COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE: ACCOUNT NO.
CODE:	SUB CODE:	NEW <input type="checkbox"/> EFFECTIVE DATE	EXPIRATION DATE
AGENCY CUSTOMER ID		RNWL <input type="checkbox"/>	DIRECT BILL <input type="checkbox"/> PAYMENT PLAN
00006869		QUOTE <input type="checkbox"/> ISSUE POLICY	POLICY TYPE
		BOUND (DATE):	DEPOSIT \$

INDICATE SECTIONS ATTACHED

<input type="checkbox"/> PROPERTY SCHEDULED/UNSCHEDULED AGRI-PERSONAL PROPERTY	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> PERSONAL INLAND MARINE
<input type="checkbox"/> AGRI-BUSINESS LIABILITY	<input type="checkbox"/> AUTO UMBRELLA	

**APPLICANT INFORMATION**

NAME (First Named Insured & Other Named Insureds)	FEDERAL ID #	MAILING ADDRESS (of First Named Insured)	PHONE (A/C, No, Ext):
INDIVIDUAL <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/>	DATE BUS. STARTED	SIC Code	E-MAIL ADDRESS: CONTACT
			PHONE (A/C, No, Ext):

**TYPE OF FARM/RANCH**

<input type="checkbox"/> FIELD CROPS	<input type="checkbox"/> MUSHROOMS	<input type="checkbox"/> GREENHOUSES	<input type="checkbox"/> BEES	<input type="checkbox"/> TOBACCO
<input type="checkbox"/> FRUITS	<input type="checkbox"/> NUTS	<input type="checkbox"/> NURSERY STOCK	<input type="checkbox"/> FUR BEARING ANIMALS	<input type="checkbox"/> POULTRY
<input type="checkbox"/> VEGETABLES	<input type="checkbox"/> FLOWERS	<input type="checkbox"/> SOD	<input type="checkbox"/> LIVESTOCK-TYPE:	
<input type="checkbox"/> DAIRY	<input type="checkbox"/> VINEYARDS	<input type="checkbox"/> WORMS		

DESCRIBE FARM/RANCH OPERATIONS AND ANY INCIDENTAL BUSINESS ACTIVITIES

**PREMISES INFORMATION**

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	PROT CLASS	# ACRES TOTAL	# ACRES CULTIVATED	# ACRES IN PASTURE	FARMED BY	GROSS RECEIPTS

**LOSS HISTORY**

ENTER ALL CLAIMS OR OCCURRENCES FOR THE PAST FIVE YEARS

DATE OF OCCURRENCE	TYPE OF LOSS	DESCRIPTION OF OCCURRENCE	AMOUNT PAID

**PRIOR INSURANCE INFORMATION**

PRIOR CARRIER	TYPE OF INSURANCE	POLICY #	AMOUNT OF COVERAGE

**REMARKS**



# ACORD™ AGRICULTURE LIABILITY SECTION

DATE  
1/24/2008

<b>PRODUCER</b> (866)386-4136 x2419 Continental Brokers, Inc. 214 Key Drive Madison MS 39110	<b>NAMED INSURED/APPLICANT'S NAME</b>  				
<b>CODE:</b> AGENCY CUSTOMER ID 00006869	<b>SUBCODE:</b>  	<b>COMPANY</b>  	<b>ACCOUNT NUMBER</b>  		
		<b>POLICY NUMBER</b>  	<input type="checkbox"/> NEW <input type="checkbox"/> RNWL	<b>EFFECTIVE DATE</b>  	<b>EXPIRATION DATE</b>  

COVERAGES	LIMITS OF LIABILITY
BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$ EACH "OCCURRENCE" LIMIT \$ GENERAL AGGREGATE LIMIT
PERSONAL AND ADVERTISING INJURY LIABILITY	\$ EACH "OCCURRENCE" LIMIT \$ GENERAL AGGREGATE LIMIT
MEDICAL PAYMENTS	\$ ANY ONE PERSON LIMIT \$ EACH "OCCURRENCE" LIMIT
PROPERTY DAMAGE LIABILITY FIRE DAMAGE LIMIT	\$ ANY ONE FIRE
ADDITIONAL COVERAGE -- DAMAGE TO PROPERTY OF OTHERS	\$
AAIS PERSONAL LIABILITY COVERAGE	<b>NAME OF INSURED(S)</b>  \$ \$

COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, COMPLETE COMMERCIAL GENERAL LIABILITY APPLICATION	FARM PERSONAL LIABILITY (AAIS) <input type="checkbox"/> YES <input type="checkbox"/> NO	FARM COMMERCIAL LIABILITY (AAIS) <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---	--	--

CODE	LOC. #	COVERAGE	INCR LIMITS FACTOR	BASIS/RATE	PREMIUM
		INITIAL FARM PREMISES NOT MORE THAN ACRES			
		ADDITIONAL FARM PREMISES MAINTAINED BY NAMED INSURED LOC #			
		ADDITIONAL NON-FARM PREMISES OCCUPIED BY INSURED <input type="checkbox"/> SEASONAL <input type="checkbox"/> PERMANENT LOC #			
		ADDITIONAL RESIDENCE RENTED TO OTHERS # FAMILIES LOC #			
		CUSTOM FARMING RECEIPTS (RATE PER \$1,000) RECEIPTS \$			
		ROADSIDE STANDS -- FARM PRODUCTS PRINCIPALLY ON THE INSURED FARM (RATE PER \$1,000 GROSS SALES) SALES \$			
		DAY CARE COVERAGE (HOME) 1-3 PERSONS 1-6 PERSONS			
		LIMITED FARM POLLUTION LIABILITY (REFER TO COMPANY)			
		CONTINGENT LIABILITY FOR CROP DUSTING BY INDEPENDENT AIRCRAFT (RATE PER \$1,000 COST) COST \$ LIMIT \$			
		DOMESTIC WORKERS' COMP INSERVANT # OF RESIDENTIAL EMPLOYEES OUTSERVANT			
		ANIMAL COLLISION LIMIT PER HEAD \$ # OF HEAD			
		EMPLOYERS LIABILITY # FULL TIME EMPLOYEES # PART TIME EMPLOYEES TOTAL PAYROLL \$			
		OTHER:			

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
	ADDITIONAL INSURED				LOCATION:	BUILDING:
	LOSS PAYEE				VEHICLE:	BOAT:
	MORTGAGEE				SCHEDULED ITEM NUMBER:	
	LIENHOLDER				OTHER	
	EMPLOYEE AS LESSOR					
		ITEM DESCRIPTION:				

REMARKS





# AGRICULTURE UNSCHEDULED FARM PERSONAL PROPERTY

AGRICULTURAL PRODUCE	# OF UNITS	UNIT PRICE	TOTAL VALUE	CAUSE OF LOSS	COINS %	DED	PREMIUM	AGRICULTURAL MACHINERY AND IMPLEMENTS	# OF UNITS	UNIT PRICE	TOTAL VALUE	CAUSE OF LOSS	COINS %	DED	PREMIUM
BARLEY								TILLAGE:							
CORN								TRACTORS							
FODDER								DISCS							
FRUIT								HARROWS							
GROUND FEED								PLOWS							
HAY								OTHER							
MFG STK FEED															
NUTS															
OATS															
SILAGE								CULTIVATING:							
SOYBEANS								CULTIPACKERS							
STRAW								CULTIVATORS							
WHEAT								DRILLS							
								PLANTERS							
								ROTARY HOES							
								SEEDERS							
								SPREADERS							
								SPRAYERS							
TOTAL VALUE:				TOTAL PREMIUM:											
POULTRY	# OF BIRDS	UNIT PRICE	TOTAL VALUE	CAUSE OF LOSS	COINS %	DED	PREMIUM	HARVESTING:							
CHICKENS								AUGERS							
TURKEYS								BLOWERS							
								CHOPPERS							
								COMBINES							
								CORN PICKERS							
								COTTON PCKRS							
								DRIERS							
TOTAL VALUE:				TOTAL PREMIUM:											
LIVESTOCK	# OF HEAD	UNIT PRICE	TOTAL VALUE	CAUSE OF LOSS	COINS %	DED	PREMIUM	ELEVAT (PORT)							
DAIRY COWS								FORAGE							
DAIRY HEIFERS								HARVESTERS							
DAIRY CALVES								GRAIN CLNRS							
BEEF COWS								GRAIN HEADS							
BEEF CALVES								GRAPE							
FEEDER CATTLE								HARVESTERS							
BULLS								HAY BALERS							
SOWS & GILTS								MOWERS							
BOARS								NUTSHAKERS							
FEEDER PIGS								RAKES							
EWES								RICE HARVSTRS							
RAMS								ROODS							
LAMBS								SILO FILTERS							
HORSES								SILO UNLOADRS							
PONIES								TOMATO							
MULES								HARVESTERS							
								WAGONS							
TOTAL VALUE:				TOTAL PREMIUM:											





**PREMISES GENERAL INFORMATION**

<p>1. IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION? IF YES, (A) SOURCE= (B) QUANTITY =</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> WELL</td> <td><input type="checkbox"/> LESS THAN 1,000 GALLONS</td> </tr> <tr> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> POND/LAKE</td> <td><input type="checkbox"/> 1,000-3,000 GALLONS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> HYDRANT WITHIN 1,000 FT.</td> <td><input type="checkbox"/> OVER 3,000 GALLONS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> OTHER:</td> <td></td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS	<input type="checkbox"/> NO	<input type="checkbox"/> POND/LAKE	<input type="checkbox"/> 1,000-3,000 GALLONS		<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.	<input type="checkbox"/> OVER 3,000 GALLONS		<input type="checkbox"/> OTHER:		<p>2. ARE ANY WOOD OR COAL FIRED STOVES USED IN ANY BUILDINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN</p>
<input type="checkbox"/> YES	<input type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS											
<input type="checkbox"/> NO	<input type="checkbox"/> POND/LAKE	<input type="checkbox"/> 1,000-3,000 GALLONS											
	<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.	<input type="checkbox"/> OVER 3,000 GALLONS											
	<input type="checkbox"/> OTHER:												
<p>3. ARE ANY BURGLARY AND/OR FIRE ALARMS ON THE PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, TYPE OF ALARM</p> <p>INDICATE FLOORS PROTECTED BY ALARM: _____ DIAGRAM #: _____</p>	<p>4. DOES APPLICANT PERFORM MAINTENANCE ON EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE INDICATE TYPE OF REPAIRS DONE, WHERE PERFORMED AND BY WHOM</p>												
<p>5. IS ENTIRE PREMISES OCCUPIED YEAR ROUND? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>													

**PREMISES INFORMATION**

LOCATION #	BUILDING #	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc if necessary; address should be same as shown on ACORD 401)								
FARM NAME										
SUBJECT OF INSURANCE				VALUATION RC/ACV	COINS %	CAUSE OF LOSS	DEDUCTIBLE	VALUE	LIMIT OF INSURANCE	PREMIUM
<b>TOTAL</b>										
ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION										
BLDG TYPE	DIAG #	CONST TYPE	DISTANCE TO HYDRANT   FIRE STAT FT   MI		FIRE DISTRICT/CODE NUMBER	PROT CLASS	YR BUILT	HEAT TYPE	ROOF YEAR	TOTAL AREA

**PREMISES GENERAL INFORMATION**

<p>1. IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION? IF YES, (A) SOURCE= (B) QUANTITY =</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> WELL</td> <td><input type="checkbox"/> LESS THAN 1,000 GALLONS</td> </tr> <tr> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> POND/LAKE</td> <td><input type="checkbox"/> 1,000-3,000 GALLONS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> HYDRANT WITHIN 1,000 FT.</td> <td><input type="checkbox"/> OVER 3,000 GALLONS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> OTHER:</td> <td></td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS	<input type="checkbox"/> NO	<input type="checkbox"/> POND/LAKE	<input type="checkbox"/> 1,000-3,000 GALLONS		<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.	<input type="checkbox"/> OVER 3,000 GALLONS		<input type="checkbox"/> OTHER:		<p>2. ARE ANY WOOD OR COAL FIRED STOVES USED IN ANY BUILDINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN</p>
<input type="checkbox"/> YES	<input type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS											
<input type="checkbox"/> NO	<input type="checkbox"/> POND/LAKE	<input type="checkbox"/> 1,000-3,000 GALLONS											
	<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.	<input type="checkbox"/> OVER 3,000 GALLONS											
	<input type="checkbox"/> OTHER:												
<p>3. ARE ANY BURGLARY AND/OR FIRE ALARMS ON THE PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, TYPE OF ALARM</p> <p>INDICATE FLOORS PROTECTED BY ALARM: _____ DIAGRAM #: _____</p>	<p>4. DOES APPLICANT PERFORM MAINTENANCE ON EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE INDICATE TYPE OF REPAIRS DONE, WHERE PERFORMED AND BY WHOM</p>												
<p>5. IS ENTIRE PREMISES OCCUPIED YEAR ROUND? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>													

**ADDITIONAL INTERESTS**

RANK:	NAME AND ADDRESS	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
<input type="checkbox"/> INTEREST		<input type="checkbox"/> CERTIFICATE	<input type="checkbox"/> INTEREST		<input type="checkbox"/> CERTIFICATE
<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY	<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY
<input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> MORTGAGEE		

**REMARKS**