



Insured by Glencar Insurance Company

FARM AND RANCH APPLICATION

an AVENTUM Group company

rokstoneuw.com

Atlanta | Bahrain | Brussels | Cork | Dubai | Dublin | Fort Lauderdale | Houston
Hong Kong | Lexington | London | Miami | Mauritius | Hong Kong | Singapore

Insured:

Address:

Agent:

Address:

Telephone:

Agency Code:

Soc. Sec. #:

Effective Date:		to		New	Renewal	Quote
Billing Plan:	Agency Bill (Annual Only)	Annual (Direct)	Quarterly (Direct)	Monthly (Direct)		
Business Type:	Individual	Corporation	Partnership	LLC	Joint Venture	
	Other:					
Program:	Hobby Farm Package	Preferred Package	Standard Package	Other than Package		

Attention: Complete a separate description of each location to be covered with or without dwellings or buildings. All owned or rented premises occupied or operated at inception must be described to be covered.

[illegible]

If more locations must be described, complete additional sheet.

DWELLINGS: COVERAGE A, B, C, D

Complete for Each Dwelling Insured Under Coverage A or Containing Household Goods to be Insured Under Coverage C.

Please Provide a Completed Dwelling Replacement Cost Estimate for Each Dwelling to be Insured.

Coverage A, B, C, D Deductible Options: \$500 \$1,000 \$2,500 Other: \$

Earthquake Percent Deductible: 5% 10%

Loc. #	Dwlg. #	Type 1 = Standard Dwelling 2 = Mobile Home	Dwelling Interest O = Owner T = Tenant	Dwelling Occupancy O = Owner T = Tenant S = Seasonal	Dwlg. Yr. of Const.	Construction F = Frame M = Masonry	Square Footage	Heat Type	Solid Fuel Heating Units Y = Yes N = No

Loc. #	Dwlg. #	Coverage A Limit	Coverage B Limit	Coverage C Limit	Coverage D Limit	Cause of Loss			EQ	Valuation RC ACV FRC	System Updates (Year)		
						Basic	Broad	Special			Electrical	Heating	Plumbing
		\$	\$	\$	\$								
		\$	\$	\$	\$								
		\$	\$	\$	\$								
		\$	\$	\$	\$								
		\$	\$	\$	\$								
		\$	\$	\$	\$								
		\$	\$	\$	\$								
		\$	\$	\$	\$								
		\$	\$	\$	\$								
		\$	\$	\$	\$								

If more locations must be described, complete additional sheet.

Dwelling Endorsements Requested:

SCHEDULED PERSONAL PROPERTY

Schedule all items with complete descriptions below or on a separate inventory.

An appraisal less than three years old must accompany this application for all items over \$7,500.

A \$250 deductible applies to all articles, unless otherwise indicated.

Article	Limit of Insurance	Schedule
Jewelry	\$	
Furs	\$	
Cameras	\$	
Musical Instruments	\$	
Electronic Data Processing Equipment	\$	
Fine Arts with Breakage	\$	
Fine Arts without Breakage	\$	
Golf Equipment	\$	
Guns	\$	
Postage Stamps	\$	
Rare and Current Coins	\$	
Miscellaneous/Other	\$	

FARM PERSONAL PROPERTY: COVERAGE E & COVERAGE F

Schedule Farm Personal Property: Coverage E

Coverage E Deductible Options: \$500 \$1,000 \$2,500 Other: \$

Covered Causes of Loss: Basic Broad Special Earthquake Suffocation - Livestock or Poultry

Earthquake Percent Deductible: 5% 10%

Livestock and Poultry				
Item	Units	Unit Value	Total	Suffocation
Beef Cattle		\$	\$	
Beef Calves		\$	\$	
Dairy Cattle		\$	\$	
Dairy Calves		\$	\$	
Bulls		\$	\$	
Lambs		\$	\$	
Goats		\$	\$	
Poultry		\$	\$	
Swine		\$	\$	
Horses		\$	\$	

Farm Products			
Item	Units	Unit Value	Total
Hay & Straw (in the open)		\$	\$
Hay & Straw (in buildings)		\$	\$
Grain		\$	\$
Silage		\$	\$
Corn		\$	\$
Soybeans		\$	\$
Oats		\$	\$
Wheat		\$	\$
Fruit		\$	\$
Farm Products - NOC		\$	\$

Farm Machinery				
Item	Units	Unit Value	Total	Valuation* ACV RC
Tractor		\$	\$	
Tractor		\$	\$	
Tractor		\$	\$	
Combine		\$	\$	
Cotton Picker		\$	\$	
Corn Or Grain Head		\$	\$	
Hay Baler		\$	\$	
Grain Harvesters		\$	\$	
Plows		\$	\$	
Irrigation		\$	\$	
Discs		\$	\$	
Cultivators		\$	\$	
Corn Planters		\$	\$	
Fertilizer Spreaders		\$	\$	
Wagons		\$	\$	
Well Pumps		\$	\$	
Mushroom Growers Machinery and Personal Property		\$	\$	

*Farm Machinery > 10 years old are not eligible for RC.

Farm Products (NOC)			
Item	Units	Unit Value	Total
Tack and Equine Equipment		\$	\$
Farm Property – NOC		\$	\$
Fuel, Gas, Oil		\$	\$
Household Personal Property		\$	\$

COVERAGE F: UNSCHEDULED FARM PERSONAL PROPERTY

Coverage F Deductible Options: \$500 \$1,000 \$2,500 Other: \$

Covered Causes of Loss: Basic Broad Special (Machinery & Equipment Only) Earthquake

Earthquake Percent Deductible: 5% 10%

Limit: \$ (Declare amount of insurance and submit inventory).

Items Excluded From Coverage F:

Peak Season Coverage: Coverage E or Coverage F			
Item Covered:	Limit Increase	Start Date:	End Date:
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

Farm Personal Property Endorsements Requested:

BARNs, OUTBUILDINGS AND OTHER FARM STRUCTURES: COVERAGE G

Coverage G Deductible Options: \$500 \$1,000 \$2,500 Other: \$

Earthquake Percent Deductible: 5% 10%

Loc. #	Dwlg. #	Description	Construction	Year Built	Roof		Cause of Loss			EQ	Valuation RC ACV FRC	Bldg Limit
					Type	Age	Basic	Broad	Special			
												\$
												\$
												\$
												\$
												\$
												\$
												\$
												\$
												\$
												\$
												\$

Limited Perils: Fire & Lightning - Loc # and Bldg #(s):

If more buildings must be described, attach a separate sheet.

Barns, Outbuildings and Other Farm Structures Endorsements Requested:

ADDITIONAL INTERESTS**Please check as applicable:**

☐ Mortgagee ☐ Loss Payee ☐ Contract Holder ☐ Additional Insured ☐ Lessor of Leased Equipment

Name:

Address:

City:

State:

Zip:

Applies to:

Please check as applicable:

☐ Mortgagee ☐ Loss Payee ☐ Contract Holder ☐ Additional Insured ☐ Lessor of Leased Equipment

Name:

Address:

City:

State:

Zip:

Applies to:

Please check as applicable:

☐ Mortgagee ☐ Loss Payee ☐ Contract Holder ☐ Additional Insured ☐ Lessor of Leased Equipment

Name:

Address:

City:

State:

Zip:

Applies to:

If additional lienholders needed, attach separate sheet.

GIC FI SU 1026 (09 23)

FARM LIABILITY: COVERAGE H, I AND J

Coverage H - Bodily Injury and Property Damage Liability Limits:	\$	General Aggregate Limit
	\$	Each "Occurrence" Limit
Fire Damage Limit:	\$	Any One Fire
Coverage I - Personal and Advertising Injury Liability:	\$	
Coverage J - Medical Payments:	\$5,000	Any One Person Limit
Blanket Acreage: Yes No		

Farm Employer's Liability and Farm Employees' Medical Payments (Not Available in All States)

Farm Employer's Liability Limit:	\$	(Up to \$1,000,000)
Farm Employee's Medical Payments:	\$5,000	(Optional Limits Not Available)
	# of Employees	Payroll
Full Time Employees:		\$
Part Time Employees:		\$

Liability Endorsements Requested:

RECREATIONAL VEHICLES COVERAGE

Does the Applicant or members of the Applicant's family own an all-terrain vehicle, snowmobile, or comparable unit? Yes No

If **Yes**, please complete the information below and indicate the physical damage or off-premises liability coverage is desired.

Unit #	Type A=ATV S=Snowmobile	Year	Make	Model	Serial Number	Engine Size Cc's	Value	Physical Damage	Off-Premises Liability
							\$		
							\$		
							\$		
							\$		
							\$		
							\$		
							\$		
							\$		
							\$		
							\$		

Please note licensed units are not eligible for coverage and appropriate application should be submitted.

FARM PROPERTY AND LIABILITY LOSS INFORMATION

Enter all claims or occurrences that may give rise to claims for the prior five years.

Carrier	Date of Occurrence	Line	Type/Description of Occurrence of or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status O = Open C = Closed

GENERAL INFORMATION (EXPLAIN ALL "YES" ANSWERS)

1. Advise the receipts of the Applicants farming operation:	\$	
2. Is farming/ranching the Applicants main source of Income? If No , what is their main source of income?	Yes	No
3. How long has the agent know the Applicant? Number of years:		
4. Date the Agent personally Inspect the property:		
5. Has any policy been cancelled or non-renewed in the past 5 years?	Yes	No
6. Any bankruptcy, foreclosure, repossession, tax, or credit liens against the Applicant?	Yes	No
7. Has the Applicant received any formal complaints, nuisance lawsuits or regulatory authority citations regarding their farming operation?	Yes	No
8. Has the Applicant been charged, convicted, or cited for animal cruelty?	Yes	No
9. Any uncorrected fire code violations?	Yes	No
10. Are there any vacant farm buildings or dwellings at any location owned by the Applicant?	Yes	No
11. Is there any exposed cellular plastic insulation in any building?	Yes	No
12. Is there a year-round water supply usable for fire protection within 1000 feet of buildings?	Yes	No
13. What is the maximum value of equipment at any one location?	\$	
14. Are any premises used for hunting purposes by other than the Applicant?	Yes	No
15. Is there any storage or distribution of ammonium nitrate or anhydrous ammonia at or from any location of the Applicant?	Yes	No
16. Does the Applicant conduct any aerial crop dusting/spraying?	Yes	No
17. Are any portions of the farm rented or leased or used by any other individual corporation or interest for other than farming?	Yes	No
18. Does the Applicant process, slaughter, or butcher any livestock for others?	Yes	No
19. Does the Applicant contract or perform services operations for others such as tiling, excavating or ditching?	Yes	No
20. Does Applicant handle any product, such as seed, fertilizer, sprays, etc. for resale?	Yes	No

- | | | |
|--|-----|----|
| 21. Does any location owned by the Applicant have a quarry, cave, mine, dump, or landfill? | Yes | No |
| 22. Does any location owned by the Applicant have an airstrip? | Yes | No |
| 23. Are any locations described in this application leased to others for vacation or other recreational purposes? | Yes | No |
| 24. Does the Applicant have "livestock" other than as defined in the policy, domestic pets or exotic animals that are potentially dangerous? | Yes | No |
| 25. Does any location owned by the Applicant have a trampoline? | Yes | No |
| 26. Does any location owned by the Applicant have a swimming pool? | Yes | No |
| Is it fenced? | Yes | No |
| Is there a diving board? | Yes | No |
| 27. If the Applicant is a dairy farm, is there any processing of milk? | Yes | No |
| Any raw milk sold? | Yes | No |
| 28. Does Applicant own any horses? | Yes | No |
| Does the Applicant board, race, breed, or rent horses? | Yes | No |
| If Yes to either question, attach completed Equine Questionnaire. | | |

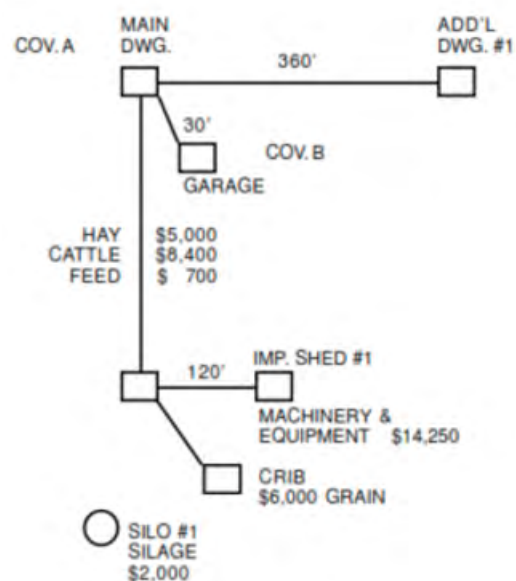
For other coverages including Commercial Automobile or Excess, submit the appropriate ACORD application.

LOCATION DIAGRAMS

Important: a diagram of all buildings must be completed, whether insured or not. Show all buildings on the premises and distance in feet between them and value of farm personal property in each. Label all buildings and indicate "NI" if not insured.

If more locations must be described, complete additional sheet.

Example of necessary diagram



Location #1:

Remarks or Other Instructions:

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Glencar Insurance Company.

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR ANY APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OF BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE INSURANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Name (Please Print/Type):

Title (must be signed by The President, Chairmen, Ceo or Executive Director):

Signature:

Date:

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

Producer (If this is a Florida Risk, Producer means Florida Licensed Agent):

Agency:

Producer License Number (If this is a Florida Risk, Producer means Florida Licensed Agent):

Address (Street, City, State, Zip):

GIC FI SU 1026 (09 23)



710 East Main Street, Lexington, KY 40502

T 859-629-6055

E talktous@rokstoneagriculture.com

W rokstoneagriculture.com