

Underwritten by Scottsdale Insurance Company  
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## FARM AND RANCH APPLICATION

				Date:	
Agency Name/Address: Phone: Fax: E-mail:			Applicant's Name: Mailing Address: City: ST: Zip: County:		
Code:	Subcode:	Phone No.:	Bus. Phone No.:		
Agency Customer ID:		Effective Date:	Expiration Date:		
		E-mail:	Website Address:		

### APPLICANT INFORMATION

Previous Address (if less than three years) Years at Previous Address: Street: City: ST: Zip:		Location of property if different from above: Street: City: ST: Zip: County:			
Applicant's Occupation (State nature of business if self-employed):		Marital Status	DOB	Applicant's Employer Name and Address:	
Co-Applicant's Occupation (State nature of business if self-employed):		Marital Status	DOB	Co-Applicant's Employer Name and Address:	

### COVERAGES/LIMITS OF INSURANCE—PRIMARY LOCATION (Complete Additional Farm Dwelling Supplemental Application for additional locations)

Location 1 Building 1	Dwelling (Coverage A)	Other Private Structures (Coverage B)	Personal Property (Coverage C)	Loss of Use (Coverage D)	Barns & Farm Personal Property (Coverage E&G)	Bodily Injury and Property Damage (Coverage H)	Medical Payments (Coverage J)
Limit	\$	\$	\$	\$	Complete Supplemental Application	\$	\$
Cause Of Loss	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad				
Loss Settlement	<input type="checkbox"/> ACV <input type="checkbox"/> RC <input type="checkbox"/> FRC	Same as Coverage A	<input type="checkbox"/> ACV <input type="checkbox"/> RC				
Deductible Type & Amount (%/\$)		<input type="checkbox"/> All perils: _____		<input type="checkbox"/> Wind & Hail: _____		<input type="checkbox"/> Other: _____	

### RATING/UNDERWRITING—PRIMARY LOCATION

Year Built	Purchase Date	Construction Type				Usage Type		Occupancy		Windstorm Loss Mitigation Features	
		<input type="checkbox"/> Frame	<input type="checkbox"/> Modular Home	<input type="checkbox"/> Masonry	<input type="checkbox"/> EIFS	<input type="checkbox"/> Primary	<input type="checkbox"/> Owner	<input type="checkbox"/> Hurricane Straps	<input type="checkbox"/> Wind Shutters	<input type="checkbox"/> HIP Roof	<input type="checkbox"/> Impact Resistant Glass
Square Feet	Replacement Cost \$	<input type="checkbox"/> Masonry Veneer	<input type="checkbox"/> Log Home	<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Hand-hewn	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tenant	<input type="checkbox"/> Farm Renter (Tenant Package)			
No. Families	Market Value \$	<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Milled	<input type="checkbox"/> MFG/Mobile Home	<input type="checkbox"/> Kit	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Vacant	No. of Months: ____			
		<input type="checkbox"/> Tied Down	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Portable		<input type="checkbox"/> COC/Reno					
		<input type="checkbox"/> Skirted									
Territory Code	Protection Class	Distance To		Protection Device Type			Visible to Neighbors: <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Hydrant	Fire Station	System	Smoke	Temperature	Burglar	Foundation: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Stilts			
		FT	MI	Central	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial			
Fire District / Code No.: /			Local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Updates	Partial	Complete	Year	Details	
Wiring	<input type="checkbox"/>	<input type="checkbox"/>		Circuit Breakers: <input type="checkbox"/> Yes <input type="checkbox"/> No Aluminum: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fuses: <input type="checkbox"/> Yes <input type="checkbox"/> No No. of Amps _____ Knob & Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>		Type: <input type="checkbox"/> Copper <input type="checkbox"/> PVC Other: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating	<input type="checkbox"/>	<input type="checkbox"/>		Primary: _____ Wood Stove? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," attach photo and mandatory Woodstove questionnaire	Secondary: _____ <input type="checkbox"/> None Portable Space Heaters? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," are they thermostatically controlled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Roofing	<input type="checkbox"/>	<input type="checkbox"/>		Roof Type/Material: _____ Condition of Roof: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**FARM PREMISES INFORMATION**

Loc. No.	Address	Total No. of Acres	Farmed By	Gross Receipts

**LOSS HISTORY**

Any losses, whether or **not** paid by insurance, in the last three years, at **this** or **any** other location?  
 Yes  No If "yes," indicate below:

DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT PAID/RESERVED	OPEN/ CLOSED
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

**PRIOR/CURRENT COVERAGE**

Prior carrier/Current carrier:	Policy number:	Expiration date:
If lapse or no prior coverage, provide explanation:		

**UNDERWRITING QUESTIONS**

Type of Farm/Ranch Operation			Number of Employees	
<input type="checkbox"/> Field crops	Number of acres _____	Gross Receipts _____	<input type="checkbox"/> Full-time _____	
<input type="checkbox"/> Horses	Number of head _____	Gross Receipts _____	<input type="checkbox"/> Part-time _____	
<input type="checkbox"/> Dairy	Number of head _____	Gross Receipts _____	<input type="checkbox"/> Seasonal _____	
<input type="checkbox"/> Livestock	Number of head _____	Gross Receipts _____	<input type="checkbox"/> None	
<input type="checkbox"/> Exotic/Racing	Number of head _____	Gross Receipts _____		
<input type="checkbox"/> Other _____		Gross Receipts _____		

**Describe farm/ranch, principal type of farming and any incidental for-profit activities:**

FARM AND RANCH UNDERWRITING QUESTIONS

GENERAL QUESTIONS

- 1. Select any of the following exposures that exist:
Airstrips, Open Dump/Landfill Pits, Silage Pits, Dams/Lakes/Ponds, Timber Operations, LPG/Gas/Fuel Storage Tanks, Hunting, Show ring, rodeo ring/chute, Chemical Application (Ground / Air)
List type and nature of Chemicals:
Other:
2. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years?
If "yes," what was the reason?
Is it open?
If "no" what is the date closed/discharged:
3. Any coverage declined, cancelled or non-renewed during last three years? (Not applicable in MO or CA)
If "yes," what was the reason?
4. Is applicant delinquent on mortgage or tax payments?

PROPERTY QUESTIONS

- 5. Distance to coast: Feet: Miles:
6. Is property for sale?
7. Has any structure been converted to a private residence?
If "yes," explain:
8. Is there any existing fire, water or structural damage?
If "yes," explain:
9. Complete if any building(s) is/are undergoing renovation or reconstruction during the applied for policy period. Attach list for additional buildings.
Location Number: Contractor Name:
Building Number: Is Contractor licensed?
Starting Date: Completion Date:
Starting Value: \$ Completed Value: \$
10. Are there any buildings on premises which are unused?
If "yes," describe:
11. List other insurance with this company:
Policy No.:

LIABILITY QUESTIONS

- 12. Are there any animals (excluding Horses, Dairy and Livestock) kept on the premises?
If "yes," list type of animal: Bite History?
If "yes," list type of animal: Bite History?



13. Is there a Swimming Pool? .....  Yes  No  
 If "yes," check applicable boxes:       Fenced       Diving Board       Slide
14. Is there a Trampoline? .....  Yes  No
15. Is any land held for real estate development or speculation? .....  Yes  No  
 If "yes," explain: \_\_\_\_\_
16. Any other locations owned by or rented to the applicant not listed on the application? .....  Yes  No  
 If "yes," explain: \_\_\_\_\_
17. How many acres are leased to others? ..... \_\_\_\_\_  
 What is the land used for? \_\_\_\_\_  
 Who is it rented to? \_\_\_\_\_  
 Do the lessees carry liability insurance for their operations? .....  Yes  No

**GENERAL BUSINESS QUESTIONS**

18. Are there any contract or service operations performed for others such as snow removal, tilling, excavating or ditching? .....  Yes  No  
 If "yes," describe: \_\_\_\_\_
19. Are independent contractors hired to perform any farming operations? .....  Yes  No  
 If "yes," describe: \_\_\_\_\_  
 Do they carry liability insurance for their operations .....  Yes  No
20. Are any "hold harmless" or "indemnification" agreements in effect? .....  Yes  No  
 If "yes," describe: \_\_\_\_\_
21. Is the applicant a subsidiary of another or does the applicant have subsidiaries? .....  Yes  No  
 If "yes," list related companies: \_\_\_\_\_
22. Are there other business activities other than farm related operations? .....  Yes  No  
 If "yes," describe: \_\_\_\_\_

**FARMING OPERATIONS QUESTIONS**

23. Is there any Custom Farming? .....  Yes  No  
 If "yes," describe: \_\_\_\_\_
24. Does applicant:
- a. Engage in any retail activity on or off the premises other than roadside stands? .....  Yes  No  
 If "yes," describe: \_\_\_\_\_
  - b. Mix, process, slaughter, butcher or otherwise prepare his or any other grower's product? .....  Yes  No  
 If "yes," provide GL Carrier Name: \_\_\_\_\_ Limit: \_\_\_\_\_
  - c. Handle any product, such as seed, fertilizer, sprays, etc. for resale? .....  Yes  No  
 If "yes," provide GL Carrier Name: \_\_\_\_\_ Limit: \_\_\_\_\_
25. Are the farm premises available to the public for special events such as, but not limited to, "u-pick," weddings, show or hay rides? .....  Yes  No  
 If "yes," describe: \_\_\_\_\_

26. Does insured raise, board, race, breed or rent horses or ponies? .....  Yes  No  
 If "yes," provide GL or Stable Carrier Name: \_\_\_\_\_ Limit: \_\_\_\_\_

**REMARKS** (Attach additional sheets if more space is required):

**ADDITIONAL INTEREST AND INSURED**

INT No.:	Type Of Interest	Information	Loan Number and Type of Property
	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Interest Relationship: <input type="checkbox"/> Additional Insured Relationship: <input type="checkbox"/> Trust	Name: Address: City: State: Zip Code:	
	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Interest Relationship: <input type="checkbox"/> Additional Insured Relationship: <input type="checkbox"/> Trust	Name: Address: City: State: Zip Code:	

**ADDITIONAL REQUIREMENTS/ATTACHMENTS**

- Inspection                       Photographs                       Protection Class 9/10 Questionnaire  
 Woodstove Questionnaire/Photos (2)                       Replacement Cost Estimator

**PAYMENT PLAN**

- Billing:     Insured                       Mortgagee                       Agency Bill



**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or 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 issuance 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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)