



**AGRICULTURAL SUPPLEMENTAL APPLICATION**

THIS APP MUST BE ATTACHED TO THE ACORD GENERAL APPLICANT INFORMATION APPLICATION

Applicant's Name \_\_\_\_\_ Agency \_\_\_\_\_

**LOCATION (S)**

Loc #	911 / Legal Address	City	State	Zip	County	Deductible	Protection Class

**POLICY LEVEL PROPERTY OPTIONS**

Deductible:  \$1,000  \$2,500  \$5,000  \$ \_\_\_\_\_  
 Separate Wind or Hail \_\_\_\_\_ Named Storm Wind/Hail \_\_\_\_\_ %  
 Inflation Guard %:  4%  6%  8%  \_\_\_\_\_

**POULTRY/SWINE BUILDINGS – SCHEDULED ONLY**

**Bldg Type**

AB – Automated Breeder / Layer  
 B – Broiler  
 BC – Broiler with Cool Cells  
 C – Compost Shed  
 INC - Incinerator  
 L – Litter Shed

**Poultry**

MB – Manual Breeder / Layer  
 P – Pullet House  
 S – Stack House  
 TKB – Turkey Brooder  
 TKGO – Turkey Grow Out

**Swine**

B & G – Breeding & Gestation  
 F – Farrowing  
 FIN – Hog Finishing  
 N – Nursery

**ALL**

E – Equipment Shed  
 G – Generator Shed with permanent generator  
 OFF - Office  
 PU – Water well pump only  
 WH – Well House and well pump  
 O - Other

**Truss Type**

F - Frame M – Metal

**Additional Supports**

KB – Knee Bracing CT – Collar Ties SP – Snow Poles OT – Other (describe)

Loc #	Bldg #	Building Property Type	Roof truss type	Additional Bracing code(s)	Distance between trusses	Year built	Length	Width	Condition	Distance to nearest other building	Amount of Insurance	Coverage / Coinsurance
												<input type="checkbox"/> RC 100% <input type="checkbox"/> ACV 90%
												<input type="checkbox"/> RC 100% <input type="checkbox"/> ACV 90%
												<input type="checkbox"/> RC 100% <input type="checkbox"/> ACV 90%
												<input type="checkbox"/> RC 100% <input type="checkbox"/> ACV 90%

**FARM BUILDINGS**

**Bldg Type**

BA - Barn  
 FM - Feed Mill  
 GB - Grain Bin  
 E – Equipment Shed  
 G – Gen. Shed with permanent generator

SI - Silo  
 SH - Storage - Hay  
 SO - Storage - Other Farm Products  
 WH – Well House and well pump  
 O - Other

GR - Granary  
 MP - Milking Parlor  
 OB - Out Building  
 OFF - Office  
 PU – Water well pump only

**Condition**

E= Excellent  
 AA= Above Average  
 AV=Average  
 BA= Below Average  
 P=Poor

Loc #	Bldg #	Building Property Type	Year built	Area (sq. ft.)	Const. Type	Limit	Valuation	Coins %	Type Class of Building	Distance to nearest building	Enclosed Foundation?	Condition
							<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> FRC <input type="checkbox"/> SA		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> E <input type="checkbox"/> AA <input type="checkbox"/> AV <input type="checkbox"/> BA <input type="checkbox"/> P
							<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> FRC <input type="checkbox"/> SA		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> E <input type="checkbox"/> AA <input type="checkbox"/> AV <input type="checkbox"/> BA <input type="checkbox"/> P
							<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> FRC <input type="checkbox"/> SA		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> E <input type="checkbox"/> AA <input type="checkbox"/> AV <input type="checkbox"/> BA <input type="checkbox"/> P
							<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> FRC <input type="checkbox"/> SA		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> E <input type="checkbox"/> AA <input type="checkbox"/> AV <input type="checkbox"/> BA <input type="checkbox"/> P

When SA, Stated Amount expiration date \_\_\_\_\_

## RESIDENTIAL PROPERTY

Deductible: if different than Policy Deductible  \$1,000  \$2,500  \$5,000  \$ \_\_\_\_\_

Loc #	BLDG #	DESCRIPTION	Year built	Const. Type	Area	Amount of Insurance	Valuation	Coins %	Type Class of Dwelling
		Residence					<input type="checkbox"/> RC <input type="checkbox"/> ACV		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3
		Adjacent Structures							
		Unsch. Pers. Prop.							
		Loss of Use							

Fire Protective Device

Theft Protective Device

## BUSINESS PERSONAL PROPERTY/STOCK/SPECIFICALLY SCHEDULED PROPERTY

Loc #	Bldg #	Model Year	Description	Serial #	Amount of Insurance	Valuation	Coins %
						<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> FRC	
						<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> FRC	
						<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> FRC	

## COMPUTER

Specifically Scheduled Items  Blanket (Farm only)

Loc #	Bldg #	Item #	Year	Description (Make & Model)	Serial Number	Amount of Insurance	Valuation	Coins %
							<input type="checkbox"/> RC <input type="checkbox"/> ACV	
							<input type="checkbox"/> RC <input type="checkbox"/> ACV	

## MOBILE EQUIPMENT

Specifically Scheduled Items  Blanket (Farm only)

Item #	Year	Description (Make & Model)	Serial Number	Amount of Insurance	Valuation	Coins %
					<input type="checkbox"/> ACV	
					<input type="checkbox"/> ACV	
					<input type="checkbox"/> ACV	

## EARTHQUAKE

Loc No.	Covered Property	Masonry Veneer	Earthquake Deductible	Amount of Insurance

## OPTIONAL PROPERTY COVERAGES

Hay Coverage

Loc No.	Limit of Insurance			Coins %
	Per Location	Per Stack	Per Building	

Livestock Coverage

Covered Perils	Type or Class of Livestock	Per Animal Limit	All Animals Limit	Coins %
<input checked="" type="checkbox"/> Basic <input checked="" type="checkbox"/> Broad <input checked="" type="checkbox"/> Including Earthquake <input checked="" type="checkbox"/> Including Off-Premises Power Interruption	<input checked="" type="checkbox"/> By Class of Type <input checked="" type="checkbox"/> By Specific Animal			

**OPTIONAL PROPERTY ENDORSEMENTS**

**EXCLUSIONS**

- Collapse
- Windstorm or Hail
- Consequential loss

**PROPERTY ADDITIONAL COVERAGES**

- Additional Debris Removal Expense \$ \_\_\_\_\_
- Emergency Removal Expense \$ \_\_\_\_\_
- Fire Department Service Charges \$ \_\_\_\_\_
- Inventory and Appraisals/Expense \$ \_\_\_\_\_
- Pollutant Clean Up and Removal \$ \_\_\_\_\_
- Recharge of Fire Extinguishing Equipment \$ \_\_\_\_\_

**PROPERTY COVERAGE EXTENSIONS**

- Fraud or Deceit \$ \_\_\_\_\_
- Newly Acquired Computers \$ \_\_\_\_\_
- Newly Acquired or Constructed Buildings \$ \_\_\_\_\_
- Personal Effects \$ \_\_\_\_\_
- Personal Property – Acquired Locations \$ \_\_\_\_\_
- Property Away from a Covered Location \$ \_\_\_\_\_
- Stock – Acquired Locations \$ \_\_\_\_\_
- Trees, Shrubs, Plants and Lawns \$ \_\_\_\_\_

**PROPERTY OTHER COVERAGES**

- Electrical Breakdown \$ \_\_\_\_\_  
hp of motors and generators ..... \_\_\_\_\_  
kilovolt amps for transformers \_\_\_\_\_
- Ordinance or Law – Undamaged Parts of a Building \$ \_\_\_\_\_

**PROPERTY SUPPLEMENTAL COVERAGES**

Supplemental Coverages	Total Amount of Insurance
Accounts Receivable	_____
Fine Arts, Furs, Guns, Jewelry, Metals	_____
Fine Arts	_____
Furs	_____
Guns	_____
Jewelry, watches, jewels, precious and semi precious stones	_____
Silverware, goldware, pewterware or items plated with gold or silver	_____
Money	_____
Securities	_____
Ordinance or Law: Increased Costs	_____
Ordinance or Law – Undamaged Parts of a Building	_____
Property in Transit	_____
Property on Exhibition	_____
Sewer Backup and Water Below the Surface	_____
Spoilage	_____
<input type="checkbox"/> Breakdown <input type="checkbox"/> Contamination <input type="checkbox"/> Power Disruption	
Tank Leakage	_____
Utility Service Interruption	_____
All Services Except: <input type="checkbox"/> Overhead Transmission Power Lines	
<input type="checkbox"/> Overhead Communication Transmission Lines	
<input type="checkbox"/> Gas	
<input type="checkbox"/> Water	
Valuable Papers and Records – Cost of Research	_____
Watercraft	_____

## MORTGAGEE / LOSS PAYEES

Loc #	Bldg #	Item #	Name	Mailing Address	City	State	Zip Code	Interest
								<input type="checkbox"/> MG <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> CS
								<input type="checkbox"/> MG <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> CS

MG= Mortgagee LLP=Lenders Loss Payee LP=Loss Payee CS=Contract of Sales Loss Payee

## EQUIPMENT BREAKDOWN

	Amount of Insurance	Coins %	Deductible
Property			
Additional Coverages			
Expediting Expense			
Pollutants			
Spoilage Coverage			
Income Coverage			

(\$ or % of loss, subject to \_\_\_\_\_ minimum)

(\$, hours, average daily value or combined)

- Earnings, Rents & Extra Expense       Earnings and Extra Expense  
 Rents and Extra Expense                       Extra Expense only

Utility Service Interruption      Amount of Insurance \$ \_\_\_\_\_ Does not apply to: \_\_\_\_\_

## BUSINESS INCOME

Loc #	Bldg #	Coverage	Amount of Insurance
		<input type="checkbox"/> Income <input type="checkbox"/> Monthly Limitation	
		<input type="checkbox"/> Income <input type="checkbox"/> Monthly Limitation	

Income Coverage      Coinsurance %

Monthly Limitation % % % % %

Loss of Earnings from Meat Birds

Limit per bird \$ \_\_\_\_\_

Deductible: Per bird \$ \_\_\_\_\_

Equipment Breakdown included

Limit per occurrence \$ \_\_\_\_\_

Minimum per occurrence \$ \_\_\_\_\_

Loss of Earnings from Eggs

Limit per layer: First laying cycle \$ \_\_\_\_\_ First Force Molt Cycle \$ \_\_\_\_\_

Limit per occurrence \$ \_\_\_\_\_

Deductible: % per occurrence

Equipment Breakdown included

Mobile Equipment Rental Reimbursement- waiting period No. of hours

## GENERAL LIABILITY COVERAGES

Farm Liability	
Farm Premises and Operations	\$ _____ per occurrence \$ _____ general aggregate
Medical Payments	\$ _____ per person
Farm Chemicals Limited Liability	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
Fire Legal Liability	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000
<input type="checkbox"/> Custom Farming	\$ _____ annual receipts
<input type="checkbox"/> Grazing Animals – away from premises	_____ Max number of animals away from the premises.
<input type="checkbox"/> Pick your own fruit or vegetable operations	\$ _____ annual sales <input type="checkbox"/> Picking allowed above ground level <input type="checkbox"/> No picking allowed above ground level

Farm Liability Classifications

Classification	Class Description	Exposure Type	Exposure
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

■ Personal Liability

Named Insured(s)


■ Personal Liability – Additional Insured – Other Residents of the Household

Named Insured(s) to be covered


■ Additional Residence - Occupied by an Insured Show locations below

Location of all additional and secondary premises


■ Additional Residence - Rented to Others

Location of each residence

Number of Families


■ Related Private Structures – Rented to Others

Description of structure

Number of Families


■ Motorized Low Power Vehicles Liability

Number of households \_\_\_\_\_

■ Hired and Non-owned Auto Liability

■ Owned Snowmobiles – Off Premises

Make or Model

Serial or Motor Number


■ Owned All-Terrain Vehicles

Make or Model

Serial or Motor Number


■ Golf carts

Make or Model

Serial or Motor Number


■ Watercraft

Description

Horsepower

Rated Speed (mph)

Length

Owner (if not insured)

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■ Business Activities

Designated Insured Name(s)

Designated Business Activity


■ Custom Feeding Coverage

Described Location and Operations

Each Occurrence Limit

Aggregate :Limit


Farm Employers Liability and Medical Payments

Liability Limit - Each Occurrence  \$25,000  \$50,000  \$100,000  \$300,000  \$500,000  \$1,000,000

Medical Payments Limit – Per Employee  \$500  \$1,000

Number of farm employees working: 180 days or more \_\_\_\_\_ 41-179 days \_\_\_\_\_

When farm employees work 40 or less days, number of man-days \_\_\_\_\_

Autos Exempted From Registration

Year	Mfg Name / Model / Body Type	GVW	Serial Number	Certificate No.	Exemption

Additional Insured – Designated Person or Organization

Name of Designated Person or Organization	Legal Interest

Additional Insured – Lessor of Leased Equipment

Automatic status  Designated Person or Organization

Name of Designated Person or Organization	Legal Interest

Additional Insured – Lessor of Premises

Lessor's Name	Portion Leased to the Insured

Additional Insured – Mortgagee, Assignee or Receiver

Mortgagee's Name	Premises Description

Exclusions

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Maine Fraud

Maine Fraud Warning:

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 denial of insurance benefits.