

Policy # _____ (If Renewal or Rewrite)
 Applicant's Name _____
 Address (RR# or Street) _____ Eff. Date _____
 Town _____ State _____ Zip _____ Phone _____ Quote Bound
 Individual _____ Corporation _____ Partnership _____ Joint Venture _____ Estate _____
 Owner Occupied Tenant Absentee Owner Physical Address _____
 Farm is located _____ miles _____ of _____

(NOTE: List primary building location 1st, other building locations 2nd, other land 3rd. More than 4 attach Separate Sheet.)

| No. of Acres | Bldgs. Yes/No | Section | Township | Range | County | State | Zip Code | Class 1 to 10 |
|--------------|---------------|---------|----------|-------|--------|-------|----------|---------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Deductibles – (Split Deductibles are available by Coverage on Farmers & Ranchers except Coverage on A & B.)

| | \$500 Ded. | \$1000 Ded. | \$2500 Ded. | \$5000 Ded. | Basic | Broad | Special | RC Roof (Cov. A only) |
|------------|------------|-------------|-------------|-------------|-------|-------|---------|-----------------------|
| Cov. A & B | N/A | | | | | | | |
| Coverage D | N/A | | | | | | | |
| Coverage E | N/A | | | | | | | |
| Coverage F | N/A | | | | | | | |

| Section I Coverages | New House Credit Requested <input type="checkbox"/> | Limit of Liability | Annual Premium |
|---|---|----------------------------------|----------------|
| A. Dwelling (Primary) | Year Built or Remodeled | | |
| Additional Dwellings (Total) (Schedule on Page 2) | | | |
| B. Unscheduled Personal Property (Household) | RC <input type="checkbox"/> | | |
| Replacement Cost on Carpet, Furnace & Air Conditioners <input type="checkbox"/> | | | |
| C. Loss of Use (10% of A is included in F&R Policy) | | | |
| D. Scheduled Farm Personal Property | | | |
| E. Unscheduled Farm Personal Property (Blanket) 100% Inventory | | | |
| F. Barns, Buildings & Structures (Total) | | | |
| Earthquake | | | |
| Optional Section I Coverages | | | |
| Section II Coverages | | Limit of Liability | Annual Premium |
| G. Farm/Personal Liability – Each Occurrence | | | |
| H. Medical Payments to Others – Each Person | | | |
| – Each Accident | | \$25,000 | |
| Optional Section II Coverages | | | |
| 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 subject such person to criminal and civil penalties. | | TOTALS – Section II | |
| | | TOTALS – Section I | |
| | | TOTAL POLICY PREMIUM | |
| | | % Risk Modification Credit/Debit | |
| | | TOTAL ADJUSTED POLICY PREMIUM | |

Contract of Sale Clause or Mortgage Clause: (specify location or item) _____

Loss Payable Clause: (specify item) _____

Agency: _____ Date _____

Agency Code # _____ License # _____ SS# _____ Date: _____

Agent's Signature

Applicant's Signature

FARM PERSONAL PROPERTY

(Coverage D & E)

Coverage D Scheduled – Scheduling of all Farm Personal Property, except what is excluded in the policy conditions, is allowed.
 Coverage E Blanket (\$25,000 minimum) – Excluding Bulk Milk Tanks, Bulk Feed Tanks, Barn Cleaners, Pasteurizers, Boilers, Portable Buildings, or other Property excluded by the policy conditions.

Check Coverages Desired: Cov. D Cov. E Cov. D & E
 Coverage Requirements: Scheduled – 100% of ACV; Blanket – 100% of ACV

ATV'S PROHIBITED ON COV. D OR E TOTAL INVENTORY REQUIRED

FARM PERSONAL PROPERTY INVENTORY

| <u>MOBILE MACHINERY & EQUIPMENT</u> | <u>MOBILE MACHINERY (CONT.)</u> | <u>\$1,000 MAXIMUM PER ITEM</u> |
|---|--|---|
| <u>Year, Make, Model #, ACV</u> | <u>Description</u> <u>ACV</u> | <u>MISCELLANEOUS EQUIPMENT</u> |
| | | <u>Description</u> <u>ACV</u> |
| Tractor _____ | Baler _____ | Post Hole Digger _____ |
| Tractor _____ | Forage Harvester _____ | Log Splitter _____ |
| Tractor _____ | Silo Filler _____ | Chain Saws _____ |
| Tractor _____ | Ensilage Blower _____ | Power Generators _____ |
| Combine _____ | Silo Unloader _____ | Milking Machines _____ <u>Schedule Only</u> |
| Combine _____ | Packers _____ | Milk Cans, Racks _____ <u>Schedule Only</u> |
| Attachments _____ | Manure Loader _____ | Milk Cooler _____ <u>Schedule Only</u> |
| _____ | Manure Spreader _____ | (not bulk) _____ <u>Schedule Only</u> |
| Corn Head _____ | Dirt Blade _____ | Milking Supplies _____ <u>Schedule Only</u> |
| Grain Head _____ | Snow Plow/Blade _____ | Feeders (All) _____ |
| Other _____ | Fertilizer Appt. _____ | Waterers (All) _____ |
| Planter _____ | Sprayers _____ | Heaters (All) _____ |
| Stalk Chopper/Cutter _____ | Auger Elevator _____ | Farrowing Crates _____ |
| Mulcher _____ | Bale Elevator _____ | Electric Motors (No Irrigation) _____ |
| Drills, Seeders _____ | Other Port. Elvtr. _____ | Pumps (No Irrigation) _____ |
| Corn Sheller _____ | Wagon Hoist _____ | Fuel, Oil, Grease _____ |
| Corn Picker _____ | Auger Wagons _____ | Fuel Tanks _____ |
| Cultivators _____ | Ensilage Wagons _____ | Electric Fencers _____ |
| Field Cultivator _____ | Gravity Wagons _____ | Electric Fencers _____ |
| Rotary Hoe _____ | Other Wagons _____ | Compressors _____ |
| Discs _____ | Implement Trailer _____ | Fertilizer _____ |
| Harrows _____ | Hay Racks _____ | Fertilizer Tanks _____ |
| Plows _____ | Feed Grinder/Mill _____ | Herbicides, Sprays _____ |
| Chisel Plow _____ | Feed Mixer _____ | Welders _____ |
| Hay Rake _____ | Feed Carts _____ | Power Tools _____ |
| Hay Conditioner _____ | Grain Cleaner _____ | Hand Tools _____ |
| Hay Fluffer _____ | Port. Grain Drier (Not Batch) _____ | Tack, Stable Equip. _____ |
| Windrower _____ | Garden Tractor _____ | Building Materials _____ |
| Swather _____ | Roto Tiller _____ | Veterinary Supplies _____ |
| Mowers _____ | Back Hoe _____ | Other _____ |
| | <u>TOTAL MACHINERY \$</u> _____ | <u>TOTAL MISC. EQUIP. \$</u> _____ |

FARM PERSONAL PROPERTY INVENTORY (cont.)

Animals valued over \$2,000 per head must be scheduled.

| <u>LIVESTOCK</u> | | | <u>LIVESTOCK (cont.)</u> | | | <u>GRAIN, FEED, HAY & SEED</u> | | |
|---------------------------------------|-----------------|-------|---------------------------------|-----------------|-------|------------------------------------|-------|-------|
| (Maximum coverage per animal \$2,000) | | | | | | | | |
| # Head | ACV per head | | # Head | ACV per head | | # UNITS | ACV | |
| Beef Cows | _____ | _____ | Ewes | _____ | _____ | Corn | _____ | _____ |
| Beef Calves | _____ | _____ | Lambs | _____ | _____ | Soybeans | _____ | _____ |
| Beef Heifers | _____ | _____ | Rams | _____ | _____ | Others | _____ | _____ |
| Feeder Cattle | _____ | _____ | Horses | _____ | _____ | Hay * | _____ | _____ |
| Dairy Cows | _____ | _____ | Ponies | _____ | _____ | Straw | _____ | _____ |
| Bulls | _____ | _____ | | | | Silage | _____ | _____ |
| Sows | _____ | _____ | | | | Ground Feed | _____ | _____ |
| Shoats | _____ | _____ | | | | Food Supplies | _____ | _____ |
| Feeder Pigs | _____ | _____ | | | | Seed | _____ | _____ |
| Boars | _____ | _____ | TOTAL LIVESTOCK \$ _____ | | | TOTAL GRAIN \$ _____ | | |

*Complete Questionnaire

TOTAL BLANKET \$ _____

If Blanket, the following property is to be excluded: _____

Peak Season Endorsement: Amount of Increase \$ _____ From _____ To _____

Rate _____ Premium \$ _____ Explain Reason for Increase _____

Milk Contamination Maximum \$2,500 per occurrence Yes _____ No _____

Irrigation Equipment (Schedule Only -- \$1,000 Deductible) -- If Additional Equip. -- Attach Schedule. Loc. Sec. Twp. Rge.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

ALL RISK SCHEDULED INLAND MARINE PERSONAL PROPERTY (Jewelry, Computers, etc.)

All articles to be insured on a scheduled basis must be individually itemized with the amount of insurance applying to each article. Attach APPRAISAL or Bill of Sale Appraisal or state how values were substantiated. -- Or attach separate list of items.

| | DESCRIPTION OF ARTICLE | | | | AMOUNT OF INSURANCE |
|--|------------------------|--|--|--|---------------------|
| | | | | | |

COVERAGE FOR LIVE ANIMALS IN TRANSIT -- Complete Supplemental Application -- Max. Cov. \$2,000 per animal, \$20,000 per load - \$1.50 per hundred.

MOTOR TRUCK CARGO COVERAGE -- Complete Supplemental Application -- Max. Cov. \$25,000 - \$2.50 per hundred.

COVERAGE G – SECTION II – LIABILITY

BASIC LIABILITY CHARGE: Total Acres _____ Single Limits _____ Med. Pmts. _____ \$ _____
 Additional set farm buildings with dwelling, location _____ \$ _____
 Additional set farm buildings without dwellings, location _____ \$ _____
 Additional residence maintained by insured, # _____, location(s) _____ \$ _____
 Additional residences rented to others, # _____, location(s) _____ \$ _____
 Custom Farming. Total Annual Receipts _____ What type? _____ \$ _____
 Custom application of herbicides or chemicals. Yes _____ No _____ (No Binding)
 Employers Liability & Medical Payments. (Not available if applicant eligible for Workers Comp.) (Not avail. in CA or CO)
 No. of part-time employees _____ Total days per yr: Under 40 Over 40
 No. of full-time employees _____ STOP GAP (Nevada) (Washington) \$ _____

COMPLETE EMPLOYERS LIABILITY QUESTIONNAIRE

Additional Insured Endorsement: Non-Comprehensive _____
 Name of Individual: _____
 Address: _____
 What interest(s) to be covered _____ \$ _____
 Name of Individual: _____
 Address: _____
 What interest(s) to be covered _____ \$ _____
 Partnership: Name and Address of Partners: _____
 Name and Address of Partners: _____
 Name and Address of Partners: _____
 Name and Address of Partners: _____
 Family Corp. Yes _____ No _____ Names and address of each member, percent owned and titles.
 (Is each member engaged in the farming operation?) _____ \$ _____
 Snowmobiles _____ Describe each unit by Make, Model and Serial No. _____ \$ _____
 ATV _____ Describe each unit by Make, Model and Serial No. _____ \$ _____
 Outboard Motors _____ (25 H.P. or less no charge) List ea. unit by Make, Model and H.P. _____ \$ _____
 Inboard Motors _____ MPH _____ \$ _____
 Medical Payments – Person Named: (Only available in AZ, DE, IA, MN, MO, NE, OH, PA, WA, WY)
 Ages 10-70 Name _____ Age _____ Relationship _____ \$ _____
 Maximum Name _____ Age _____ Relationship _____ \$ _____
 Limit Name _____ Age _____ Relationship _____ \$ _____
 \$1,000 Name _____ Age _____ Relationship _____ \$ _____
 Type of Business Pursuits _____ Incidental Business Receipts _____ \$ _____
 Animal Collision - # of head _____ \$ _____
 Increased limits for borrowed or rented equipment, (amount over \$25,000) minimum of 6 months Cov. _____ \$ _____
 Hunting and Fishing total annual receipts \$ _____ \$ _____
 Lodging and meals provided? Yes _____ No _____ \$ _____
 Fire Legal Liability in excess of \$50,000? \$ _____ \$ _____

COVERAGE FOR EQUINE LIABILITY AVAILABLE.
 MUST COMPLETE SUPPLEMENTAL EQUINE LIABILITY APPLICATION.
 EQUINE LIABILITY INCLUDES ANY BOARDING, BREEDING, TRAINING, SALES AND SHOWS
 OF OWNED AND NON-OWNED HORSES.

DESIRE CARE, CUSTODY AND CONTROL POLICY FOR NON-OWNED HORSES?
 COMPLETE SUPPLEMENTAL APPLICATION.

IS COMMERCIAL EXCESS LIABILITY DESIRED?
 MUST COMPLETE EXCESS APPLICATION. CANNOT BE BOUND
 LIMITS AVAILABLE ARE \$1,000,000, \$2,000,000 OR \$3,000,000.

PLEASE ANSWER THE FOLLOWING

What are the principal products of the farm? _____ Has this changed in the past 3 years? Yes No

Is any business other than farming conducted on the premises? (Explain) _____

Does insured have another occupation besides farming? _____ If yes, explain _____

Does anyone other than the owner or insured have an interest in the property? If yes, list names and interest: _____

If tenant, does American Reliable Insurance have coverage for owner? _____ If yes, give policy number: _____

(If leased land, leasee must provide proof of insurance.)

If absentee owner, does American Reliable Insurance have coverage for tenant? _____ If yes, give policy number: _____

Is there other property or liability insurance on this farm? _____ If yes, give name of company and explain what is covered: _____

Has the insured been cancelled or refused renewal in last 5 years? (Not applicable in Missouri.) If yes, explain: _____

Describe and list amounts of all losses during past 3 years: _____

Repaired? Yes No Have these losses been verified? Yes No

Name of previous carrier _____ Policy # of previous carrier: _____

If no prior carrier explain: _____

Has this account been written by your agency previously? _____ How long? _____ Time you have known insured? _____

Is there an airplane landing strip on your premises? _____ Is it filed with the FAA? _____

Are all insured buildings being utilized for the purpose intended? _____

Are any buildings in need of repair? _____ Explain _____

Does Roof Exclusion apply? _____ To what building(s)? _____

Are all dwellings occupied full-time? _____ If not, explain exceptions: _____

Are mobile homes to be covered? _____ If yes, complete a mobile home application. Give year of mobile home: _____

Are there any lakes, ponds, swimming pools, or other recreational facilities situated on any insured location? _____

If yes, is it open to public? _____

Are swimming pools completely fenced in (attach photo)? _____ Are there any diving boards? _____ Are there any trampolines? _____

Are any confinement buildings being insured? _____ If yes, attach completed confinement questionnaire.

Does applicant have horses? _____ Used for? _____ If yes, attach EQUINE application.

Is there boarding or off-premises exposures? Yes No If pleasure, give use _____

Does applicant have dogs? _____ # and Breed _____

Does applicant have exotic animals on premises? _____ Explain: _____

What fire protection equipment is employed in buildings or major machinery? _____

Are there Beauty Shop/Tanning business or Babysitting on property? Yes _____ No _____ Explain: _____

Are all livestock areas fenced? Condition of fences? _____ Type of fences? _____

Are there any fuel tanks or wood stoves located inside outbuildings? _____ If yes, attach completed wood stove application and picture.

Are any wood burning stoves or devices used in dwelling(s)? _____ If yes, attach completed wood stove application and picture.

Primary source of heat? Yes No (If yes, do not bind) Including Fireplaces

MINE SUBSIDENCE:

If Illinois, Indiana, Kentucky, West Virginia or Ohio risk, is Mine Subsidence Coverage desired? _____ If yes, what items? _____

If Mine Subsidence Coverage is not desired, Insured must waive in writing:

I do not desire Mine Subsidence Coverage. _____ Insured Signature _____ Date _____

TERRORISM COVERAGE DESIRED: Yes No _____ Insured Signature _____ Date _____ (See Attached Disclosure)



I I A O E A G L E A G E N C Y

REDLAND INSURANCE COMPANY AGENT CHECKLIST

Applicant's Name: _____

Effective Date of Policy: _____

Agency: _____

| | YES | NO | N/A | REMARKS |
|--|--------------------------|--------------------------|--------------------------|---------|
| Application Signed by Agent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Application Signed by Insured | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Prior Carrier Information Completed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 Year Loss Information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Deductible Information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Square Footage on Barns Provided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Perils Information Completed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Add'l Insured/Partners Information Provided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mortgagee/Loss Payee Information Provided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Color Pictures Attached | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Diagram Completed & Attached | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Supplemental Woodstove Questionnaire Completed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hog Confinement Questionnaire Completed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cost Estimator Completed & Attached | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mobile Home Application Completed & Attached | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Collapse/Broad Perils Questionnaire | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Equine Supplemental App Completed & Attached | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Care/Custody/Control Application | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| IRPM Modification Requested - If so, explain below | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Employer's Liability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| # of Empl. Full Time () Part-Time () | | | | |
| Business Pursuits Coverage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Type of Business: | | | | |
| Custom Farming - If yes, show amount below | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| \$ | | | | |
| Valuable Personal Articles (appraisals attached) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Jewelry, Furs, Fine Arts etc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Snowmobiles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Watercraft | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 or 4 Wheelers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Scheduled Farm Personal Property | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Blanket Farm Personal Property (100% Inventory) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Principal Products of the Farm: | | | | |

I I A O Eagle Agency is a division of I I A O Service Corporation.

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www.iiak.com E-mail info@iiak.com PO Box 18428, Oklahoma City, OK 73154-0428



**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA
AMERICAN RELIABLE INSURANCE COMPANY**

OKLAHOMA ADDENDUM

If the property is located in a rural fire protection district or in an area protected by a rural fire department, have you paid the appropriate dues or subscription payments? Yes No

Insured's Signature

Date