

Insurance Company
222 South 15th Suite 600 S
Omaha, NE 68102

Payable: Annual
 Semi-Annual (over \$1,000)
 Quarterly (over \$1,200)

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coverage D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coverage E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coverage F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 _____

(Agent and Applicant must sign the application.)

COVERAGE A – DWELLINGS & ADDITIONAL DWELLINGS – Attach Costimator

COVERAGE B – DWELLINGS CONTENTS – ACV _____ RC _____

COVERAGE F – BARN, OUTBUILDINGS & STRUCTURES – For O/B Broad Perils Complete Questionnaire
 – For O/B Collapse Complete Questionnaire
 (Must be RC for above coverage)

Item #	Loc. #	Amt. RC/ACV	Amount Coverage	Description of Property	Check if Woodburner	Type	Construction Type	Net Rate	Broad Perils	Collapse Only	Premium

LOSS OF INCOME – Description of Building _____ \$ _____
 Max. Cov. \$10,000 – Description of Building _____ \$ _____
 Sewer Backup Coverage (Texas Only) Yes _____ No _____

DIAGRAM, DIMENSION, DISTANCE OF BUILDINGS

Sketch all buildings to scale, showing size and number of feet separating each structure. Each structure should be identified by name and/or item number. Buildings not insured should also be shown and identified. A clear up-to-date photo of each building, showing two sides of the structure and one slope of the roof, must be submitted. Indicate on picture location #, description and insurance amount. (Attach additional sheets for diagrams if needed.)

N

W

E

S

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> (Maximum coverage per animal \$2,000)		<u>LIVESTOCK (cont.)</u>		<u>GRAIN, FEED, HAY & SEED</u>	
<u># Head</u>	<u>ACV per head</u>	<u># Head</u>	<u>ACV per head</u>	<u># UNITS</u>	<u>ACV</u>
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 _____
Employers Liability & Medical Payments. (Not available if applicant eligible for Workers Comp.) (Not avail. 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? bred 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

(See Attached Disclosure) _____

Insured Signature

Date