

**FARMERS and RANCHERS
COMMERCIAL EXCESS LIABILITY APPLICATION**

(This application does not apply in TX, CA, MN, KY) **THIS IS NOT A BINDER**

CHECK ONE \$1,000,000 \$2,000,000 \$3,000,000 _____

Renewal # _____

New Proposed Quote Only

Applicant's Name _____ Effective _____

Address _____ City _____ County _____ State _____ Zip _____

Applicant is Individual Family Corporation Partnership Other _____

List all members of all household names, relationship, birthdates, and driver's license numbers of all licensed drivers. List all names of partners. List names, birthdates and driver's license numbers of all licensed drivers including employees who may drive vehicles.							
(attach separate sheet for additional space)	Birthdate	License #	Household	Partner	Active	Inactive	Employee

REQUIRED MINIMUM UNDERLYING POLICY LIMITS

Farmers Comprehensive Personal Liability (F.C.P.L.)	\$500,000 CSL	
Automobile, Motorcycle and Farm Vehicles Liability	If ARIC is Underlying Auto Carrier	If ARIC is NOT underlying Auto Carrier
Private Passenger, Light Trucks and Motorcycles	\$500,000 CSL or 500/500/100 Split Limits	\$1,000,000 CSL or 1,000/1,000/500 Split Limit
Straight Truck (grain and livestock hauling only)	\$500,000 CSL or 500/500/100 Split Limits	\$1,000,000 CSL or 1,000/1,000/500 Split Limit
Straight Trucks (all other)	\$500,000 CSL or 500/500/100 Split Limits	\$1,000,000 CSL or 1,000/1,000/500 Split Limit
Tractor-Trailers	\$500,000 CSL or 500/500/100 Split Limits	\$1,000,000 CSL or 1,000/1,000/500 Split Limit
Non-Licensed Recreational Vehicles (off premises)	\$500,000 CSL or 500/500/100 Split Limits	\$1,000,000 CSL or 1,000/1,000/500 Split Limit
Uninsured/Underinsured Motorists	\$500,000 CSL or 500/500/100 Split Limits	\$1,000,000 CSL or 1,000/1,000/500 Split Limit
Watercraft Liability	\$500,000 CSL	
Custom Farming	\$500,000 CSL	
Incidental Business	\$500,000 CSL	
Employers Liability	\$500,000 CSL	
Other - Submit		

LIST ALL PRIMARY INSURER'S POLICY PERIODS, NUMBERS & LIABILITY LIMITS

(Must Carry A- or Better Rating)

POLICY TYPE	INSURER	POLICY PERIOD	POLICY #	LIABILITY LIMIT
Personal Auto/Light Truck Liability				
Straight Trucks (grain/livestock hauling only)				
Straight Trucks (all other)				
Tractor Trailers (not for hire)				
Motorcycle Liability				
Farm Comp. Pers. Liability				
Employers Liability (No Work. Comp.)				
Recreational Vehicle Liability				
Watercraft Liability				
Other				
Other				

PAST FIVE-YEAR LOSS EXPERIENCE & DRIVING RECORD

List any liability losses paid or outstanding, any moving vehicle traffic violations or driving under the influence by and for all applicants under this policy:

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. I understand this is **not a BINDER** and that no insurance is afforded unless and until application is accepted by the Company.

Date: _____ Date: _____

Agent: _____ Applicant's Signature: _____

Agency: _____

Address: _____ Agent's Signature: _____

City & State: _____

Agency Code #: _____

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.

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14 Underwriting Questions - Please explain all "Yes" responses and provide any other information as may be necessary.

Automobile Liability	Yes	No
1. Are there any automobile losses in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any vehicles not insured by underlying policies?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any vehicles leased or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any excluded drivers?	<input type="checkbox"/>	<input type="checkbox"/>
5. Any transporting of property of others for hire?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any vehicles driven over a 200-mile radius on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there any youthful operators in the household? (under age 25)	<input type="checkbox"/>	<input type="checkbox"/>
8. Any transporting of dangerous or hazardous materials? (i.e., explosives, flammables or caustics)	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there any employees not listed as vehicle operators?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are Hired and Non-Owned coverages provided?	<input type="checkbox"/>	<input type="checkbox"/>
Farm Liability		
1. Are there any liability losses in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any Incidental Business Pursuits?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you provide any professional services?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you a contractor or do you perform any contract work?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there any dams, levees or other water containment systems on the insured premises?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you own or operate a roadside stand, gift shop, souvenir shop, restaurant or café on the insured premises?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you operate or sponsor any camps, shows, fairs, exhibits or symposiums on the insured premises?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you permit Public Hunting or Fishing and/or operate Hunting or Fishing Clubs on the Insured Premises?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there any contractual agreements other than a lease of premises, easement or sidetrack agreement?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have Care, Custody or Control over: Real Property <input type="checkbox"/> Personal Property <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have any locations or premises that are excluded or uninsured?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are any insureds a State or Federal Political Figure, Media Personality, Professional Entertainer or Athlete?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever been sued for libel, slander or discrimination?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is there a swimming pool on the premises? If yes is there a diving board?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you operate a Day Care with more than five (5) children?	<input type="checkbox"/>	<input type="checkbox"/>
Employers Liability		
1. Number of Employees Full-Time: _____ Part-Time: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you carry Workers' Compensation Coverage or any other Employee Benefits Liability Coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Product Liability		
1. Do you manufacture, sell, handle or distribute any goods or products?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any operations or sales outside of the United States?	<input type="checkbox"/>	<input type="checkbox"/>

Aircraft Liability		
1. Do you own, rent or lease aircraft?		
2. Do you transport any persons or cargo for hire?		
3. Do you have a landing strip or heliport?		
Watercraft Liability		
1. Are there any watercraft losses in the past five years?		
2. Do you own any watercraft whose engine horsepower exceeds manufacturer's specifications?		
Miscellaneous Liability		
1. Are All Terrain Vehicles (ATV's) driven off the insured premises?		
2. Have there been any ATV accidents in the past five years?		

Comments:

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. I understand that this is **not a Binder** and that no insurance is afforded unless and until the application is accepted by the Company.

THIS IS NOT A BINDING QUOTE. COVERAGE CANNOT BE BOUND WITHOUT COMPANY UNDERWRITING APPROVAL.