

Farm Management Name: _____

Manager's Initials / Name: _____

Farm ID#: _____ Farm Name: _____

Loc #: _____ RecID _____ OwnerID _____

Effective 1st of Month: _____ (name of month)

Revision comment for endorsement sheet: ☐ Add ☐ Delete ☐ Change

Property	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Liability	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Grain Seed Chemicals	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Farmers Comprehensive Personal Liability (owner occupied)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Umbrella	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Legal/Location Description(s)

Location	Acres	Section	Township	Range	County	State	Operator
1							
2							
3							
4							
5							

Additional Named Insured (Farm Owners)	Federal ID or Social Security Number

Does this owner have other managed farms? ☐ Yes ☐ No

If yes, then list ALL other locations related:

Loc #	Farm ID#	Farm Name	Manager

Mortgagee (if applicable): _____

Scheduled Property	Year	Size	Insured Amount	Value (A, R, U)	Location