



Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048
Phone: 800.784.1887, Fax: 508.337.3698

FARM AND RANCH APPLICATION

Applicant's Name _____	Agent Name _____
Mailing Address _____	Address _____
_____	_____
_____	Agent Code _____

PROPOSED EFFECTIVE DATE: FROM: _____ TO: _____

12:01 A.M., Standard Time at the address of the Named Insured as stated herein

PLEASE ANSWER ALL QUESTIONS

- Mortgagee:** _____
Address: _____ Loan No.: _____
- Mortgagee:** _____
Address: _____ Loan No.: _____

PHYSICAL LOCATIONS

INSPECTION CONTACT: _____ Phone No.: _____

- Location No. 1:** _____
No. of Acres: _____ County: _____
- Location No. 2:** _____
No. of Acres: _____ County: _____

COVERAGE AND LIMIT INFORMATION

- Occupancy:** Owner Tenant Tenant Package
- Primary residence of insured?**..... Yes No
- Protection class:** _____
- Total no. of acreage:** _____
- Distance to fire hydrant:** _____
- Distance to fire station:** _____
- Perils to be insured:** Named Perils Broad Form
- Deductible—All Other Perils:** \$ _____
- Deductible—Wind & Hail:** EXCLUDED 5% Deductible Other _____



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10.

COVERAGES		
Section	Coverages	Limits of Liability
I	A. Dwelling/Mobile Home (if available in your state)	\$
	B. Unscheduled household goods and personal effects	\$
	Increased contents	\$
	C. Loss of use	\$
	D. Scheduled farm personal property	\$
II	E. Scheduled farm and ranch property	\$
	F. Personal liability—Each occurrence	\$
	G. Personal medical payments—Each person	\$
Options	H. Physical damage to property of others—Each occurrence	\$ 500
	Additional acreage charge	
Surcharges: <input type="checkbox"/> R/C <input type="checkbox"/> Woodstove		

DWELLING/MOBILE HOME INFORMATION

Year	Construction	Square Ft.	If Mobile Home: Age/Make/Model & Serial Number Required	Updates?
	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry			<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Building updates:

Roofing: Year _____ Full Partial Wiring: Year _____ Full Partial
 Plumbing: Year _____ Full Partial Heating/AC: Year _____ Full Partial
 Hurricane straps (Applicable in Florida only)? Yes No

2. Mobile home: Tied Down Portable Skirted

3. Is dwelling on all weather road? Yes No

4. Is dwelling visible within 1/4 mile of another dwelling? Yes No

5. Swimming pool on premises? Yes No

6. Pool fenced including gate and lock? Yes No

UNDERWRITING INFORMATION

Type of Farm/Ranch Operation	Number of Employees	Condition of Fencing
<input type="checkbox"/> Field crops Number of acres _____	<input type="checkbox"/> Full-time _____	<input type="checkbox"/> Average
<input type="checkbox"/> Horses Number of head _____	<input type="checkbox"/> Part-time _____	<input type="checkbox"/> Excellent
<input type="checkbox"/> Dairy Number of head _____	<input type="checkbox"/> Seasonal _____	<input type="checkbox"/> Poor
<input type="checkbox"/> Livestock Number of head _____	<input type="checkbox"/> None _____	<input type="checkbox"/> None

1. Is farming/ranching the applicant's full-time occupation? Yes No
 If "No," what is? _____



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2. **Is any part of the property leased to others?** Yes No

If "Yes," how many acres leased and for what? _____

If "Yes," do all of the leasees carry insurance for their operations? Yes No

3. **Any custom farming or ranching?** Yes No

If "Yes," describe: _____

4. **Is there a show ring, rodeo arena/chute on premises?** Yes No

If "Yes," explain and include photo: _____

5. **On the premises, is there any commercial/business use?** Yes No

If "Yes," provide the following: Wholesale Retail Gross Receipts: _____

Type of operation: _____

6. **Any LPG or gas storage tanks?** Yes No

If "Yes," give locations and installation method: _____

7. **Are there any buildings on the premises which are unused?** Yes No

If "Yes," describe: _____

8. **Any unusual hazards?** Yes No

Such as (but not limited to): Airstrips Dams/Lakes/Ponds

Open dump pits/landfill Timber operations

Silage pits Hunting

If others, describe: _____

9. **Are there any other animals (excluding Horses, Dairy and Livestock) kept on the premises?** Yes No

If "Yes," list all:

Type of Animal: _____ Bite History? Yes No

Type of Animal: _____ Bite History? Yes No

10. **Any chemical application?** Yes No

If "Yes," what kind? Ground Air

List type and nature of chemicals: _____

11. **Any self-construction; remodeling?** Yes No

If "Yes," describe: _____

12. **Is there a wood-burning stove?** Yes No

If "Yes," attach photo and mandatory Woodstove questionnaire.

13. **Any Bankruptcy/Foreclosures within the last three years?** Yes No

If "Yes," explain: _____

If "discharged," date of discharge: _____



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SCHEDULED FARM PERSONAL PROPERTY—COVERAGE “D”

Item No.	Amount of Coverage	Description	Serial Number	Age
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

SCHEDULED FARM AND RANCH PERSONAL PROPERTY—COVERAGE “E”

Item No.	Amount of Coverage	Description	Construction	Age
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				



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NOTICES AND FRAUD WARNINGS

PRIVACY POLICY:

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE:

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

FRAUD WARNING:

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 subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NO: _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)