

ACCEPTANCE CASUALTY INSURANCE COMPANY
Farm Comprehensive Personal Liability Application

Policy No. _____ Renewal of # _____

1. Agent: _____

2. Named Insured: _____
(one name only)

Address: _____

Zip Code _____ Phone No. _____

Member Company	Agent	Agency Telephone #
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New Renewal Change of Coverage

Effective Date of Change _____
Indicates areas which have changed only.

3. Policy Period From _____ To _____
12:01 a.m. S.T. at the address of the Named Insured

This policy will be continued to the expiration date shown if the required premium for each successive year or premium payment period is paid. Required premiums will be based on our rates then in effect.

DESCRIPTION OF INSURED PREMISES (OWNED, RENTED or LEASED)

Acres	Sec.	Township	Range	County	St.	Acres	Sec.	Township	Range	County	St.

ADDITIONAL NAMED INSURED

Name	Address	Interest In Farm Operation	Limited Form Yes or No

4. **NEW COVERAGE OR STATUS OF POLICY AFTER CHANGE (Indicate areas which have changed only.)**

A Liability to Public		A-1 Damage to Property of Others	B Medical Payments to Public	C Liability to Farm Employees Bodily Injury Only		D Med. Payments to Farm Employees	E Named Med. & Death Ind.	Total Acres
Bodily Injury	Property Damage							
\$ _____ Each Person	\$ _____ Each Occ.	\$ _____ Each Occ.	\$ _____ Each Person	\$ _____ Each Person	\$ _____ Each Occ.	\$ _____ Each Person	\$ _____ Each Person	Total Man-Mos. _____
Base Premium		A-1	B	C		D	E	Total Premiums

Additional Coverages	Farm Premise Location or Street, Town, State	
Additional Farm Premise(s)		\$ _____
Additional Named Insured(s)	(As Named Above)	\$ _____
Limited Pollution Coverage	\$50,000 Limit of Coverage	\$ _____
Additional Town Residence <input type="checkbox"/> Occupied by Insured <input type="checkbox"/> Rented by others		\$ _____
<input type="checkbox"/> 1 Family Address <input type="checkbox"/> 2 Family Address		\$ _____
Optional Coverages	Description	Gross Receipts
Extended Custom Farming		\$ _____
Special Activity		\$ _____
Death of Livestock		NA \$ _____
Business Pursuits		\$ _____
		\$ _____
		\$ _____

5. **Persons Insured Under Cov. E**

Name	Sex	Relationship	Age

Gross Annual Premium	\$ _____
Adjusted Annual Premium	\$ _____
Deduct for <input type="checkbox"/> Landlord's Liability <input type="checkbox"/> Livestock Exclusion Endorsement	\$ _____
Net Annual Premium	\$ _____

1. Describe the type of farming operation. Grain Only Grain and Livestock Dairy
 Other _____

2. Have the fences and premises been inspected? Yes No If no, explain _____

3. Condition of:

	Excellent	Good	Fair	Poor
Premises				
Fences				
Buildings				
Machinery				

4. Does the applicant have:

	Avg. No.	Description
Livestock		
Dogs		
Horses		
RV's / ATV's		

5. Name of current or last insurance carrier? _____

6. Has similar insurance been canceled or refused by another company? Yes No
 If yes, give date and explain _____

7.

Liability Loss History Information - Last 5 years		
Date	Type of Loss	Amount

8. Any history of dog bites? Yes No if yes, explain _____

9. Have you ever had any complaints regarding pollution, overspray, waste run-off or similar damages? Yes No

10. Has there ever been an incidence of escape of livestock? Yes No Explain _____

11. Does the applicant charge for hunting/fishing on premises? Yes No

12. Do any of the Named Insureds or Additional Named Insureds carry any other personal liability insurance policies? Yes No

If yes, please list the individual(s) _____

13. Are all farm premises, which are owned or rented by the Named Insureds, include under the description of insured premises?

Yes No If no, explain _____

14. Are all additional farm dwellings, occupied or not, which are located on the insured premises described herein, accounted for under "Additional Farm Premise(s)"? Yes No If no, explain. _____

15. Are there any other businesses or professions conducted on the insured premises that are not listed on the front of this application? Yes No
 Explain _____

16. What was the total employee payroll for the Named Insured for the previous calendar year? \$ _____

Number of employees: Full-time _____ Part-time _____

17. Does the Named Insured carry workers' compensation insurance? Yes No

If yes, with what Insurance Company? _____

18. Does any person listed in Named Persons Medical or Family Medical have a previous medical history of back, neck, vertebrae or lung problems?

Yes No If yes, explain. _____

19. Is there any other information that would be helpful in underwriting this risk? _____

Dated

Signature of Applicant

Dated

Signature of Agent