

## FARM / RANCH / ESTATE APPLICATION

Renewal of #	<b>APPLICANT INFORMATION SECTION</b>	Date:
Agency:	Carrier:	
Producer Contact:	<input type="checkbox"/> Travelers <input type="checkbox"/> ARIC <input type="checkbox"/> ABIC	
Agency Phone #:		
Code: VN267	Sub Code:	Please indicate applications attached:
<b>Producer Email:</b>	<input type="checkbox"/> Property <input type="checkbox"/> Farm or General Liability <input type="checkbox"/> Umbrella	
<input type="checkbox"/> Quote <input type="checkbox"/> Issue Policy	<input type="checkbox"/> Automobile <input type="checkbox"/> Farm personal property <input type="checkbox"/> Cargo/Transit	
<input type="checkbox"/> Bound (give date and/or attach binder)	<input type="checkbox"/> Personal Articles & Recreation Vehicles <input type="checkbox"/> Other	
Effective Date:	Expiration Date:	Quote Desired By:
Name of Applicant:		
Mailing Address:		
City, State, Zip:		
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other		
Inspection Contact:		Email:
<b>Telephone # (Required):</b>		Website:
Method of Payment:	<input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill	Number of Payments
<b>Type of Farm or Ranch</b>		
<input type="checkbox"/> (921) Berries, Fruits, & Nuts <input type="checkbox"/> (923) Vegetables <input type="checkbox"/> (924) Grain & Field Crops <input type="checkbox"/> (925) Dairy <input type="checkbox"/> (926) Poultry	<input type="checkbox"/> (928) Horses <input type="checkbox"/> (929) Livestock-Containment <input type="checkbox"/> (935) Ranches-Open Range <input type="checkbox"/> (90A) Citrus <input type="checkbox"/> (90B) Nurseries	<input type="checkbox"/> (90C) Fish Farms <input type="checkbox"/> (90D) Estate Farms <input type="checkbox"/> (92A) Cotton <input type="checkbox"/> (92C) Hobby Farms <input type="checkbox"/> (92D) Wineries
<input type="checkbox"/> (92E) Vineyards <input type="checkbox"/> (92F) Bee Keeper <input type="checkbox"/> (927) Other		
Total number of acres:	Number of acres cultivated:	Number of acres grazed:
Farmed by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Manager <input type="checkbox"/> Other <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
How long has applicant actively farmed?		Gross farming receipts?
Date you last inspected premises and buildings?		Photo(s) attached?
Is this new business to your agency?		How long have you known applicant?
Does applicant have another source of income other than farming?		If yes, explain:
I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. The insured assigns as security for the total premium and/or fees payable any and all unearned premiums which may become payable. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary.		
Applicant's signature: _____		Agent's signature: _____
Date: _____		Date: _____

Applicant:

Producer:

PRIOR CARRIER INFORMATION				
Line	Category	Year	Year	Year
PROPERTY	Carrier	•		
	Policy No.			
	Policy Type			
	S PD			
	Mod Factor			
	Total Premium	•		
LIABILITY	Carrier	•		
	Policy No.			
	Policy Type			
	BI/CSL			
	PD			
	Total Premium	•		
OTHER	Carrier	•		
	Policy No.			
	Policy Type			
	Amount			
	Mod Factor			
	Total Premium	•		

**LOSS HISTORY**

Enter all claims or occurrences that may give rise to claims for the prior five years							<input type="checkbox"/> Check here if none	
Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status		
						<input type="checkbox"/>	Open	
						<input type="checkbox"/>	Closed	
						<input type="checkbox"/>	Open	
						<input type="checkbox"/>	Closed	
						<input type="checkbox"/>	Open	
						<input type="checkbox"/>	Closed	
						<input type="checkbox"/>	Open	
						<input type="checkbox"/>	Closed	
						<input type="checkbox"/>	Open	
						<input type="checkbox"/>	Closed	
						<input type="checkbox"/>	Open	
						<input type="checkbox"/>	Closed	
						<input type="checkbox"/>	Open	
						<input type="checkbox"/>	Closed	

NOTE: Fidelity requires a six year loss history

See attached loss summary

Has any policy been cancelled?  Yes  No      Nonrenewed?  Yes  No      Declined?  Yes  No

Explain yes answers:

Name of prior carrier and policy number:

- Not required in California

## OPERATIONS OVERVIEW

Applicant:

Producer:

<b>ADDITIONAL INTERESTS</b>	Affiliated or subsidiary companies to be insured	Relationship		
	Additional insureds	Interest	Sec.I	Sec.II

Loc. #	Sec.I	Sec.II	Location to be Insured ( Include County and Zip Code )	*PC	# of Acres	Check if <b>no</b> Bldgs.	Insured's Interest		
							Owner Occupant	Lessee	Lessor
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Protection Class

SEE ADDITIONAL SCHEDULE OF OPERATIONS CP-4857A

## UNDERWRITING INFORMATION

Applicant:

Producer:

### PROPERTY

*Please explain all "yes" answers marked with an asterisk.*

Protection: All questions must be answered or application will be returned

1. Is there a telephone on the premises?  Yes  No  
 2. Is there a year-round usable water supply?  Yes  No

If yes, (a) Source =  Well  
 Pond/Lake

Hydrant within 1,000 ft.  
 Other  
 (b) Quantity =  Less than 1,000 gallons  
 1,000-3,000 gallons  
 Over 3,000 gallons

3. Are any wood or coal fired stoves used in outbuildings?  Yes  No  
 4. Does applicant own rental property?  Yes\*  No  
 5. **Distance To Fire Dept:** \_\_\_\_\_ Miles  
**Response Time:** \_\_\_\_\_ Minutes  
 Is it a Paid - Full Time Department?  Yes  No  
 6. Are any burglary and/or fire alarms on the premises?  Yes  No  
 If yes, Monitored?  Yes  No

### LIABILITY

*If yes is answered to any question, please explain (use reverse of form) and provide annual gross receipts or cost.*

1. Are independent contractors hired to perform any farming operations?  Yes  No  
 2. Is any part of the farm used or leased for organized recreational use?  Yes  No  
 3. Does applicant build, repair or design machinery, equipment or systems for anyone at a charge or fee?  Yes  No  
 4. Does applicant mix, process, slaughter butcher or otherwise prepare for any "end consumer" his or any other grower's product?  Yes  No  
 5. Does applicant handle any product, such as seed, fertilizer, sprays, etc. for resale?  Yes  No  
 6. Are any contract or service operation performed for others such as tilling, excavating or ditching?  Yes  No  
 7. Are the farm premises open to the public for roadside stands, "U-Pick", recreational, "rent-a garden", auction sales show, food or beverage service, animal boarding, or Christmas tree sales uses?  Yes  No  
 8. Are any portions of the farm rented or leased or used by any other individual, corporation or interest for other than farming?  Yes  No

9. Is there any unusual hazard such as (but not limited to) open dump pits, silage pits, sump holes, lakes or reservoirs?  Yes  No  
 10. Is there an airstrip on the premises?  Yes  No  
 11. Are any "hold harmless" or "indemnifying" agreements in effect?  Yes  No  
 12. **Is the applicant engaged in any other business, profession or trade?**  Yes  No  
 13. If livestock is kept, are all areas well-fenced?  Yes  No  
 If no, please explain  
 Premises is in:  open range area  
 closed range area  
 14. Are the described insured premises the only premises which the applicant or spouse owns, rents or operates as a farm or ranch, or maintains as a residence, other than business property? If no, explain.  Yes  No  
 15. Any non-owned horses on any insured premises?  Yes  No  
 If Yes, how many?  
 Any owned horses?  Yes  No  
 If Yes, how many?  
 16. Does insured board, race, breed or rent horses?  Yes  No  
 If Yes, Complete Equine Supplement  
 17. Is any land held for real estate development or speculation?  Yes  No  
 18. Does applicant maintain any vacation or seasonal premises?  Yes  No  
 19. If dairy farm, is there any processing of milk?  Yes  No  
 20. If dairy farm, is there any retail sales of milk products to the public?  Yes  No  
 Receipts  
 Number of cows milked  
 21.  
 22. Are any premises used for hunting purposes?  Yes  No.  
 By owners:  no charge  fee  
 23. Does applicant maintain a non-farm office or private school in an insured building?  Yes  No  
 24. Is there a swimming pool on premises?  Yes  No  
 If yes, is it fenced?  Yes  No  
 Diving Board?  Yes  No  
 25. Does applicant serve on any boards for remuneration?  Yes  No  
 26. Is the applicant a subsidiary of another or does the applicant have subsidiaries?  Yes  No  
 27. Is a formal safety program in existence?  Yes  No

Explain Yes Answers:

## AGRIBUSINESS PROPERTY

(ISO Coverage A, B, C, D & G)

Applicant:

Producer:

Property Deductible:		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other (specify)					
Location #		Fire Protection Class			District Name		
Coverage (A, B, C, D)	R/C	Covered Causes of Loss			Limit	Rate	Premium
Main Dwelling	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	<input type="checkbox"/> Special			
Other Structures	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	<input type="checkbox"/> Special			
Household Personal Prop.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Broad	<input type="checkbox"/> Broad	<input type="checkbox"/> Special			
Loss of Use	N/A	N/A					
<b>MAIN DWELLING (underwriting information)</b>							
Year Built	Sq. Ft.	Type of Construction	Type 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Age of Roof	Occupancy <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Type of Heat	Woodstove or Wood Insert Yes No <input type="checkbox"/> <input type="checkbox"/>
				Type of Roof	Permanent      Seasonal <input type="checkbox"/> <input type="checkbox"/>	Age of Unit	If Yes, please complete woodstove application CP-4866
Mortgagee: Loss Payable: Address:					Are any burglary and/or fire alarms on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? Type of Alarm?		

### Other Dwellings and Farm Structures (Coverage G)

No.	Description	Diag. #	Valuation*	Const.	Type Heat	Sq. Ft.	Causes of Loss**	Type 1 2 3	Limit
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

### Dwelling and Farm Structures Detail Information

No.	Type 1, 2 or 3	Smoke/Heat Detectors Y/N	Wood Stoves Y/N	Year Built	Year Last Updated	Sq. Feet of Ground Floor	Occupied Seasonal or Vacation Y/N

\* Valuation

\*\* Causes of loss

R = RC

A = ACV

U = Utility Value (functional RC)

1 = Basic

2 = Broad

3 = Special

**SEE ADDITIONAL PROPERTY SCHEDULE CP-4857B**

## AGRIBUSINESS SCHEDULED FARM PERSONAL PROPERTY

(ISO Coverage E)

Applicant:

Producer:

Deductible:     \$250         \$500         \$1,000         Other (specify)

Cause of Loss (Perils)  
 1) Basic 2) Broad  
 3) Special

Company Use Only	Description (include year, make, model & serial #; livestock info., etc.)	1	2	3	Custom Use	Limit of Insurance
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					
	12.					
	13.					
	14.					
	15.					
	16.					
	17.					
	18.					
	19.					
	20.					
	21.					
	22.					
	23.					
	24.					
	25.					
	26.					
	27. Transit					
	28.					
	29. Hay on premises in open (stack \$            maximum clear space            ft.)					
	30. Hay on premises in barn (stack \$            maximum clear space            ft.)					
<b>TOTAL LIMIT</b>						\$0
					Cause of Loss (perils)	Limit of Insurance
1.	Miscellaneous tools, equipment and supplies (Not exceeding \$2,000 per item)					
<b>TOTAL LIMIT</b>						\$0

# AGRIBUSINESS UNSCHEDULED FARM PERSONAL PROPERTY

(ISO Coverage F)

Applicant:

Producer:

Agricultural Produce	# of Units	Unit Price	Total Value	Agricultural Machinery and Implements	# of Units	Unit Price	Total Value	Agricultural Tools, Equipment and Supplies	# of Units	Unit Price	Total Value
Barley			0	Tillage: Tractors Discs Harrows Plows Other			0	Agricultural Chem Fertilizers Herbicides Insecticides Pesticides Air Compressors Bins Boxes and Box Shook Electric Motors Farm Lubricants Fencing and Posts Gasoline/Diesel Fuel Hand Tools Materials and Supp Milking Equipment Office Equipment Paints Picking Equipment Poultry Equipment Power Tools Saddles and Tack Spare Parts Tires Vet Supplies Welders and Torches			0
Corn			0				0				0
Fodder			0				0				0
Fruit			0				0				0
Ground Feed			0				0				0
Hay			0				0				0
Mfg. Stock Feed			0				0				0
Nuts			0				0				0
Oats			0				0				0
Silage			0				0				0
Soybeans			0				0				0
Straw			0				0				0
Wheat			0				0				0
<b>Total Value \$0</b>											
Poultry	# of Birds	Unit Price	Total Value	Harvesting: Augers Blowers Choppers Combines Corn Pickers Cotton Pickers Driers Elevators (Port.) Forage Harvesters Grain Cleaners Grain Heads Grape Harvesters Hay Balers Mowers Nut Shakers Rakes Rice Harvesters Roads Silo Filters Silo Unloaders Tomato Harvesters Wagons			0			0	
Chickens			0				0			0	
Turkeys			0				0			0	
			0				0			0	
			0				0			0	
			0				0			0	
			0				0			0	
			0				0			0	
			0				0			0	
			0				0			0	
			0				0			0	
			0				0			0	
			0				0			0	
			0				0			0	
<b>Total Value \$0</b>											
Livestock	# of Head	Unit Price	Total Value				0	Irrigation Equipment	# of Units	Unit Price	Total Value
Dairy Cows			0			0		Center Pivot			0
Dairy Heifers			0			0		Irrigation			0
Dairy Calves			0			0		Drip			0
Beef Cows			0			0		Handset			0
Beef Calves			0			0		Lateral Move			0
Feeder Cattle			0			0		Irrigation			0
Bulls			0			0		Pumps			0
Sows and Gilts			0			0		Solid Set			0
Boars			0			0		Wheel-Line			0
Feeder Pigs			0			0					0
Ewes			0			0					0
Rams			0			0					0
Lambs			0			0					0
Horses			0			0					0
Mules			0			0					0
			0			0					0
			0			0					0
			0			0					0
			0			0					0
<b>Total Value \$0</b>											

**IF EXCLUSION OF PROPERTY FROM BLANKET COVERAGE IS DESIRED, PLEASE LIST THE SPECIFIC ITEMS ON PAGE 8**

LIMITS OF INSURANCE	Limit of Insurance	
	Agricultural Produce	\$0
	Poultry	\$0
	Livestock	\$0
	Agri. Machinery & Implements	\$0
	Agri. Tools, Equip. & Supplies	\$0
Irrigation Equipment	\$0	
<b>Total</b>	<b>\$0</b>	

	Rate	Premium
X	=	\$0







## OPTIONAL COVERAGES

Agri-Plus II Property Endorsement <input type="checkbox"/>			
Computer Coverage <input type="checkbox"/>			
Watercraft Hull Coverage:	Year	Length	Horsepower
	Model/Mfg		Limit
Extra Expense <input type="checkbox"/>			
Restoring Records <input type="checkbox"/>			
Dwelling Glass <input type="checkbox"/>			
Dairy Farms Endorsement <input type="checkbox"/>			
Equine Property Endorsement <input type="checkbox"/>			
Sewer Back-up <input type="checkbox"/>			
Orchard and Vineyard Growers Property Endorsement <input type="checkbox"/>			
Disruption of Farming Operations <input type="checkbox"/>			
High Value Dwelling Endorsement <input type="checkbox"/>			
Identity Fraud Expense Coverage <input type="checkbox"/>			
Equipment Breakdown Coverage <input type="checkbox"/>			

## AGRIBUSINESS FARM LIABILITY SECTION

Applicant:

Producer:

Coverages	Limits of Liability	
Coverage H – Bodily Injury and Property Damage Liability	\$	Each "Occurrence" Limit General Aggregate Limit
	\$	
Coverage I – Personal and Advertising Injury Liability	\$	Each "Occurrence" Limit General Aggregate Limit
	\$	
Coverage J – Medical Payments	\$	Any One Person Limit Each "Occurrence" Limit
	\$	
Coverage H – Bodily Injury and Property Damage Liability Fire Damage Limit	\$	Any One Fire
Additional Coverage b. – Damage to Property of Others	\$	
Commercial General Liability <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete commercial general liability application	

Code	Coverage	*ILF	Basis/Rate	Premium
<input type="checkbox"/>	Initial farm premises, 0 to 160 acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated			
<input type="checkbox"/>	Initial farm premises, 161 to 500 acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated			
<input type="checkbox"/>	Initial farm premises, 501 to 2000 acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated			
<input type="checkbox"/>	Initial farm premises, Over 2000 acres <input type="checkbox"/> Owner Operated <input type="checkbox"/> Non-owner Operated			
01418 <input type="checkbox"/>	Additional farm premises maintained by named insured Loc. #			
09250 <input type="checkbox"/>	Additional non-farm premises occupied by insured Loc. # <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent			
05117 <input type="checkbox"/>	Additional residence rented to others, numbers of families    Loc. #			
04122 <input type="checkbox"/>	Additional insured – non-relative resident			
	Additional insured			
	Additional CPL    Name:			
07106 <input type="checkbox"/>	Custom farming receipts \$    (rate per \$1,000 Receipts)			
01235 <input type="checkbox"/>	Roadside stands – farm products principally on the insured farm – (rate per \$1,000 gross sales) Sales \$			
* <input type="checkbox"/>	Enhanced Pollutant Clean-up (refer to company)    Limit:			
<input type="checkbox"/>	Chemical Drift			
01360 <input type="checkbox"/>	Contingent Liability for Crop Dusting by Independent Aircraft – (rate per \$1,000 cost) Cost \$    Limit \$			
<input type="checkbox"/>	Domestic Workers' Comp <input type="checkbox"/> Inservant <input type="checkbox"/> Outservant			
<input type="checkbox"/>	Animal Collision    # of Livestock    Limit per Head:			
<input type="checkbox"/>	Products:			
<input type="checkbox"/>	Other:			

\*ILF – Increased Limits Factors

**Supplemental Application (Snowmobiles, All Terrain Vehicles, Watercraft)**

Named Insured

<b>A: Snowmobiles/All Terrain Vehicles</b>										
Unit No.	Model Year	Type (Snow/ATV)	Make	Identification Number	C.C./C.I. Displacement	Horse-power	Limit of Liability	Stated Amt. or Cost New	Where Used?	Licensed For Highway?
A1										
A2										

<b>Operator Information</b>		<b>Snowmobiles/All Terrain Vehicles/ Watercraft</b>				
Operator Name	Date of Birth	Driver License Number	Gender	Marital Status	Accidents / Citation past 36 months	

<b>B: Watercraft — Under 26 feet in length.</b>									
Unit No.	Description	Model Year	Manufacturer	Model Name and/or No.	Identification or Serial Number	Horse-power	Rated Speed	Length	Original Cost New
B1	Boat & attached equipment								\$
	Outboard Motor #1								\$
	Outboard Motor #2								\$

Power	Type of Hull	Construction	Waters To Be Navigated
<input type="checkbox"/> Outboard <input type="checkbox"/> Sail <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Inboard (Prop Shaft) <input type="checkbox"/> Inboard (Jet Drive)	<input type="checkbox"/> Runabout <input type="checkbox"/> Cabin Cruiser <input type="checkbox"/> Other (describe)	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other	Use (i.e., fishing, skiing, pleasure)  Operator Discount <input type="checkbox"/> U.S. Coast Guard Aux. I.D. No. <input type="checkbox"/> U.S. Power Squadron I.D. No.

<b>C. Trailers</b>				
Unit No.	Model Year	Manufacturer	Stated Amt. of Coverage	Used With (Boat, Snowmobile, Etc.)
			\$	

<b>Coverages and limits of liability — enter limits of liability and/or deductibles for each unit.</b>													
Unit No.	Part I				Part II	Part III				Part IV			
	Bodily Injury (Thousands) Each Person	Bodily Injury (Thousands) Each Occurrence	Property Damage (Thousands) Each Occurrence	Single Limit B.I. and P.D. (Thousands) Each Occurrence	Medical Payments (Dollars) Each Person	Comprehensive Enter Deductible Applicable	Collision Enter Deductible Applicable	All Risk Physical Loss-Enter Deductible Applicable	Limit of Liab. Actual Cash Value Or As Shown Below	Uninsured Motorists (Thousands)			
										B.I. Each Person	B.T. Each Accident	P.D. Each Accident	
A1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
A2	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
B1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
C1	\$	\$	\$	\$	\$	\$	\$	\$	\$	In States Where Available			
C2	\$	\$	\$	\$	\$	\$	\$	\$	\$				

Other Coverage	Personal Effects Or Unattached Board Equipment	Limit of Liability \$	Unit No.	Premium \$
	Other			

Loss Is Payable	Unit No.	Unit No.
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<b>Has Any Operator</b>	Yes	No
1. Membership in an organized club concerned with any recreational vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
2. Less than one year's experience in the operation of type of vehicle or watercraft insured?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Is Any Recreational Vehicle:</b>	Yes	No
8. Stored or moored at a location other than the applicant's residence?	<input type="checkbox"/>	<input type="checkbox"/>
9. Uses as a primary residence premises?	<input type="checkbox"/>	<input type="checkbox"/>
10. Used in organized races or competitive events?	<input type="checkbox"/>	<input type="checkbox"/>
11. Equipped for amphibious use?	<input type="checkbox"/>	<input type="checkbox"/>
12. Homemade, kit built or modified from factory specifications?	<input type="checkbox"/>	<input type="checkbox"/>
13. Rented or leased to others or used for other commercial purposes?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Recreational Vehicle Condition And Equipment</b>	Yes	No
14. Does any vehicle or boat have body damage or cracked or broken glass?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is any boat equipped with a stove? (Describe installation and fuel in remarks)	<input type="checkbox"/>	<input type="checkbox"/>
16. Is any boat equipped with Coast Guard approved type fire extinguishers and personal flotation devices?	<input type="checkbox"/>	<input type="checkbox"/>
17. Is any boat equipped with auto engine converted to marine use by anyone other than the manufacturer of the boat?	<input type="checkbox"/>	<input type="checkbox"/>



You may use this page to supplement your application with any additional information.

Empty rectangular box for supplemental information.