

## Equine Farm & Ranch Application



<b>Company Use Only</b>	
<b>Customer No.</b>	
<b>Producer No</b>	

(Note: This is not a Binder. Incomplete or unsigned applications will be returned for completion.)

<b>Agency's Name and address (Include Zip Code)</b>	<b>Agency Phone #</b>	( )	-
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<b>City</b>		<b>St</b>		<b>Zip</b>		<b>Producer #</b>	
<b>Transaction</b>	<input type="checkbox"/> New Business <input type="checkbox"/> Renewal of #	<input type="checkbox"/> Quote	<input type="checkbox"/> Issue	<b>Effective Date</b> to		<b>Quote Desired By</b>	
<b>Agency Bill</b>	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-A Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Choice/Direct Bill to Applicant		<input type="checkbox"/> Mortgagee	
<b>Applicant is</b>	<input type="checkbox"/> Owner/Operator <input type="checkbox"/> LLC	<input type="checkbox"/> Absentee Owner	<input type="checkbox"/> Partnership	<input type="checkbox"/> Manager	<input type="checkbox"/> Corporation	<input type="checkbox"/> Does Owner: Own Property	<input type="checkbox"/> Lease Property
<b>Applicant - Name and address ( include County and Zip Code)</b>							

**Applicant:**

**Applicant's Farm Business Name**

**Mailing Address**

<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip</b>
<b>Applicant's Phone Number:</b>	<b>Website/www.</b>	<b>FEIN #</b>	

**Person to contact for inspection purposes: Name: Phone :**

**IS THIS APPLICANT DIRECT TO YOUR AGENCY OR BROKERED?**

**General Underwriting Questions**

- 1 How long has agent known applicant? \_\_\_\_\_ Provide the date when agent inspected premises: \_\_\_\_\_
- 2 Are horse operations your main source of income?  Yes  No If not, what is? \_\_\_\_\_  
Are you engaged in any other business, profession or Trade? \_\_\_\_\_ If yes, describe. : \_\_\_\_\_
- 3 Describe your horse operations \_\_\_\_\_
- 4 How many years experience/in the business with horses? If none, any experience as Farm Mgr, etc. \_\_\_\_\_
- 5 What primary breed of horse do you work with? \_\_\_\_\_
- 6 Are there any farm/ranch operations other than horse?  Yes  No If yes, what? \_\_\_\_\_
- 7 Do you perform any custom farming operations?  Yes  No If yes, what are the receipts? \_\_\_\_\_  
Describe the type of custom farming you do \_\_\_\_\_
- 8 Number of farm/ranch employees \_\_\_\_\_ Number of domestic employees \_\_\_\_\_  
Is Worker's Compensation carried?  Yes  No If yes, Name of Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- 9 Are there any non-farm/ranch operations conducted on premise?  Yes  No  
If yes, describe: \_\_\_\_\_  
Name of insurance provider \_\_\_\_\_  
Policy Number \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- 10 Is there a business or professional office (non-farm) in your dwelling or on your premises?  Yes  No
- 11 Do you own a non-farm residence in which you reside (I.e. vacation home)?  Yes  No  
Do you have liability insurance for it?  Yes  No If yes, please provide insurance information:  
Name of carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Policy Period: \_\_\_\_\_
- 12 Is the scheduled premises the only premises you own, rent or operate/maintain as a farm/ranch/residence?  Yes  No  
If no, explain. \_\_\_\_\_
- 13 Do you own any (non-farm) rental dwelling(s)?  Yes  No Do you wish liability coverage for them?  Yes  No
- 14 Is any property leased to others?  Yes  No If yes, explain: \_\_\_\_\_
- 15 Do you judge shows?  Yes  No What are your annual receipts? \_\_\_\_\_

14 Open Range Area?  Yes  No Fences inspected and repaired regularly?  Yes  No

15 Is there a swimming pool on premise?  Yes  No If yes, at which location and structure? \_\_\_\_\_  
 Does the pool(s) have a secure 4ft no climb fence with self latching lock on the inside?  Yes  No  
 Is there a diving board?  Yes  No  
 Is the pool used by anyone other the applicant?  Yes  No  
 What is the depth of the pool? \_\_\_\_\_

17 Is the applicant involved in any of the following activities? \_\_\_\_\_

Dude Ranch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Entertainment/Amusements involving farm animals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pony Rides	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hay/Carriage/Sleigh Rides	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public Horse Rentals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Polo/Horse Ball	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Therapeutic or Riding for the Handicapped	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hunting or fishing on premises by other than owner and family	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motorcycles, ATV's operated by other than applicant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vaulting	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain any "Yes" answers: \_\_\_\_\_

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18 Are dogs owned?  Yes  No How many? \_\_\_\_\_ Breed \_\_\_\_\_  
 Any past aggressive behavior? (I.e. bites, etc.) \_\_\_\_\_  
 Are dogs contained when customers are on premises? \_\_\_\_\_  
 Are dogs allowed in barn/horse areas? If so, describe \_\_\_\_\_

19 Are independent contractors hired to perform any farming operations?  Yes  No  
 Do you ask for proof of liability insurance (COI)  Yes  No  
 Are you named as Additional Insured on the Independent's liability policy?  Yes  No  
 What does the Independent do for you? \_\_\_\_\_

20 Is any part of the premises used or leased for organized recreational use?  Yes  No  
 Type of use? \_\_\_\_\_

21 Does Applicant prepare and/or sell animal feed?  Yes  No  
 If yes, explain. \_\_\_\_\_

22 Are the farm premises open to the public as roadside stands, "uPick," recreational, "rent a garden," auction, sales, show, food or beverage service, animal boarding, sale of Christmas trees, or any other uses?  Yes  No  
 If yes, explain. \_\_\_\_\_

23 Are there any unusual hazards on the premises such as (but not limited to) dump pits, silage pits, sump holes, lakes reservoirs?  
 Yes  No Explain: \_\_\_\_\_

24 How is animal waste disposed of? \_\_\_\_\_

25 Is there an airstrip on the premise?  Yes  No How is it used and by whom? \_\_\_\_\_

26 Do you wish liability coverage for any owned watercraft?  Yes  No (if yes attach Acord Watercraft Application)

27 Do you wish liability coverage for any owned snowmobiles/ATVs/Golf Carts?  Yes  No  
 Are any licensed for road use?  Yes  No Do you want off premises coverage?  Yes  No  
 Make, Model VIN? \_\_\_\_\_ How are they used? \_\_\_\_\_  
 IF ATV, how many wheels? \_\_\_\_\_ What is the value of each? \_\_\_\_\_  
 Operator information (names, dates of birth, drivers license #). \_\_\_\_\_

29 Is there any land held for real estate development or speculation?  Yes  No  
 If yes, provide details: \_\_\_\_\_

30 Are you a subsidiary of another company?  Yes  No If yes, explain \_\_\_\_\_

31 Do you serve on any Corporate or other Board for remuneration?  Yes  No Detail \_\_\_\_\_

32 Is there a home on your farm premises that is insured elsewhere?  Yes  No If yes, Carrier, Policy # & policy term: \_\_\_\_\_

**5 YEAR PRIOR COVERAGE INFORMATION**

Line	Policy Period	Carrier	Policy Number	Premium	Number of Claims
<b>Property</b>					
<b>Liability</b>					
<b>Auto</b>					
<b>Umbrella</b>					
<b>Other</b>					

**5 Year Loss History**

**Enter all claims or occurrences for the prior five years. Attach hard copy loss runs.**

Date	Description of Claim/Occurrence	Amount	Open/Closed

**Has any policy been canceled?                      Non-renewed?                      Declined?                      (not applicable in MO)**

**Explain yes answers:**


## DWELLING COVERAGE FORM

Please use a separate coverage form for each location with dwellings to be insured.

Location 911 address		Street:											
City:		County:		State:		Zip:							
Deductible: \$500		\$1,000		\$2,500		Other							
Miles from Fire Department?				Name of Responding Fire Dept.									
Is there another water source(pool, lake, etc), if so, what and distance to dwelling?													
Location #		# of Acres		Main Dwelling				Other Dwelling					
Bldg # on Diagram													
Is this your primary residence		YES		NO		YES		NO					
Is this a secondary residence for you		YES		NO		YES		NO					
Is the dwelling within the city limits		YES		NO		YES		NO					
Protection Class													
Distance from Fire Hydrant													
Building Class		refer to Countrywide Rules											
A. Dwelling Limit of Insurance		\$		\$				\$					
B. Appurtenant Structures		\$		\$				\$					
C. Household Contents		\$		\$				\$					
D. Loss of Use		\$		\$				\$					
Covered Cause of Loss		Basic		Broad		Basic		Broad					
		Special				Special							
		Special Dwlg/Broad Contents				Special Dwlg/Broad Contents							
Risks located in Florida: Do you want Sinkhole Loss coverage to apply to your insured properties located in Florida?								YES		NO			
Replacement Cost/Contents		YES		NO		YES		NO					
Loss Settlement Building *		RC		ACV		ERC		RC		ACV		ERC	
Earthquake Coverage		YES		NO		YES		NO					
Who occupies the dwelling		Owner		Tenant		Owner		Tenant					
		Other		Caretaker/employee		Other		Caretaker/employee					
Occupancy Full Time or Part Time													
# of Families													
Year Built													
Square Feet													
Type of Construction													
Mobile or Modular Building													
Roof: Age													
Type													
Heat: Type of Heat													
Age													
Wood Stove, if yes need questionnaire		YES		NO		YES		NO					
Central Air Conditioning		YES		NO		YES		NO					
Smoke Alarm		YES		NO		YES		NO					
Burglar Alarm: Local		YES		NO		YES		NO					
(attach certificate) Central Station		YES		NO		YES		NO					
Fire Alarm: Local		YES		NO		YES		NO					
(attach certificate) Central Station		YES		NO		YES		NO					
Lightning Rods		YES		NO		YES		NO					
Fire Extinguishers		YES		NO		YES		NO					
Sprinkler System/Certificate/Maint. Contract		YES		NO		YES		NO					
Renovation Update:		Wiring: _____		Year: _____		Wiring: _____		Year: _____					
Year of update needed for bldgs		Heating: _____		Year: _____		Heating: _____		Year: _____					
over 20 years		Plumbing: _____		Year: _____		Plumbing: _____		Year: _____					
		Roof: _____		Year: _____		Roof: _____		Year: _____					
Type of Construction: Frame, Masonry, Steel Frame, Pole, Mobile Home/Mobile Building. Type of Roof:													
Asphalt/Fiberglass, Metal, Tile, Cedar. Loss Settlement: RC= Replacement Cost, ACV= Actual Cash													
Value, ERC=Extended Replacement Cost (*requires Cost Estimator)													

Click for Additional Dwelling Sheet

[Additional Dwellings Sheets](#)

## FARM STRUCTURES COVERAGE FORM

Please use a separate coverage form for additional farm structures & other locations.

Location 911 address		Street:							
City:		County:		State:		Zip:			
Deductible: \$500		\$1,000		\$2,500		Other			
Inflation Guard applies to all structures if elected.				4%		6%			
Miles from Fire Department?				Name of Responding Fire Dept.					
Is there another water source(pool, lake, etc), if so, what and distance to building?									
Location #		# of Acres		Description/Use				Description/Use	
Bldg # on Diagram									
What is the description/use of the building									
Protection Class									
Distance from Fire Hydrant									
Building Class refer to Countrywide Rules									
Are there living quarters in the barn		YES		NO		YES		NO	
Is there an office in the barn		YES		NO		YES		NO	
Limit of Insurance		\$		\$		\$		\$	
Covered Cause of Loss		Basic		Broad		Basic		Broad	
		Special				Special			
Loss Settlement Building:		RC		ACV		RC		ACV	
Earthquake Coverage		YES		NO		YES		NO	
Year Built									
Square Feet									
Type of Construction									
Fabric covered building/Brand/Warranty									
Height/# of stories/# of open sides									
Roof: Age									
Type									
Heat: Location of Heat in bldg(office,etc)									
Type of Heat									
Age									
Wood Stove, if yes need questionnaire		YES		NO		YES		NO	
Smoke Alarm		YES		NO		YES		NO	
Burglar Alarm: Local		YES		NO		YES		NO	
(attach certificate) Central Station		YES		NO		YES		NO	
Fire Alarm: Local		YES		NO		YES		NO	
(attach certificate) Central Station		YES		NO		YES		NO	
Lightning Rods		YES		NO		YES		NO	
Fire Extinguishers		YES		NO		YES		NO	
Sprinkler System/Certificate/Maint. Contract		YES		NO		YES		NO	
Hay storage less than 50 bales		YES		NO		YES		NO	
Is smoking prohibited and sign posted		YES		NO		YES		NO	
Renovation Update:		Wiring: _____ Year: _____		Wiring: _____ Year: _____		Wiring: _____ Year: _____		Wiring: _____ Year: _____	
Year of update needed for bldgs		Heating: _____ Year: _____		Heating: _____ Year: _____		Heating: _____ Year: _____		Heating: _____ Year: _____	
over 20 years		Plumbing: _____ Year: _____		Plumbing: _____ Year: _____		Plumbing: _____ Year: _____		Plumbing: _____ Year: _____	
		Roof: _____ Year: _____		Roof: _____ Year: _____		Roof: _____ Year: _____		Roof: _____ Year: _____	
Mobile building		YES		NO		YES		NO	
Is there any urethane insulation in building		YES		NO		YES		NO	
Are you insuring all buildings at all locations		YES		NO		YES		NO	
Type of Construction: Frame, Masonry, Steel Frame, Pole, Mobile Home/Mobile Building. Type of Roof: Asphalt/Fiberglass, Metal, Tile, Cedar. Loss Settlement: RC= Replacement Cost, ACV= Actual Cash Value									





LIABILITY SECTION

Unless Specifically Endorsed Non-Owned Horses In Your Care, Custody or Control Are Not Covered For Injury or Death. Attach Care, Custody and Control Application if coverage is wanted.

Limits of Insurance - Occurrence/Aggregate (000)

\$100/200 \$300/\$600 \$500/\$1,000 \$1,000/\$2,000

Equine Underwriting and Safety Information:

- 1 Are you the primary manager of facility? Yes No
If no, who is the manager: Age: Experience:
2 Is there 24 hour supervision of the facility? Yes No Explain Supervision:
3 Are emergency numbers clearly posted? Yes No
4 Are Safety and Barn rules posted at the facility? Yes No Please provide a copy.
5 Are no smoking signs clearly posted? Yes No
6 Are State Equine Liability signs clearly posted (if applicable)? Yes No N/A
7 Do you participate in parades? Yes No If yes, please provide details:
8 Are Non-boarders using the facility? Yes No If yes, please explain:
9 Do any Associations, Pony Clubs, 4-H, Girl/Boy Scouts, etc use your facility? Yes No
If yes, please explain:
10 Do you have all clients sign a hold harmless agreement and is it kept in file and maintained? Yes No
Enclose sample copies of all hold harmless agreements.
11 Are client's dogs allowed on the facility Yes No If yes, are leashes required? Yes No
12 Do you lease any part of the building or land to someone else (other than your boarders)? Yes No
If yes, please explain:
13 Do you lease any part of the buildings or land from someone else? Yes No
If yes, please explain:
14 All fence/gates in good condition? Yes No How often is fencing checked (daily, weekly, monthly, never)? What type of perimeter fencing is used?
15 Has any animal ever escaped? Yes No If yes, please explain:
16 Do you lease horses to or from others? Yes No Need copy of Contract
Details:

Sales on Premises Operated by You

Not Applicable

- 17 Do you sell horses on your premises? Yes No What breeds?
18 How many do you sell a year? What are the annual receipts?
19 Is the buyer allowed to test ride? Yes No If buyer is allowed to test ride, required to have Hold Harmless signed and proper footwear and headgear worn if minor.
20 If buyer is allowed to test ride, is the level of experience evaluated? Yes No
21 What is the method of sale (private treaty, auction, consignments)?
22 Do you sell food or operate a snack bar? Yes No What are the annual receipts?
What is sold (hamburgers, hot dogs, chips etc.)? Deep Fryer? Yes No
23 Do you sell tack and/or clothing? New Used Reconditioned Tack
If so, what are the annual receipts?
24 Do you offer repair of tack or riding equipment? Yes No
If yes, what is the location of the shop?
25 Do you/employee perform any type of farrier services? Yes No What are the annual receipts?
26 Do you cut or bale hay? Yes No What are the annual receipts?
27 Do you prepare or mix feed for sale? Yes No What are the annual receipts?



## LIABILITY SECTION

### Riding Instructions

 Not Applicable

- 28 Do you teach: English  Western  Jumping  Other (explain) \_\_\_\_\_  
**Pony Club Activities and Vaulting refer to Company**
- 29 Is instruction provided by: You  Independent Instructor  Employee
- 30 If instruction is provided on your premises by an Independent Instructor, how many such instructors? \_\_\_\_\_
- 31 Describe your experience and qualifications:  
 Are you a certified instructor? Yes  No  If yes, by whom? \_\_\_\_\_
- 32 Describe your employee's and/or Independent Instructor's experience and qualifications: \_\_\_\_\_
- 33 Do you obtain a certificate of insurance from the Independent Instructor(s)? Yes  No   
**Applicant must be named as Additional Insured. Please provide a copy of the Certificate of Insurance**
- 34 Is your employee and/or Independent Instructor certified? Yes  No  By whom: \_\_\_\_\_
- 35 What is the number of students per week given lessons by you or your employee? \_\_\_\_\_
- 36 What is the number of students per week given lessons by the Independent Instructor? \_\_\_\_\_
- 37 What is the minimum age of the students? \_\_\_\_\_
- 38 What is the maximum number of students per instructor per lesson for you and your employees? \_\_\_\_\_
- 39 What is the maximum number of students per instructor per lesson for the Independent Instructor? \_\_\_\_\_
- 40 What are the annual gross receipts derived from instruction by you and your employee? \_\_\_\_\_
- 41 What are the annual gross receipts derived from instruction by the Independent Instructor? \_\_\_\_\_
- 42 Do you attend off-premises shows with your students? Yes  No   
 If yes, number of shows? \_\_\_\_\_ What are the gross receipts? \_\_\_\_\_

### Clinics

 Not Applicable

- 43 Do you hold/sponsor clinics for non-students on your premises? Yes  No  Off Premises: Yes  No   
 Details? \_\_\_\_\_
- 44 Type of Clinics: \_\_\_\_\_
- 45 Number of Clinics: \_\_\_\_\_ Number of days per clinic \_\_\_\_\_
- 46 Average Attendance: \_\_\_\_\_
- 47 Do you rent/lease your facility to others to hold clinics? Yes  No   
**If yes, provide Certificate of Insurance with the Applicant named as Additional Insured.**  
 If yes, who teaches these clinics? \_\_\_\_\_
- 48 Do you require outside clinicians to provide proof of insurance? Yes  No  **Please send copy**
- 49 What are the receipts for the clinics? \_\_\_\_\_

### Day Camps

 Not Applicable

**If yes, complete Camp Supplemental [double click for link](#)**

- 50 Do you hold day camps? Yes  No  [..Camp Supplemental App\Camp Supplement excel for web final.xls](#)

### Boarding (not your own horses)

 Not Applicable

- 51 Do you provide riding facilities for boarders? Yes  No  If yes describe: \_\_\_\_\_
- 52 Is temporary overnight boarding provided? Yes  No  If yes describe: \_\_\_\_\_
- 53 If boarding self-board or full care? \_\_\_\_\_
- 54 Do you have boarders sign hold harmless agreements? Yes  No  **If yes, provide copy.**  
 If no, explain: \_\_\_\_\_
- 55 Number of stalls on premises used for boarding? \_\_\_\_\_ Maximum number of animals boarded? \_\_\_\_\_
- 56 Maximum number of animals pastured? \_\_\_\_\_
- 57 Annual Receipts related to Boarding? \_\_\_\_\_ Boarding Payroll? \_\_\_\_\_

**LIABILITY SECTION**

**Training**  Not Applicable

58 What type of training is given? \_\_\_\_\_

59 Do you have a trainer on staff? Yes  No  If yes, what is the payroll for the trainer? \_\_\_\_\_

60 How many lessons are considered part of their training agreement? \_\_\_\_\_ **Provide copy of agreement**

61 Total payroll related to Training? \_\_\_\_\_

62 If Trainer is independent contractor, do you require certificates of insurance? Yes  No   
**Certificate of Insurance must name application as additional insured. Please attach a copy.**

63 If racing, in which states do you race? \_\_\_\_\_

64 Annual receipts for training? \_\_\_\_\_  
 What is the average number of horses trained per year? \_\_\_\_\_

**Owned Horses**  Not Applicable

65 How many horses do you own or lease for your own use? \_\_\_\_\_

66 How many are used for pleasure riding? \_\_\_\_\_

67 How many are used for showing? \_\_\_\_\_

68 How many are for sales prep? \_\_\_\_\_

69 How many are used for instruction? \_\_\_\_\_

**Breeding**  Not Applicable

70 Do you manage stallions? Yes  No  If yes, how many? \_\_\_\_\_

71 How many are owned wholly by you? \_\_\_\_\_

72 How many are owned by others? \_\_\_\_\_

73 What are your receipts from breeding? \_\_\_\_\_

74 What is your breeding operations payroll? \_\_\_\_\_

75 Do you manage or keep broodmares? Yes  No

76 How many broodmares do you own? \_\_\_\_\_

77 How many non-owned broodmares do you have on your farm at any one time? \_\_\_\_\_

78 Do you offer foaling services? Yes  No  If yes, what are the receipts? \_\_\_\_\_

79 Do you have a veterinarian on staff? Yes  No  **(Professional Liability is excluded)**  
 Are vet services provided for other than applicant horses? Yes  No  **If yes, provide COI for Professional Liability**

**Horse Shows**  Not Applicable

80 Do you sponsor any horse shows on your premises? Yes  No  Off Premises? Yes  No

81 Number of spectators per day/show? \_\_\_\_\_ Total per show \_\_\_\_\_  
 Number of participants per day/show? \_\_\_\_\_ Total per show \_\_\_\_\_ Receipts per show? \_\_\_\_\_

82 Dates of Shows: \_\_\_\_\_

83 Types of Shows: \_\_\_\_\_

84 Do you have stall rental for shows? Yes  No  If yes, what are the Receipts? \_\_\_\_\_  
 Number of stalls available? \_\_\_\_\_ Are they Temporary or Portable Stalls? Yes  No

85 Do you secure releases/hold harmless agreements from all entrants? Yes  No  **Attach sample copy**

86 Do you have an EMT present at all shows? Yes  No

87 Are shows sanctioned? Yes  No  If yes, by whom? \_\_\_\_\_

88 Do you have bleachers or grandstands? Yes  No  If yes, what is the construction? \_\_\_\_\_  
 If yes, what is the height? \_\_\_\_\_ If yes, what is the seating capacity? \_\_\_\_\_

89 Do you provide RV or camper hookups during these shows? Yes  No   
 If yes, number of hookups? \_\_\_\_\_ What are the Receipts? \_\_\_\_\_

90 Do you provide concessions during these shows? Yes  No   
 If yes, explain: \_\_\_\_\_

91 Do you have vendors on the premises during these shows? Yes  No   
 If yes, please explain the items sold: \_\_\_\_\_

92 Do you collect proof of liability insurance from these vendors? Yes  No

93 Do you lease your facility to others to hold shows and events? Yes  No  If yes, explain: \_\_\_\_\_  
 What are the receipts for leasing the facility? \_\_\_\_\_

Do you require proof of liability insurance? Yes  No

**PREMISES DIAGRAM (Please complete for each location)**

Show all buildings on the premises (whether insured or not) and distance in feet between them. Label all buildings the same as the application and photos and attach a dated photograph of every building (indicate NC if not covered)

To add Drawing Tools - go to View, choose Toolbars, click Drawing box.

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**INSURANCE FRAUD WARNING STATEMENT**

This statement is provided to you with the insurance application. READ and initial the applicable Fraud Warning Statement for the State in which your application is being made before executing and submitting the attach application to your agent.

- Arizona For your protection, Arizona law requires the following statement to appear on this form Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- Arkansas Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- California For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- Colorado It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- Delaware Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- Florida Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or any application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- Idaho Any person who knowingly, and with intents to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.
- Indiana A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.
- Kentucky Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing 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.
- Louisiana Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and maybe subject to fines and confinement in prison.
- Maine It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

- Minnesota A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- New Hampshire Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or inform; misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA638:20
- New Jersey Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- New Mexico ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES
- New York Any person who knowingly and with intents 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 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.
- Ohio 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.
- Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- Pennsylvania 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.
- Virginia 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.

The statements given in this application are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material fact or circumstance concerning this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ License #: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL FRAUD STATEMENT**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT OR WA; IN DC, LA, ME, TN AND VA, insurance benefits may also be denied)**

**IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS QUILTY OF A FELONY OF THE THIRD DEGREE.**

**IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**IN 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.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

**COLORADO APPLICATION SUPPLEMENT**

**THIS NOTICE IS A PART OF YOUR APPLICATION FOR:**

- HOMEOWNERS INSURANCE
- PERSONAL INLAND MARINE INSURANCE
- WATERCRAFT INSURANCE
- PERSONAL UMBRELLA INSURANCE
- AGRICULTURE INSURANCE

- DWELLING INSURANCE
- MOBILE HOME INSURANCE
- PERSONAL LINES PACKAGE INSURANCE
- PERSONAL AUTO INSURANCE
- COMMERCIAL INSURANCE

**FRAUD WARNING**

**It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

(10/08)

**OHIO FRAUD STATEMENT**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

(10/08)