

Application Date _____ Policy # _____
 Agency Name _____ Address _____
 City _____ State/Province _____ Zip _____
 Phone _____

Company Use Only: Customer#/SubID _____ Producer# _____
 Entity Type: Individual Corporation LLC Partnership _____
 Billing: Direct Bill Agency Bill Pay Plan: _____
 Bill To: Insured Mortgagee
 Quote needed by _____ Requested Effective Date _____
 Do you want your agent to send the policy electronically? Yes No

Applicant Information

Named Insured _____
 Additional Named Insured Supplemental Attached *(Required for multiple Named Insureds)*
 What is the insurable interest of each Named Insured *(including individuals)*?

Mailing Address _____
 City _____ State/Province _____ Zip _____
 County _____ Phone# _____ FEIN# _____
 Web Address _____ Email _____
 Inspection Contact Name _____ Phone# _____

Do any of the Named Insureds have owned property or operations not mentioned on this application? Yes No
If yes, describe.

Coverages to be quoted

- | | | |
|---|---|--|
| <input type="checkbox"/> Package | <input type="checkbox"/> Monoline Liability | <input type="checkbox"/> Equine Care, Custody, Control |
| <input type="checkbox"/> Umbrella <i>(Not applicable in Canada)</i> | <input type="checkbox"/> Monoline Property | <input type="checkbox"/> Scheduled Personal Property |
| <input type="checkbox"/> Auto | <input type="checkbox"/> Watercraft | <input type="checkbox"/> Employee Benefits Liability |

A State specific ACORD Auto Application is required in order to quote Auto. ACORD Watercraft Application required for Watercraft. Employee Benefits Liability Supplemental Questionnaire required for EBL Coverage

General Underwriting Questions

Loss History

None

(List all losses for the past 5 years that affect coverage lines requested above)

Date	Coverage Line	Description	Paid	Open	Closed
				<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"/>

Prior Carrier Information

Coverage Line	Company	# of years	Expiring Premium
Property			
Liability			
Care, Custody, Control			
Umbrella			

- | | N/A | Yes | No |
|---|--------------------------|--------------------------|--------------------------|
| 1. Are you age 18 or over? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been declined, cancelled or non-renewed in the past 3 years?
If yes, explain _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. During the last five years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. How many years experience/in the business with horses? _____ | | | |

Location Schedule

Additional Locations Supplemental Attached

PC = Protection Class

Street Address	City	State/ Province	County	Zip	PC	Owned	Acres
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	

If no Property Coverage is desired, please skip to the General Liability Section on Page 6.

Property Underwriting Questions

DWELLING SCHEDULE

 Additional Dwellings Supplemental Attached

	Dwelling #1	Dwelling #2	Dwelling #3	Dwelling #4
Location # (see Location Schedule)				
Attached to barn?				
Distance to Hydrant/Fire Station	/	/	/	/
Deductible Amount				
Hurricane or Wind/Hail Deductible %				
Building Class				
A. Dwelling Limit	_____	_____	_____	_____
B. Appurtenant Structures (10%)	_____	_____	_____	_____
C. Household Contents (70%) ⁽¹⁾	_____ <input type="checkbox"/> RC	_____ <input type="checkbox"/> RC	_____ <input type="checkbox"/> RC	_____ <input type="checkbox"/> RC
D. Loss of Use (20%)	_____	_____	_____	_____
Cause of Loss ⁽²⁾				
Extended Replacement Cost ⁽³⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dwelling Enhancement Endorsement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dwelling is Located Inside City Limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupancy: Owner/Tenant/ Employee				
Full-time, Part-time or Primary?				
Year Built				
Construction Type ⁽⁴⁾				
Total Area/Area of Living Area (sq ft)	/	/	/	/
Roof Construction ⁽⁵⁾				
Year of Updates (for Dwellings over 30 years of age)	Roof _____ Heating _____ Plumbing _____ Electrical _____	Roof _____ Heating _____ Plumbing _____ Electrical _____	Roof _____ Heating _____ Plumbing _____ Electrical _____	Roof _____ Heating _____ Plumbing _____ Electrical _____
Smoke Detectors Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Burglar Alarm? ⁽⁶⁾	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS
Fire Alarm? ⁽⁶⁾	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS
Sprinkler System & Maint Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Abbreviation Key:

- (1) RC = Replacement Cost
(2) BA = Basic, BR = Broad, SP = Special, SP/BR = Special all other/Broad Contents
(3) Extended Replacement Cost (E2 Value required) – Up to 125% Limit of Insurance for Coverage A includes Ordinance or Law Coverage
(4) Construction Type Choose: Frame, Masonry, Steel frame, Pole or Mobile Home/Mobile Building
(5) Type of Roof Choose: Asphalt, Fiberglass, Metal, Tile, Cedar
(6) CS = Central Station alarm monitored by remote monitoring company

Property Underwriting Questions *Continued*
OUTBUILDINGS SCHEDULE Additional Outbuildings Supplemental Attached

	Building #1	Building #2	Building #3	Building #4
Location # (see Location Schedule)				
Building Name				
Use of Outbuilding?				
Distance to Hydrant/Fire Station	/	/	/	/
Deductible Amount				
Building Class				
Wind/Hail Deductible %	_____ %	_____ %	_____ %	_____ %
Outbuilding Limit				
Cause of Loss (Basic/Broad/Special)				
(Optional) Inflation Guard: 4% or 6%	_____ %	_____ %	_____ %	_____ %
Avg # hay bales stored in building				
# of Apartments in Outbuilding?				
Type of Occupancy in Apartment?				
Full or part-time occupancy in Apt?				
Area of any Office/Living Area (sq ft)				
Year Built				
# of Stories				
# of Open Sides on Building				
Construction Type ⁽¹⁾				
Total Area				
Roof Construction ⁽²⁾				
Heat Type				
Year of Updates (for Buildings over 30 years of age)	Roof _____ Heating _____	Roof _____ Heating _____	Roof _____ Heating _____	Roof _____ Heating _____
Smoke Detectors in Living Quarters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Burglar Alarm?	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS
Fire Alarm?	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS
Fire Extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler System & Maint Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Abbreviation Key:

(1) Construction Type Choose: Frame, Masonry, Steel frame, Pole or Mobile Home/Mobile Building

(2) Type of Roof Choose: Asphalt, Fiberglass, Metal, Tile, Cedar

Property Underwriting Questions Continued

- | | N/A | Yes | No |
|--|--------------------------|--------------------------|--------------------------|
| 1. Is Loss of Farm Income Coverage needed?
If yes, Limit? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is Extra Expense Coverage Needed?
If yes, Limit? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there any vacant or unoccupied structures on your property?
If yes please describe structure and explain oversight/security and plans for occupancy or sale: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do any buildings on any of your property have a Wood Burning Stove?
If yes , send completed Wood-burning Stove Questionnaire for each building with a Wood Stove. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

MORTGAGEES Additional Mortgagees Supplemental Attached

Mortgagee Name/Address	Loan#	Loc #	Buildings

SCHEDULED PERSONAL PROPERTY Additional Scheduled Personal Property Supplemental Attached

An appraisal or sales receipt with photos must accompany all items with an individual value of \$25,000 or more

Loc#	Category: Jewelry/Fine Arts/Etc	Item Description	Limit

FARM PERSONAL PROPERTY* Additional Schedule Farm Personal Property Supplemental Attached

- Deductible: \$500 \$1000 \$2500 \$5000 Other _____
- Cause of Loss: Basic Broad Special Equine Coverage Extension Endorsement
- Replacement Cost on Scheduled Tack Replacement Cost on Scheduled Office Contents

Location	Year/Make/Model OR Description	Serial #	Limit
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**Please schedule any Farm Personal Property individually valued over \$5,000.*

LOSS PAYEE SCHEDULE Additional Loss Payee Supplemental Attached

(For Item # Use the number corresponding to that particular Farm Personal Property item above)

Name	Address	Item#

General Liability Underwriting Questions

N/A Yes No

Company Use Only:

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

1. List all Equine Operations _____

Are you engaged in any other farm business, profession, or trade including but not limited to hay sales and custom farming?

If yes, please provide details:

2. Is the applicant involved in any of the following activities? *(Please check activities applicable)*

- | | |
|---|---|
| <input type="checkbox"/> Dude Ranch | <input type="checkbox"/> Polo/Horse Ball |
| <input type="checkbox"/> Entertainment/Amusements involving animal farms/Agritourism/Agritainment | <input type="checkbox"/> Hunting/Fishing on premises <i>(non-residents)</i> |
| <input type="checkbox"/> Pony Rides/Petting Zoos | <input type="checkbox"/> Motorcycles, ATV's <i>(other than resident)</i> |
| <input type="checkbox"/> Hay/Carriage/Sleigh Rides | <input type="checkbox"/> Vaulting |
| <input type="checkbox"/> Public Horse Rentals/Trail Rides | <input type="checkbox"/> Holds Races on Premises |
| <input type="checkbox"/> Fox Hunting | <input type="checkbox"/> Gymkana/Mounted Games |
| <input type="checkbox"/> Parades | <input type="checkbox"/> Mounted Shooting |
| <input type="checkbox"/> Rodeos | <input type="checkbox"/> Equine Sports Therapy <i>(including massage)</i> |
| <input type="checkbox"/> Equine Assisted Therapy | <input type="checkbox"/> Birthday Parties |

Please explain any checked activities:

3. Are dogs owned?

How many? _____ Breed _____

Any past claims?

If yes, explain _____

Are clients' dogs allowed at the facility?

Leashes Required?

4. Recreational Motor Vehicle (AL7405)

Class Code 07990

Please provide vehicle/driver details on page 7 of this application.

Year	Make	Model	Serial or Motor Number	# of Wheels	Use

General Liability Underwriting Questions *Continued*

5. Is Unlicensed Farm Vehicle Liability Coverage needed? N/A Yes No

If yes, complete the below tables:

Farm Vehicle Liability Coverage

Type of Vehicle	Driver Information	Does the vehicle leave the premises?	
		Yes	No
		<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"/>

Unlicensed Farm Trucks

Year	Make	Vehicle Information Model	VIN	GVW (Gross Vehicle Weight)

Name	Driver Information		DL	State
	DOB	Gender		

N/A Yes No

Is the vehicle serviced on the farm?

For any reason, does the vehicle leave the farm?

Please explain _____

6. Do any non-Boarders, Associations, Pony Clubs, 4-H, Girl/Boy Scouts, etc. use your facility? N/A Yes No

If yes, please explain _____

Do you lease any part of the building/land to someone else?
 If yes, please explain _____

7. Type of Fencing? Interior _____ Perimeter _____
 Are all fences/gates in good condition?

8. Is there a pool, aqua treadmill, hyperbaric chamber or similar item on your property?
 Please provide details _____

9. Is there an airstrip on the premises?

10. Do you lease horses to or from others?

11. Do you judge shows?
 Receipts _____

General Liability Underwriting Questions *Continued*

	N/A	Yes	No
12. Do you have any operations or horses in any country outside of the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. What is the total number of farm employees excluding owners/officers? _____

ADDITIONAL INSUREDS Supplemental Additional Insureds Schedule Attached

Name/Address

Relationship to Insured

Name/Address	Relationship to Insured

If you are requesting a quote for monoline liability and would like to schedule any locations please fill out and attach the additional location supplemental.

PERSONAL LIABILITY for "Personal Activities" desired?

1. **If yes**, then please list below the names and addresses of all individuals to be afforded Personal Liability coverage.

(Note that it is not necessary to list the spouse, children and relatives of these listed individuals if they live in a "residence premises" or dwelling that we insure for a premium charge.)

Name

Address (Include Zip)

Name	Address (Include Zip)

RIDING INSTRUCTION (*Teaching the Rider*) Not Applicable

1. Riding Instruction provided by: You Independent Instructor Employee

2. How many Independent Instructors are giving instruction? _____

3. Describe the experience/qualifications of you and your employees: _____

N/A Yes No

Are you/employee a certified instructor?

By whom? _____

4. Number of students per week given lessons by you or your employee: _____

5. Number of students per week given lessons by an independent instructor: _____

6. What is the minimum age of the students? _____

7. What is the maximum number of students per instructor per lesson? _____

EQUINE RIDING THERAPY Not Applicable

1. Do you offer Equine Riding Therapy?

2. Are you PATH or Eagala certified?

3. If you are not PATH or Eagala certified, what type of certification do you have?

Please attach the Equine Therapeutic Riding Supplemental application

DAY CAMPS Not Applicable

1. Do you hold day camps?

If yes, please complete the separate Day Camp Supplemental.

General Liability Underwriting Questions *Continued*

N/A Yes No

HORSE TRAINING (*Training of Horses*) Not Applicable

- 1. What type of training is given? _____
- 2. Total payroll related to Training _____
- 3. What is the average number of horses trained per year? _____

BOARDING OF NONOWNED HORSES Not Applicable

- 1. What is the total # of non-owned horses including non-owned broodmares? _____
- 2. Is temporary overnight boarding provided?
Describe _____
- 3. Is board self board or full care? Self Full
- 4. Annual Payroll _____

If no payroll provided, explain.

BREEDING Not Applicable

- 1. Breeding Payroll _____ # of Owned Broodmares _____
of Owned Stallions _____ # of Nonowned Stallions _____
- 2. Do you offer foaling services?

OWNED HORSES Not Applicable

Only include Owned horses not otherwise accounted for in Breeding/Training sections

- 1. What is the total number of equines you own or lease for your own use? _____
- 2. Of those, how many are used for the following activities:
Sales Prep _____ Showing _____ Pleasure Riding _____ Instruction _____
Retired _____

SALES BY YOU Not Applicable

- 1. Are you in the business of selling horses?
How many horses do you sell per year? Owned by you: _____ Owned by Others: _____
What are the annual Gross Receipts for Horse Sales? _____
What is the method of sale? (*private treaty, auction, consignments*) _____
- 2. Do you sell tack or clothing? New Used Reconditioned Tack None
Receipts _____
- 3. Do you offer repair of tack or riding equipment?
- 4. Do you/employee perform any type of farrier services?
- 5. Do you act as a consignor or sell through a 3rd party?

If yes, gross commission _____

General Liability Underwriting Questions *Continued*

	N/A	Yes	No
CLINICS <input type="checkbox"/> Not Applicable			
1. Do you hold/sponsor clinics for non-students on your premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off Premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details _____			
2. Type of Clinics _____			
3. Number of Clinics _____ Number of days per clinic _____			
4. Average Attendance _____			
5. Who teaches the clinics? _____			
6. Do you require outside clinicians to provide proof of insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HORSE SHOWS <input type="checkbox"/> Not Applicable			
1. Do you manage/sponsor any horse shows on your premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off Premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Number of spectators per day _____ Number of participants per day _____			
Are there any individual show dates where the number of participants exceeds 150 or the number of spectators exceeds 1000?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Dates of shows _____			
4. Types of shows _____			
5. Waiver Athletic Sports Participants Exclusion <i>(The Athletic Sports Participation Exclusion is automatically applied to foxhunting, cross country jumping, polo, vaulting, eventing and rodeo type events.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have bleachers or grandstands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction _____ Height _____ Seating Capacity _____			
<input type="checkbox"/> Owned <input type="checkbox"/> Rented			
7. Do you sell feed, grain, hay or shavings to participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipts _____			
8. Do you provide RV or camper hookups during these shows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of hookups _____ Receipts _____			
9. Do you directly provide concessions during these shows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipts _____			
If yes, explain _____			
10. Do you have vendors on the premises during these shows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain items sold _____			
11. Describe any entertainment/activities managed by you at the event <i>(other than equine-related)</i>			

Risk Management Controls *(Required for General Liability and Care, Custody, Control)*

	N/A	Yes	No
Review https://www.animallaw.info/content/map-equine-activity-liability-statutes			
Certificate of Insurance on file for Independent Contractors <i>(Riding Instruction/Training)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Insurance shows WC coverage for Independent Trainers <i>(Racehorse Training only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Insurance obtained from all Vendors <i>(Horse Shows/Clinics)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Release/Hold Harmless agreement in use <i>(Riding Instruction/Training/Boarding/Breeding/Shows)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boarding Contract in Place <i>(Boarding)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lease Agreement in Place <i>(Owned Horses Leased to Others)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Equine Liability Signs Posted <i>(All Exposures)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Hour Supervision of facility <i>(All Exposures)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Equine Care, Custody, Control Section

COVERAGE IS NOT DESIRED

Limits:

- | | |
|---|--|
| <input type="checkbox"/> \$5,000 per horse/\$25,000 aggregate | <input type="checkbox"/> \$25,000 per horse/\$250,000 aggregate |
| <input type="checkbox"/> \$5,000 per horse/\$50,000 aggregate | <input type="checkbox"/> \$50,000 per horse/\$250,000 aggregate |
| <input type="checkbox"/> \$10,000 per horse/\$50,000 aggregate | <input type="checkbox"/> \$100,000 per horse/\$300,000 aggregate |
| <input type="checkbox"/> \$10,000 per horse/\$100,000 aggregate | <input type="checkbox"/> \$200,000 per horse/\$500,000 aggregate |

	N/A	Yes	No
1. What is the maximum number of non-owned horses you have at any one location at any time? _____			
2. Are you for hire to transport non-owned horses not normally in your care? <i>**Commercial Hauling of non-owned horses other than those you train/breed/board is excluded**</i> Maximum trips per year _____ Radius _____ # of horses per trip _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Describe any losses or potential claims involving non-owned horses in the past 3 years including deaths of any animals in your custody, even if a claim was not presented:			

Umbrella Section *(Not applicable in Canada)*

Please provide copies of all non-Great American policies *(A-rated carriers only)* for which umbrella coverage is requested.

COVERAGE IS NOT DESIRED

1. Requested Limit of Insurance:
- | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$3,000,000 | <input type="checkbox"/> \$5,000,000 |
| <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> \$4,000,000 | <input type="checkbox"/> \$ _____ |

Umbrella Section (Not applicable in Canada) Continued

2. Schedule of Underlying Insurance <input type="checkbox"/> Umbrella Additional Underlying Policy Supplemental Attached		
Company	Type of Coverage	Limits
<input type="checkbox"/> _____ Policy# _____ Eff _____ To _____	Employer's Liability	\$ _____ Each Accident \$ _____ Each Policy \$ _____ Each Employee by Disease
<input type="checkbox"/> Great American <input type="checkbox"/> _____ Policy# _____ Eff _____ To _____	Automobile Liability <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Non-owned <input type="checkbox"/> Hired	\$ _____ Combined Single Limit \$ _____ Bodily Injury - Each Person \$ _____ Bodily Injury - Each Accident \$ _____ Property Damage
<input type="checkbox"/> Great American <input type="checkbox"/> _____ Policy# _____ Eff _____ To _____	General Liability <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Personal	\$ _____ General Aggregate \$ _____ Products/Completed Ops \$ _____ Personal & Advertising Injury \$ _____ Each Occurrence
<input type="checkbox"/> Great American <input type="checkbox"/> _____ Policy# _____ Eff _____ To _____	Watercraft Liability	\$ _____ Per Occurrence \$ _____ Aggregate

3. Does the applicant have any of the following exposures? N/A
- Owned or Leased Aircraft Migrant workers used in farming operations
- Custom Application of Farm Chemicals for Others Watercraft

4. Auto Details (Not required if filling out a separate Auto Application and we will be the only Auto Carrier)

of Private Passenger Vehicles _____ # of Heavy Truck Tractors _____

of Light Trucks _____ # of Heavy Trucks _____

of Medium Trucks _____ # of Buses _____

of Extra Heavy Truck Tractors _____

Are there any drivers under the age of 21? N/A Yes No

Uninsured/Underinsured Motorists Coverage (UM/UIM) is excluded on the Umbrella with the following exceptions:

LA, NH and VT: UM/UIM is included but the maximum selected Umbrella limit is \$1,000,000. N/A Yes No

FL and WV: Is UM/UIM coverage desired? N/A Yes No

If yes, the maximum selected Umbrella limit is \$1,000,000.

Insurance Fraud Warning

Applicant's Initials

_____	California	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the 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 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 knowingly provides false, incomplete, or misleading facts or information to a 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.
_____	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 an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
_____	Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
_____	Michigan	Any person who knowingly and with intent to injure or defraud any insurer files any application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment of up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000,000.
_____	Minnesota	A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
_____	New York	All insurance applications and claim forms except auto: 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.
_____	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 of guilty of a felony.
_____	Pennsylvania	Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

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.

Application Signature _____

Date _____

Agent's Signature _____

Date _____

License # _____

Building Class Definitions

DWELLINGS

Building Class

Building Characteristics

CLASS 1

Owner or operator occupied
Newer construction or remodeled inside and outside
Evidence of proper maintenance and good housekeeping
Continuous enclosed foundation
Circuit Breakers (*no fuses*)
Must not be mobile home or log construction
Insured to 80% of replacement cost

CLASS 2

Evidence of proper maintenance and good housekeeping
Thermostatically controlled heating
Continuous enclosed foundation (*porches excepted*)
Modern interior plumbing and electrical system (*fuses acceptable*)
Must not be mobile home or log construction more than 15 years of age
Insured to a minimum 80% actual cash value or 60% of replacement cost

CLASS 3

Any dwellings not eligible under Class 1 or Class 2
All mobile homes
All log homes over 15 years of age

OUTBUILDINGS

Building Class

Building Characteristics

CLASS 1

Show evidence of proper maintenance
Have an incombustible floor throughout (*except for granaries and cribs*)
Built on a continuous masonry foundation
Does not contain a second floor
No regular or continuous hay storage
Fully enclosed with no open shed attached
Insured to minimum 80% of replacement cost
Not used for livestock, poultry or other animal confinement

CLASS 2

Show evidence of proper maintenance
Continuous masonry foundation
May be open on one side
Insured to minimum of 80% of actual cash value or 60% of replacement cost

CLASS 3

Other buildings not eligible under Class 1 or Class 2