FARM & RANCH APPLICATION

South & Western
THE SPECIALTY COMPANY

THIS IS NOT A BINDER

P.O.Box 9015
Addison,TX 75001-9015
(972) 855-2900 (800) 492-5351
fax (972) 855-2972

Policy Type _____ Application # _____

SAI # _____ Binder # _____

Policy # _____ **Target Pricing** _____

INSURED **Name** _____

Address _____

City _____ **State** _____ **Zip** _____

Phone # _____

Insured is an ☐ Individual ☐ LLC ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other

AGENT **Completed By** _____

Agency _____

Address _____

City _____ **State** _____ **Zip** _____

Phone # _____

Agent E-mail _____

Premises #1 is located on _____ acres. 911 Address _____ Town _____ County _____ Zip _____ State _____

If 911 address is unavailable: list location on acreage schedule

POLICY PERIOD _____ Mo. Day. Yr. **TO** _____ Mo. Day. Yr.

Coverages	Limit of Liability
A. Main Dwelling ☐ Basic ☐ Broad ☐ Special $ _____ ☐ RC	
B. Other Private Structures	
C. Household Personal Prop ☐ Basic ☐ Broad ☐ Special $ _____ ☐ RC	
D. Loss of Use	
E. Machinery (schedule attached) ☐ Yes ☐ No	
G. Farm Property (schedule attached) ☐ Yes ☐ No	

Coverage H - Bodily Injury and Property Damage Liability	$ _____	**Each "Occurence" Limit**
	$ _____	**General Aggregate**
Coverage I - Personal and Advertising Injury Liability	$ _____	**Each "Occurence" Limit**
Coverage J - Medical Payments	$5,000	**Any One Person Limit**
Fire Damage Limit	$50,000	**Any One Fire**
Products	☐ Include ☐ Exclude	

TOTAL PREMIUM **$**

Annual Receipts _____

Main Dwelling Deductible ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $7,500 ☐ Other

Wind/Hail (Applies to All Structures) ☐ 1% ☐ 2% ☐ 5%

Mortgagee(s) Mailing Address Including Zip Code

1st

2nd

MAIN DWELLING INFORMATION

Type
☐ Site Built ☐ Modular Hm
☐ Mobile Hm ☐ Barn w/Living

Occupied By
☐ Owner-Primary
☐ Tenant ☐ Manager
☐ Employee ☐ Unoccupied
☐ Seasonal ☐ Vacant

Construction
☐ Masonry ☐ Frame
☐ Masonry Veneer
☐ Fire Resistive

Roof
☐ Comp ☐ Shake
☐ Metal ☐ Tile
☐ _____

Protection Class # _____
Name of Nearest Fire Dept: _____
Dist to Hydrant _____ Dist. to fire station _____

Square Footage _____
Year Home Built _____
Stories _____
☐ Suppl. Heating
☐ Protective Safeguard

	Yes	No
Roof Replaced? When _____	☐	☐
Wood burning stove/space heater?	☐	☐
If yes, Primary Heat Source?	☐	☐
If yes, include Details		
Is there a mortgage?	☐	☐
Does insured require tenant occupants of rental dwellings to maintain separate renter's coverage?"	☐	☐

Dwelling Alarm
☐ Local ☐ Heat/Water Sensors
☐ Central (Buglar/Fire Reporting) ☐ Carbon Monoxide Detectors
☐ Smoke Detectors (How many?) _____

Remarks:

(Complete Application Entirely for Issuance)

UNDERWRITING INFORMATION

- ☐ (921) Berries, Fruits, & Nuts
- ☐ (923) Vegetables
- ☐ (924) Grain & Field Crops
- ☐ (925) Dairy*
- ☐ (926) Poultry*
- ☐ (928) Horses
- ☐ (929) Livestock Containment*
- ☐ (935) Ranches - Open Range
- ☐ (90A) Citrus
- ☐ (90B) Nurseries
- ☐ (90C) Fish Farms*
- ☐ (90D) Estate Farms*
- ☐ (92A) Cotton
- ☐ (92B) Tobacco*
- ☐ (92C) Hobby Farms*
- ☐ (92D) Wineries**
- ☐ (92E) Vineyards**
- ☐ (92F) Bee Keeper*
- ☐ (92K) Leafy Greens*
- ☐ (927) Other..Describe*

* Contact your underwriter

**(92D/92E) Winery Questionnaire

1. Describe farming operations: _____ Row Crop Reciepts: $ _____ Livestock Reciepts: $ _____
Other Reciepts: $ _____ Specify "Other": _____

2. Describe custom farming (meaning farming for others) operations: _____ Reciepts: $ _____

3. Number of years farming experience by insured: _____

4. Is farming the major source of insureds income? ☐ Yes ☐ No

If no, state occupation: _____

5. Is any Named Insured involved with any non-farming activities/operations? ☐ Yes ☐ No

If yes, give details _____

Is separate coverage placed elsewhere? ☐ Yes ☐ No

6. Has the Insured ever filed for bankruptcy? ☐ Yes ☐ No

If yes, what year? _____

7. Any migrant farmworkers? ☐ Yes ☐ No

If yes, are the farmworkers part of the H-2A program? ☐ Yes ☐ No

If yes, complete H-2A questionnaire

8. Does the Insured grow or store tobacco or marijuana? ☐ Yes ☐ No

9. Does the Insured grow hemp? ☐ Yes ☐ No

If yes, please complete hemp questionnaire

10. Are any livestock present on premises at any time during the year? ☐ Yes ☐ No

If yes, indicate kind: _____

11. Are all livestock areas fenced? ☐ Yes ☐ No

12. Are livestock near any public road or highway? ☐ Yes ☐ No

13. Does the Insured slaughter, butcher, process, or otherwise prepare for "end consumer" his or anyone else's cattle? ☐ Yes ☐ No

If yes, what is the annual income? $ _____

14. Does the Insured prepare and sell animal feed other than hay or whole grain? ☐ Yes ☐ No

If yes, provide details and receipts. _____

15. Does the Insured mix, process or otherwise prepare for "end consumer" his or any other grower's product? ☐ Yes ☐ No

If yes, provide details and receipts. _____

16. Any paying guests on premises (hunting, fishing, camping, RV hookup, dude ranch or resort facility)? ☐ Yes ☐ No

If yes, give details: _____

Is separate coverage placed elsewhere? ☐ Yes ☐ No

17. Do any agritainment activities take place during the year, including but not limited to, corn and/or straw mazes, U-pick operations, pumpkin patches, hayrides, or any other farm-based entertainment primarily operated on an insured premise? ☐ Yes ☐ No

If yes, give details: _____

Is separate coverage placed elsewhere? ☐ Yes ☐ No

UNDERWRITING INFORMATION

18. Does the Insured offer to the public any vacation rental or any other short-term rental properties for a fee? ☐ Yes ☐ No

If yes, give details: _____

Is separate coverage placed elsewhere? ☐ Yes ☐ No

19. Does the Insured rent, lease or allow any individuals, corporations, or other interested parties to use a portion of the insured premises for non-farming activities or events of any kind? ☐ Yes ☐ No

If yes, give details: _____

Is separate coverage placed elsewhere? ☐ Yes ☐ No

20. Does the Insured hire any outside contractors, including but not limited to, applicators, aerial contractors, and custom farmers? ☐ Yes ☐ No

If yes, give details: _____

Are COIs obtained annually? ☐ Yes ☐ No

21. Does the Insured build, repair or design machinery, equipment or systems for a charge or fee? ☐ Yes ☐ No

If yes, give details: _____

Is separate coverage placed elsewhere? ☐ Yes ☐ No

22. Is any land held for real-estate development or speculation? ☐ Yes ☐ No

If yes, give details: _____

23. Any unusual hazards on any insured premise such as, but not limited to, course of construction, major renovation, oil & gas or mineral extraction, open dump pits, silage pits, sump holes, lakes, and reservoirs? ☐ Yes ☐ No

If yes, give details: _____

Is separate coverage placed elsewhere? ☐ Yes ☐ No

24. Is there an airstrip or helipad on the premises? ☐ Yes ☐ No

If yes, provide type of use, who uses it, and the frequency of use: _____

Is there an aviation policy in place? ☐ Yes ☐ No

25. Does the insured use any unmanned aircraft/drones? ☐ Yes ☐ No

If yes, for what purpose? _____

26. Trampolines? ☐ Yes ☐ No

If yes, is it fully enclosed with safety net? ☐ Yes ☐ No

27. Swimming pools? ☐ Yes ☐ No

If yes, is it fenced with latching gate or retractable safety cover? ☐ Yes ☐ No

If yes, is there a diving board or slide? ☐ Yes ☐ No

28. Any horses? ☐ Yes ☐ No

If yes, ☐ Personal/Pleasure Use Number: _____ ☐ Working/Ranch Use Number: _____

☐ Boarding/Breeding/Training/Instruction/Public Riding/Racing - *If selected, complete commercial equine application*

29. Does the insured operate any watercraft? ☐ Yes ☐ No

If yes, give number: _____

If yes, list in space provided _____

If yes, are all operators experienced? ☐ Yes ☐ No

Is separate coverage placed elsewhere? ☐ Yes ☐ No

30. Does the Insured operate ATVs/UTVs, snowmobiles or dirt bikes? ☐ Yes ☐ No

If yes, give number: _____

If yes, list in space provided _____

If yes, are all operators experienced? ☐ Yes ☐ No

Is separate coverage placed elsewhere? ☐ Yes ☐ No

PREVIOUS INSURANCE

1. **Has the insured carried insurance coverage for this risk the previous 12 months?**

☐ **Yes** ☐ **NO** **Explain if lapse** _____

2. What insurers presently carry the applicant's coverage?

Coverage	Present Insurer	Policy No.	Expiration	Premium

Any cancellations, declinations, non-renewals, or lapse in coverage in the past 3 years?

☐ Yes ☐ NO Explain if yes _____

3. Please list all losses in the last 5 years or provide carrier loss runs

Policy #	Eff. Date	Date of Loss	Amount Paid/ Reserved	Describe loss and any corrective measures

FRAUD STATEMENTS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: Auto: Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties. Other Than Auto: The "All Other States" statement applies to lines of business other than auto.

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 for the purpose of defrauding or attempting to defraud the 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.

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.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY, MASSACHUSETTS (OTHER THAN AUTO INSUREDS), NEW YORK (OTHER THAN AUTO INSUREDS), OHIO, AND PENNSYLVANIA (OTHER THAN AUTO INSUREDS): 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. (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violation.)

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 may be subject to fines and confinement in prison.

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

MASSACHUSETTS AUTO: If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK AUTO: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation. (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violation.)

OKLAHOMA: 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.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA AUTO: 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 seven years and payment of a fine of up to $15,000.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

ALL OTHER STATES: 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 civil penalties.

☐ Full Pay ☐ 4/6 Pay * ☐ 8/10 Pay ☐ No Payment attached - Bill Mortgagee

DECLARATIONS OF THE INSURED

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 civil penalties

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PRODUCER _____ DATE _____