

# General Farm Insurance Application



## General Information

New Business:	Replacing Policy Number:	Broker Name:	Broker Number:
Policy Period:	From (m/d/yyyy):	To (m/d/yyyy):	
<b>Policy Period commences and ends at 12:01 a.m. at the Location Address of the Applicant</b>			
Name(s) of all Insureds (including principals, if Corporation)			
Postal Address of Applicant:			Postal Code:
Location of Risk:			
Emergency Road #:		Website:	

## Additional Interests – e.g. Additional Insureds, Loss Payees, Mortgagees

Note: Absence of any entries denotes "Loss payable to the Applicant/Insured"

Name:	Name:
Address:	Address:
Nature of Interest:	Nature of Interest:
Additional Information:	

## Residential Discounts and Surcharges

The following may be available to the Applicant

Type of Discount or Surcharge	Total Discounts		Residential Premium	
Deductible	Indicate % but do not include in total discounts % Deductible discount should be applied prior to other discounts.		Dwelling	\$
New Home	%		Less Discounts	\$
Central Alarm	%		Plus Surcharges	\$
Mature	%	D.O.B.	<b>Dwelling Premium</b>	\$
Mortgage Free	%			
Multi Policy	%	Policy #		
Surcharge	%			
<b>Total Discounts/Surcharges</b>	%			

## Premium Summary

Premium Summary			Premium	
Residential (Principal Dwelling)			\$	
Additional Residences (Complete Additional Applications as required)			\$	
Additional Residential Coverage(s)			\$	
Buildings			\$	
Livestock			\$	
Machinery			\$	
Produce			\$	
Business Interruption Coverage			\$	
Farm Liability			\$	
Endorsements			\$	
Other Coverage			\$	
Other Coverage			\$	
Delete Limited Farm Pollution Coverage:		Subtract Premium	\$	
Total Premium Plus PAC 3% Service Charge	\$	<b>Less Claims Free Discount</b>	%	\$
<b>Total Monthly payment</b>	\$	Tax (if applicable)	%	
		<b>Total Annual Premium</b>		\$

### Residential Principal Dwelling Coverage

Limits, Deductibles and Discounts

Coverage	<input type="checkbox"/> Gold	<input type="checkbox"/> Silver	<input type="checkbox"/> Bronze	Dwelling Limit	\$
Rating	<input type="checkbox"/> Select	<input type="checkbox"/> Standard	Personal Property (70% of Dwelling)		\$
Deductible \$	Earthquake <input type="checkbox"/> Yes <input type="checkbox"/> No		Detached Private Structures (10% of Dwelling)		\$
Single Limit <input type="checkbox"/> Yes <input type="checkbox"/> No	Guaranteed Replacement <input type="checkbox"/> Yes <input type="checkbox"/> No		Additional Living Expenses (20% of Dwelling)		\$

### Principal Dwelling Information

For additional dwellings, complete additional applications as required

Rating Territory	Distance to Responding Fire hall (km)	Original Year Building Constructed
Occupancy (indicate who resides in dwelling):		
Structure Type (e.g. detached)	Construction	Number of Families
Mobile Home	CSA label #	Approved Foundation: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Blocked and Skirted

### Services and Updates

\*A completed Solid Fuel Heating Questionnaires is required for Space Heaters, Stoves and Inserts

Electrical	Amperage	Full Update	Partial Update	Year
Plumbing	Type	Full Update	Partial Update	Year
Roof	Roof Material	Full Update	Partial Update	Year
Primary Heating	Fuel	Year	Auxiliary Heating	Fuel
Oil Tanks	Year	Serial No. of Tanks		
Type (inside/outside/in ground/above)	Indicate if there are any unused or empty tanks on premises			<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Tank	<input type="checkbox"/> Steel	<input type="checkbox"/> Fibreglass	<input type="checkbox"/> Steel with Interior Lining	<input type="checkbox"/> Other
Signs of leaks or spills (in the past or currently) If Yes, provide full details under 'Additional Information'.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fill pipe	<input type="checkbox"/> Drain	<input type="checkbox"/> Vent pipe
Additional Information:				

### Residential Endorsements and Floaters

Attach Required Appraisals / Receipts or Other Required Information / For Boat and Motor Floaters Complete Supplementary Application

Item and description	Value/Limit \$	Ded. \$	Rate \$	Premium \$
Item and description	Value/Limit \$	Ded. \$	Rate \$	Premium \$
<b>Total Premium</b>				\$
Additional Information				

### Vacation Trailers

Description of Trailer				
Coverage Required	Limit \$	Ded. \$	Rate \$	Premium \$
Description of Trailer				
Coverage Required	Limit \$	Ded. \$	Rate \$	Premium \$
<b>Total Premium</b>				\$
Additional Information				

### Additional Information pertaining to the Residential Portion of the Risk


**General Farm Information**

Type of Farm	Total number of acres at principal farm	Total number of acres at other locations
Number of acres under cultivation at principal farm		Number of acres under cultivation at other locations
If this is part time or seasonal operation provide full details (including other occupations, unoccupied periods, etc.)		
If there are other operations on this premises (including home-based businesses), provide full details		
If the Applicant operates any other business in the same name as the farm, provide full details (including insurance details)		
Indicate if the property is for sale <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Information		

**Farm Buildings**

**Building Type:** Barn, Silo, Tarped, Open, Grain Bins etc.

**For All Heated Buildings:** Indicate Heat Type and Fuel (Woodstoves, submit heating Questionnaire)

<b>Building Information</b>			
1	Building Type		
	Use		
	Year Built	Dimensions	Construction
	Heated <input type="checkbox"/> Yes <input type="checkbox"/> No	Heating Info.	
	Broad Form <input type="checkbox"/> Yes <input type="checkbox"/> No	Named Perils <input type="checkbox"/> Yes <input type="checkbox"/> No	Earthquake <input type="checkbox"/> Yes <input type="checkbox"/> No    Dent Clause <input type="checkbox"/> Yes <input type="checkbox"/> No
	Actual Cash Value <input type="checkbox"/> Yes <input type="checkbox"/> No	Replacement Cost <input type="checkbox"/> Yes <input type="checkbox"/> No	Rebuilding Clause <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Deductible \$</b>	<b>Limit \$</b>	<b>Final Rate \$</b> <b>Premium \$</b>
	Additional Information		
2	Building Type		
	Use		
	Year Built	Dimensions	Construction
	Heated <input type="checkbox"/> Yes <input type="checkbox"/> No	Heating Info.	
	Broad Form <input type="checkbox"/> Yes <input type="checkbox"/> No	Named Perils <input type="checkbox"/> Yes <input type="checkbox"/> No	Earthquake <input type="checkbox"/> Yes <input type="checkbox"/> No    Dent Clause <input type="checkbox"/> Yes <input type="checkbox"/> No
	Actual Cash Value <input type="checkbox"/> Yes <input type="checkbox"/> No	Replacement Cost <input type="checkbox"/> Yes <input type="checkbox"/> No	Rebuilding Clause <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Deductible \$</b>	<b>Limit \$</b>	<b>Final Rate \$</b> <b>Premium \$</b>
	Additional Information		
3	Building Type		
	Use		
	Year Built	Dimensions	Construction
	Heated <input type="checkbox"/> Yes <input type="checkbox"/> No	Heating Info.	
	Broad Form <input type="checkbox"/> Yes <input type="checkbox"/> No	Named Perils <input type="checkbox"/> Yes <input type="checkbox"/> No	Earthquake <input type="checkbox"/> Yes <input type="checkbox"/> No    Dent Clause <input type="checkbox"/> Yes <input type="checkbox"/> No
	Actual Cash Value <input type="checkbox"/> Yes <input type="checkbox"/> No	Replacement Cost <input type="checkbox"/> Yes <input type="checkbox"/> No	Rebuilding Clause <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Deductible \$</b>	<b>Limit \$</b>	<b>Final Rate \$</b> <b>Premium \$</b>
	Additional Information		
4	Building Type		
	Use		
	Year Built	Dimensions	Construction
	Heated <input type="checkbox"/> Yes <input type="checkbox"/> No	Heating Info.	
	Broad Form <input type="checkbox"/> Yes <input type="checkbox"/> No	Named Perils <input type="checkbox"/> Yes <input type="checkbox"/> No	Earthquake <input type="checkbox"/> Yes <input type="checkbox"/> No    Dent Clause <input type="checkbox"/> Yes <input type="checkbox"/> No
	Actual Cash Value <input type="checkbox"/> Yes <input type="checkbox"/> No	Replacement Cost <input type="checkbox"/> Yes <input type="checkbox"/> No	Rebuilding Clause <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Deductible \$</b>	<b>Limit \$</b>	<b>Final Rate \$</b> <b>Premium \$</b>
	Additional Information		
5	Building Type		
	Use		
	Year Built	Dimensions	Construction
	Heated <input type="checkbox"/> Yes <input type="checkbox"/> No	Heating Info.	
	Broad Form <input type="checkbox"/> Yes <input type="checkbox"/> No	Named Perils <input type="checkbox"/> Yes <input type="checkbox"/> No	Earthquake <input type="checkbox"/> Yes <input type="checkbox"/> No    Dent Clause <input type="checkbox"/> Yes <input type="checkbox"/> No
	Actual Cash Value <input type="checkbox"/> Yes <input type="checkbox"/> No	Replacement Cost <input type="checkbox"/> Yes <input type="checkbox"/> No	Rebuilding Clause <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Deductible \$</b>	<b>Limit \$</b>	<b>Final Rate \$</b> <b>Premium \$</b>
	Additional Information		
			<b>Total Premium \$</b>

**Business Interruption**

\*Completed worksheet may be required to verify limits.

Type of Coverage	Limit \$	Rate \$	Premium \$
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**Machinery**

Custom Machinery only need be declared if annual gross receipts are greater than \$10,000

1	Type of Machinery					
	Details (include: year, make, model and serial #)					
	Indicate if Custom Use <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate \$	Limit \$	Premium \$		
2	Type of Machinery					
	Details (include: year, make, model and serial #)					
	Indicate if Custom Use <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate \$	Limit \$	Premium \$		
3	Type of Machinery					
	Details (include: year, make, model and serial #)					
	Indicate if Custom Use <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate \$	Limit \$	Premium \$		
4	Type of Machinery					
	Details (include: year, make, model and serial #)					
	Indicate if Custom Use <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate \$	Limit \$	Premium \$		
5	Type of Machinery					
	Details (include: year, make, model and serial #)					
	Indicate if Custom Use <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate \$	Limit \$	Premium \$		
6	Type of Machinery					
	Details (include: year, make, model and serial #)					
	Indicate if Custom Use <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate \$	Limit \$	Premium \$		
7	Type of Machinery					
	Details (include: year, make, model and serial #)					
	Indicate if Custom Use <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate \$	Limit \$	Premium \$		
8	Type of Machinery					
	Details (include: year, make, model and serial #)					
	Indicate if Custom Use <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate \$	Limit \$	Premium \$		
Tools, Spare Machinery, parts or other Unscheduled Machinery (less than \$2500 per item)			Limit \$	Premium \$		
Blanket Machinery (Attach Schedule)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit \$	Premium \$		
Minimum Premium \$250.00						
Tack (indicate if taken off premises)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit \$	Premium \$		
<b>Deductible \$</b>			<b>Total Premium \$</b>			

**Machinery – Loss Payable**

Include Postal Code in Address Section

Machinery Item #	Payable to:
Address:	
Machinery Item #	Payable to:
Address:	
Machinery Item #	Payable to:
Address:	
Machinery Item #	Payable to:
Address:	



### Liability Rating Information

Description	Rating Basis	Premium
Basic Liability Charge	Flat	\$
Additional Acreage	# of	\$
Additional Residences	# of	\$
Additional Insured	# of	\$
Retail Sale of Produce: Receipts	Total Receipts \$	\$
Custom Farming: Receipts *Manure spreading refer to underwriter	Total Receipts \$	\$
Pick Your Own produce – Warranted No Ladders Provided	Receipts \$	\$
Showing of Horses: 3-15 shows per year *Complete Equine Application	# of Horses	\$
	# of Shows	
Hayrides/sleigh rides: Additional Information is required	Days per Year	\$
Horses boarded or bred: *Complete Equine Application	# Boarded	\$
	# Bred	
Showing of other animals	# of Animals	\$
	# of Shows	
Babysitting	Indicate if gov't licensing is required <input type="checkbox"/> Yes <input type="checkbox"/> No *Additional Information is required	# of children
Ponds	# of	\$
Boats and Motors *Complete Watercraft Supplement	# of	\$
	HP	
Non Owned Automobile *Complete Non Owned Auto Section	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

### Provide Specific Coverage

All coverage may not be available in all provinces

Forest Fire Fighting Expenses	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$100,000	\$
Employer's Liability – Farm Employees (\$1,000,000 max.)	Annual Payroll \$				\$
Voluntary Compensation: Residential Employees	Weekly Indemnity Limit \$				\$
Voluntary Compensation: Farm Employees	Weekly Indemnity Limit \$				\$

### Additional Farm and/or Residence Information

List all legal addresses owned by Applicant (including additional farms and additional residences)

Type of Risk (farm or residence)	Number of Acres	Premium \$
Legal address (include postal code)		
Type of operations carried out at this location		
Indicate who the farm or residence is occupied or farmed by (e.g. applicant or others)		
Additional information		
Type of Risk (farm or residence)	Number of Acres	Premium \$
Legal address (include postal code)		
Type of operations carried out at this location		
Indicate who the farm or residence is occupied or farmed by (e.g. applicant or others)		
Additional information		

### Basic Equine Information

Indicate if any of the applicants own horses	Indicate # of horses owned
<b>If the answer is 'Yes' to any of the following, complete the appropriate section of the Equine Application</b>	
Indicate if there is any person applying for insurance under this application that:	
Participates in or organizes any events (on or off premises)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allows others to use the premises for any events	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allows others to ride horses owned or leased by Applicant (on or off premises)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allows others to ride their horses on Applicant's premises	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is involved in any equine operations (i.e. boarding, breeding, training, lessons, hay rides, etc.) regardless of whether compensation is received or not	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Non Owned Automobile Coverage

If any of the answers are 'Yes', a Non Owned Automobile application must be completed

Indicate if the Applicant/Insured has hired a common carrier in the past year or is planning to do so in the upcoming year	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate if the Applicant/Insured has rented or leased any vehicles for farm operations in the past year or has plans to do so in the upcoming year	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate if there are any U.S. automobile expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Limited Pollution Coverage

If any of the answers are 'Yes', refer to your Western General Underwriter

Limited Pollution Liability (includes chemical drift): <input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical Drift only <input type="checkbox"/> Yes <input type="checkbox"/> No
*New Brunswick Only – If Limited Pollution Coverage is required – Indicate petroleum Storage Site License #	
*Tank Supplement must be completed in all cases.	

### Limited Pollution Information

If any of the answers are 'Yes', refer to your Western General Underwriter

Does the Applicant/Insured apply pesticides, insecticides, chemical fertilizers, or herbicides away from any premises owned, rented or leased (other than a neighbourly exchange of labour)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant/Insured process, sell or store any chemicals other than for their own use (fertilizers, pesticides, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant/Insured perform any processing operations involving chemicals other than for their own use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any Government Statutes, Standards or Regulations (Federal, Provincial or Municipal) for the protection of the environment with which the Applicant/Insured has not or does not currently comply?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate if the Applicant/Insured has any fuel or chemical storage tanks as follows: <ul style="list-style-type: none"> <li>A single tank with a capacity of more than 2,000 gallons (5,000 litres), or</li> <li>Multiple tanks, where the combined capacity of the tanks is more than 2,000 gallons (5,000 litres) and the tanks are located close enough to one another as to likely become involved in the same loss.</li> </ul> <b>If 'Yes', complete Tank Supplement below.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any pollution liability coverage been declined in the past? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant/Insured currently have any pollution liability coverage in effect? If 'Yes', provide insurer, Policy number and Policy Expire Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If the past have there been any:</b>	
Previous third party pollution incidents (including unpaid claims, complications, suspected leaks or spills)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Active, ongoing or potential investigations of adjoining or neighbouring properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any third party claims in connection with any of the above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any pollution liability coverage been declined in the past or do you have any coverage currently in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the closest distance to any bodies of water that the Applicant/Insured performs work that could cause a pollution incident (e.g. sprays, spreads manure etc.) ft. or m.	

### Tank Supplement

No underground piping or tanks are covered by this policy (except where required by law)

Is there a written tank filling procedure containing information to prevent spills?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a written emergency procedure outlining actions to be taken in the event of a tank spill or overflow?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tank #	Capacity (gallons or litres)	Age (Year)	High Level Alarm		
Indoor or Outdoor	Above or Below Ground		Product Stored: (Generic name)		
Dyked	Tank Construction				
Tank #	Capacity (gallons or litres)	Age (Year)	High Level Alarm		
Indoor or Outdoor	Above or Below Ground		Product Stored: (Generic name)		
Dyked	Tank Construction				
Tank #	Capacity (gallons or litres)	Age (Year)	High Level Alarm		
Indoor or Outdoor	Above or Below Ground		Product Stored: (Generic name)		
Dyked	Tank Construction				
<b>Construction Codes</b>	<b>W=Welded Steel</b>	<b>R=Riveted</b>	<b>F=Fibreglass</b>	<b>L=Lined</b>	<b>D=Double Lined</b>

### Loss History

Provide Details of All Losses within the past 5 years

Date	Details of Loss	Amount Paid
		\$
		\$

Has any company cancelled, declined or refused to renew any form of insurance on the property or for the insured?  Yes  No

If 'Yes', provide full details:

Previous Insurer:	Policy No.
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### Acknowledgement of the Applicant/Insured

Where (a) an Applicant for this contract gives false particulars to the prejudice of the Insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Applicant/Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery is forfeited.

The Applicant(s) have reviewed all parts and attachments of the application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I/We have provided personal information in this document and otherwise I/we may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I/we authorize my broker or insurance company to collect, use and disclose any of this personal information subject to law and to be broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I/we agree to the above on their behalf.

<b>Name of Applicant(s) Please Print</b>	<b>Applicant's Telephone #</b>

<b>Signature of all Applicant(s) is required</b>	<b>Applicant's Date of Birth</b>

**Title (Corporation)**

**Date Application Signed**

Additional Information

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**Brokers Report**

**Note:** The broker, prior to binding must personally inspect the risk. Photographs of the risk are required and should be attached to this application. Additional comments or information about the risk should be noted on additional pages and attached to this application.

Is this new business to your office	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you known the Applicant/Insured?	
When did you last inspect the property?	
If the Applicant/Insured does not live on the property (farm) provide their permanent address	
Provide insurance details for the permanent address (including carrier, policy no, expiry date)	
Does the applicant/Insured have any other insurance in force (including any commercial policies)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes' provide full details including carrier, policy no., expiry date	
Condition of Property	
Amount of Premium Paid with this Application; \$	

**Additional Comments**


**Complete Diagram**

Indicate all buildings (whether to be insured or not)  
Provide distance between each building  
Show location of risk with respect to its access to the road

<b>Name of Brokerage Please Print</b>	<b>Telephone #</b>
<b>Signature of Broker</b>	<b>Email Address</b>