



DWELLING (ISO COVERAGE A, B, C, & D)											* Attach cost estimator for <u>each</u> dwelling		
Loc #	Dwlg #	Year Built	Square Foot	Type of Construction (If mobile home, attach questionnaire)	Roof Type	Type of Heat	Dwelling Type (1, 2, or 3)	If 30 years old or more, when was it updated for:				# of Families	Protective Devices (Refer to Farm Quote for examples)
								Heat	Wiring	Plumbing	Roofing		

DWELLING (ISO COVERAGE A, B, C, & D) - continued											
Loc #	Dwlg #	Program (Standard, Select, Select Plus, Other)	Dwelling Occupancy	Valuation		Deductible	Perils <sup>††</sup>	Cov A: Dwelling Limit	Cov B: Other Structures Limit	Cov C: Household Personal Property Limit	Cov D: Loss of Use Limit
				Cov A*	Cov C**						
								\$	\$	\$	\$
								\$	\$	\$	\$
								\$	\$	\$	\$
								\$	\$	\$	\$
								\$	\$	\$	\$

DWELLING (ISO COVERAGE A, B, C, & D) - continued												
Loc #	Dwlg #	Mine Subsidence	Supplemental Heat (Attach questionnaire)	Earthquake (Y/N)		IG% <sup>†</sup>	Sump Overflow and Backup	Special Loss Settlement (%)	Contents Rental to Others Theft	Replacement Cost Protection		
				Cov A	Cov C					A	B	C
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$

\* Valuation Coverage A: RC=Replacement Cost; ERC=Extended Replacement Cost; ACV=Actual Cash Value; FBV=Functional Building Valuation.  
 \*\* Valuation Coverage C: RC=Replacement Cost; ACV=Actual Cash Value † Available Inflation Guard %: 4, 6, 8, 10 †† Perils: B=Basic BR=Broad S=Special S/BR=Special/Broad

UNOCCUPANCY AND VACANCY	
A. Certain causes of loss are excluded with respect to buildings or structures vacant more than 30 consecutive days. Use 'Waiver of Vacancy' to extend coverage beyond 30 days.	<input type="checkbox"/> Does Not Apply
B. A loss condition reduces the applicable Limit of Insurance by 50% if a building or structure is unoccupied or vacant more than 120 consecutive days. Use 'Waiver of Unoccupancy and Vacancy' to waive the Unoccupancy and Vacancy Loss Condition for periods of vacancy and unoccupancy beyond 120 days.	<input type="checkbox"/> Waiver of Vacancy <input type="checkbox"/> Waiver of Unoccupancy and Vacancy
Dwlg #:	Unoccupancy or Vacancy Starts: Ends:

MORTGAGEE INFORMATION					
Dwlg #	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address	Dwlg #	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address

SCHEDULED PERSONAL ITEMS				* Refer to FarmQuote for included increased special property limits		
Type: 1. Jewelry, 2. Furs, 3. Cameras, 4. Musical Instruments, 5. Silverware, 6. Fine Arts, 7. Golf Equipment, 8. Stamps, 9. Coins, 10. Firearms, 11. Other						
Dwlg #	Type #	Description of Item (Serial # if any) -Attach Appraisal for Items Over \$5,000			Deductible	Limit of Insurance
						\$
						\$
						\$
						\$
						\$

**SCHEDULED FARM PERSONAL PROPERTY (ISO COVERAGE E)**

Loc #	Item #	Description (If applicable, include year, make, model, and serial number)	Away From Premises*	Deductible	Perils**	Foreign Object	Cab Glass	Limit of Insurance
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
Animal Collision Only <input type="checkbox"/>		Type of Animal:	Limit Per Head:	# of Head:	Total Limit: \$			

\* Does not apply to Livestock or Machinery \*\* Perils: B=Basic BR=Broad S=Special

**PEAK SEASON - FARM PERSONAL PROPERTY (ISO COVERAGE E)**

Months	Property Type	Limit of Insurance
		\$
		\$
		\$

**HAY - SCHEDULED (\$100,000 limit/stack with 100 ft. of clear space between stacks)**

Loc #	Description	Ded	Spontaneous Combustion	Limit of Insurance
			<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N	\$

**RECREATIONAL VEHICLES**

Loc #	Item #	Description (include make/model, & for boats indicate navigational period)	Year	Serial #	CC/HP	Length	Type of Motor	Liability (off premises) (Y/N)	Phys Dam (Y/N)	Ded	Limit of Insurance
											\$
											\$
											\$
											\$

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

E Item #	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address	E Item #	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address

**UNSCHEDULED FARM PERSONAL PROPERTY (ISO COVERAGE F) - ACV VALUATION** \* Please attach blanket inventory  
(Irrigation Equipment, Combines, Cotton Pickers, Hay, Four-Wheeler ATVs, and Computers must be scheduled under Coverage E.)

Item	Perils*	Deductible	Limit of Insurance
Livestock (Basic and Broad only)			\$
Other than Livestock			\$
TOTAL			\$

**Excluded Property/Items From Coverage F:**

**CAB GLASS - ISO COVERAGE F**

Model	Serial #	Type	Year

**PEAK SEASON - FARM PERSONAL PROPERTY (ISO COVERAGE F)**

Months	Property Type	Limit of Insurance
		\$
		\$
		\$

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT** \* Only two additional interests available for coverage F

F Item Description	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address	F Item Description	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address



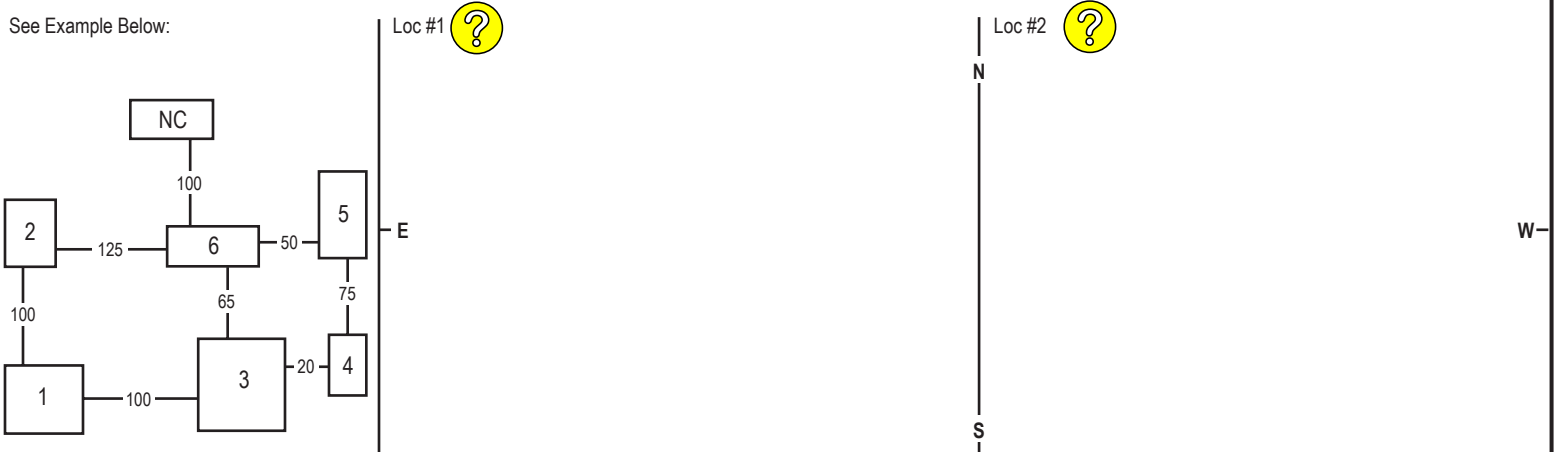




**DIAGRAM**

Show all buildings on the premises whether insured or not and distance in feet between them. Label all buildings and attach dated photographs of every building. (Indicate "NC" if not covered.)

See Example Below:



**PRIOR CARRIER INFORMATION**

Line of Business	Prior Carrier	Effective/Expiration Dates	Expiring Annual Premium
<input type="checkbox"/> Farm <input type="checkbox"/> Auto <input type="checkbox"/> Umbrella <input type="checkbox"/> Excess			\$
<input type="checkbox"/> Farm <input type="checkbox"/> Auto <input type="checkbox"/> Umbrella <input type="checkbox"/> Excess			\$
<input type="checkbox"/> Farm <input type="checkbox"/> Auto <input type="checkbox"/> Umbrella <input type="checkbox"/> Excess			\$

**LOSS HISTORY**

Check Here if None

See Attached Loss Summary

\* Please provide hard copy loss runs for a minimum of the previous three years

Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status
						Open
						Closed
						Open
						Closed
						Open
						Closed

Have you been (Not Applicable in Missouri):  Canceled  Non-Renewed  Declined  None of the above Please explain:

<b>Inspection Contact</b>	<b>Phone</b> (A/C, No, Ext):	<b>Accounting Records Contact</b>	<b>Accounting Records Contact</b> (A/C, No, Ext):
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**ADDITIONAL RESOURCES (Include the following forms if they apply)**

Addendum Name	Questionnaire Name
Additional Insureds	Care Custody and Control
Miscellaneous Coverages	Combine and Cotton Picker
Unscheduled Farm Personal Property Inventory (Cov F)	Equine Liability
	Hog Confinement
	Mobile Home Tie Down
	Supplemental Heat
	Swimming Pool/Trampoline