

Named Insured:

Mailing Address:

City

State

ZIP

Telephone Number: ()

Birth Date:

☐ Individual ☐ Corporation ☐ Partnership ☐ Other

Agency Name:

12:01 A.M. Standard Time at the address of the Applicant as stated herein

AGENCY NUMBER

Code:

Subcode:

Agency Telephone #

☐ Farm-Guard I ☐ Farm-Guard II ☐ Farm-Guard III

☐ Country Home

☐ New ☐ Renewal ☐ Change of Coverage

Effective Date of Change

Billing Method (check one): ☐ Agency Bill ☐ Direct Bill

Direct Bill Frequency: ☐ Monthly ☐ Quarterly

☐ Semi-Annual ☐ Annual

Policy Period: From	Mo.	Day	Year	To	Mo.	Day	Year	Interest in Premises ☐ Owner-Operator ☐ Absentee Landlord	☐ Owner-Non-Operator ☐ Other	☐ Tenant Farmer
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DESCRIPTION OF INSURED PREMISES (OWNED, RENTED, or LEASED)

Acres	Sec.	Township	Range	County	St.	Acres	Sec.	Township	Range	County	St.

FARM-GUARD COVERAGE

ADDITIONAL NAMED INSUREDS

Name	Address	Interest in Farm Operation	Limited Form Yes or No

A Liability to Public (BI and PD)	Additional Coverage 1. Damage to Property of Others	B Medical Payments to Public	C Liability to Farm Employees (Bodily Injury Only)	D Medical Payments to Farm Employees	TOTAL ACRES (Owned, Rented, Leased, or Maintained)
\$ Per Occurrence Combined Single Limits (CSL) (Thousands of Dollars)	\$ Per Occurrence	\$ Per Person	\$ Per Occurrence Combined Single Limits (CSL) (Thousands of Dollars)	\$ Per Person	Acres Total Man-Months
CSL Annual Aggregate \$ For Liability to Public, Damage to Property of Others, and Medical Payments to Public			CSL Annual Aggregate \$ For Liability to Farm Employees and Medical Payments to Farm Employees		
Base Premium + Increased Acres Prem. + B + C + D + Additional Coverage 1. = \$ Gross Premium					
Deduct for ☐ Owner Occupied Landlord's Liability ☐ Non-Occupied Landlord's Liability ☐ Livestock Exclusion ☐ Country Home					\$
Adjusted Premium					\$

Additional Coverages	Farm Premise Location or Street, Town, State					
Additional Farm Residence (s)						\$
Additional Named Insured (s)	(As Named Above)					\$
Additional Resort Residence (s)						\$
Additional Town Residence ☐ Occupied by Insured ☐ Rented to Others						\$
☐ 1 Family Address ☐ 2 Family Address						\$
Optional Coverages	Description	Gross Receipts				
Add'l Interest Insured (GMRC 1023)			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
Medical Payments Insured Persons (GMRC 2257)					Med Pay Insured Persons (GMRC 2257)	\$
Name	Limit	Sex	Relationship	D.O.B.	Premium	Annual Premium
						\$
						\$
						\$
						\$
						\$
Experience Rating % Adjustment						\$
Total Annual Premium						\$

This policy will be continued to the expiration date above if you pay the required premium for each successive year or premium payment period. Required premiums will be based on our rates then in effect.

UNDERWRITING QUESTIONS (ALL QUESTIONS MUST BE ANSWERED)

- Yes No
- Do all the named insureds reside on the premises described?
If no, use the remarks section. ☐ Yes ☐ No
 - Name of current or last liability insurance carrier? _____
 - Has similar insurance been cancelled or refused by another company? **(MISSOURI APPLICANTS – DO NOT ANSWER)**..... ☐ Yes ☐ No
If yes, use the remarks section.
 - Have the fences and premises been inspected? ☐ Yes ☐ No
If no, use the remarks section.
Type of fence _____
Are there any gaps in fences? ☐ Yes ☐ No

Condition of:

	Excellent	Good	Fair	Poor
Premises				
Fences				
Buildings				
Machinery				

5. List all animals on premises (Use remarks section for additional space.):

	Y/N	Owned #	Non-owned #	Description (Breed)
Livestock (other than horses)				
Horses				
Dogs				NOT APPLICABLE

- If any animals listed above are non-owned, describe the activity (boarding, custom feeding, etc.) and receipts:
Type of activity _____ Receipts \$ _____
(Use remarks section for additional space.)
- Does the named insured have operational control of the premises? ☐ Yes ☐ No
- Does the applicant do custom farming, custom feeding, custom spraying, or any farm work for others? ☐ Yes ☐ No
Type _____ Receipts \$ _____
- Any history of dog bites? ☐ Yes ☐ No
If yes, use the remarks section.
- Does the premises contain any of the following?
Public access Swimming? ☐ Yes ☐ No
Motorcycle or Go Kart trail/track? ☐ Yes ☐ No
Camping Areas? ☐ Yes ☐ No
If yes to any of the foregoing, describe and explain in the remarks section.
- Have you ever had any complaints regarding pollution, overspray, waste run-off or similar damages? ☐ Yes ☐ No
- What condition are steps, sidewalks, handrails?
☐ Excellent ☐ Fair ☐ Poor
- Have any protective guards been removed from machinery? ☐ Yes ☐ No

- Yes No
- Does machinery have SMV signs? ☐ Yes ☐ No
Proper Lighting? ☐ Yes ☐ No
Rear View Mirrors? ☐ Yes ☐ No
 - Has there ever been an incidence of escape of livestock? ☐ Yes ☐ No
 - Does the applicant allow hunting/fishing on the premises? ☐ Yes ☐ No
Does the applicant charge for hunting/fishing on premises? ☐ Yes ☐ No
 - Does the applicant rent out equipment or machinery? ☐ Yes ☐ No
 - Has the applicant entered into any contracts or hold harmless agreements? If yes, attach a copy. ☐ Yes ☐ No
 - Are there any manure lagoons on the property? ☐ Yes ☐ No
How is manure disposed of? Use the remarks section.
 - Does the Named Insured/Add'l. Named Insured have any other personal liability coverages? ☐ Yes ☐ No
If yes, what company & policy numbers. Use the remarks section.
 - Are all farm premises, which are owned or rented by the Named Insureds, included under the description of insured premises? ☐ Yes ☐ No
 - Are there any gravel pits or rock quarries on the premises? ☐ Yes ☐ No
 - Have there been any claims for milk contamination? ☐ Yes ☐ No
 - Are there any businesses, professions, or incidental business activities conducted on the insured's premises that are not listed on the front of this application? ☐ Yes ☐ No
If yes, describe the activity and provide the annual gross receipts for each activity.
Type of activity _____ Receipts \$ _____
(Use remarks section for additional space.)
 - Does the applicant process or manufacture any of their own products? If yes, use the remarks section. ☐ Yes ☐ No
 - Does the applicant own any watercraft? ☐ Yes ☐ No
If yes, type & size of motor. Use the remarks section.
 - Does the applicant own any RV's/ATV's/Minitrucks? ☐ Yes ☐ No
If yes, type & size of motor. Use the remarks section.
 - Does the Named Insured carry worker's compensation insurance? ☐ Yes ☐ No
If yes, with what Insurance Company? Use the remarks section.
 - What was the total employee remuneration for the Named Insured for the previous calendar year? \$ _____
Number of employees: Full-time _____ Part-time _____
Do you employ any migrant workers or children? ☐ Yes ☐ No
 - Does the Insured have any rental properties? ☐ Yes ☐ No
If yes, do the properties contain smoke detectors? ☐ Yes ☐ No
 - Does the applicant grow hemp? ☐ Yes ☐ No
 - Is there any other information that would be helpful in underwriting this risk?

LIABILITY LOSS HISTORY INFORMATION

Dates	Type of Loss (LIST ALL LOSSES FOR PAST 5 YEARS)	Amount Paid

AGENT MUST COMPLETE

1. How long have you personally known the applicant? _____
2. Previously insured through your Agency? ☐ Yes ☐ No If yes, how long? _____
3. Have you inspected the premises? ☐ Yes ☐ No If yes, when? _____

BINDER/SIGNATURE

NOTICE OF INFORMATION PRACTICES – Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, the information contained in this application and other personal or privileged information subsequently collected, may be shared with affiliated companies or non-affiliated companies as permitted by law for such purposes as claims handling, servicing, underwriting, and insurance marketing. This information may be disclosed without prior authorization to non-affiliated third parties to enable the non-affiliated third parties to perform services or insurance functions as permitted by law. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent for instructions on how to submit a request to us.

USE OF CLAIMS INFORMATION – We will consider your claims history in determining whether to decline, cancel, non-renew, or surcharge the policy for which you are applying. In addition, any claim made by you will be reported to an insurance support organization.

☐ **ALL APPLICANTS – NOTICE OF CREDIT SCORING INFORMATION** (Applies only if box is checked): Your agent will obtain credit scoring information for the purpose of underwriting the policy and/or determining the premium that you will be charged.

☐ **MN APPLICANTS** – I acknowledge that I have been given a copy of the Notice Concerning Policyholder Rights In An Insolvency Under The Minnesota Insurance Guaranty Association Law (1957 MN).

☐ **SD APPLICANTS – IMPORTANT NOTICE: ► ► THIS IS AN APPLICATION FOR AN ASSESSABLE POLICY ◀ ◀** [§ 58-35-41]. Check box to indicate acceptance of these terms.

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 materially false information, or conceals for the purposes 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.

By signing this application, you authorize collection of the above information and agree that you have read and understood all of the questions asked and information supplied, that the answers you have given in applying for coverage are true, and that no material fact has been withheld.

APPLICANT IS APPLYING FOR FARM LIABILITY INSURANCE PROVIDED BY:

☐ **Grinnell Mutual Member Name and Address:**

☐ **Grinnell Mutual Reinsurance Company, SI, 4215 Highway 146, PO Box 790, Grinnell, IA 50112-0790**

☐ **BOUND COVERAGE:** Coverage is bound as of the effective date shown on this application.

☐ **NON-BOUND COVERAGE:** Coverage is not bound until the application is approved by the Liability Insurer.

Date	Applicant's Signature	Agent's Signature
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IF A CHANGE CHECK TYPE OF CHANGE BELOW (Indicate areas which have changed only.)**Add Delete**

- | | | |
|--------------------------|--------------------------|---------------------------------|
| ☐ | ☐ | Acres |
| ☐ | ☐ | Farm Residences |
| ☐ | ☐ | Additional Named Insureds |
| ☐ | ☐ | Resort Residences |
| ☐ | ☐ | Town Residences |
| ☐ | ☐ | Business Activities |
| ☐ | ☐ | Custom Farming |
| ☐ | ☐ | Employee Occupational Liability |
| ☐ | ☐ | Livestock |
| ☐ | ☐ | Other |

Change

- | | |
|--------------------------|---------------------|
| ☐ | B.I., P.D., Limits |
| ☐ | Medical Limits |
| ☐ | Employees Status |
| ☐ | Named Insured |
| ☐ | Address |
| ☐ | Additional Insureds |
| ☐ | Other |

REMARKS SECTION

(Number your remarks to correspond to the questions.)