

Farm Liability Underwriting Questionnaire

(This questionnaire must be completed & signed by insured to be considered for liability coverage on the policy.)

Policy # _____ Insured _____

Name of PRODUCER & EMAIL ADDRESS to contact with questions: _____

Premises to be insured

Acres	S/T/R	Rented	Owned	Leased	Property Address	County

1. Has liability coverage previously been removed/excluded from this policy? If so, when & why: _____

2. Has any farm employee incurred more than one moving traffic violation or one not at fault accident in the past three years? If yes, please provide name in COMMENTS at the end of the Underwriting Questions. _____
3. Does any insured own anhydrous ammonia or weed spraying equipment for use on the insured premises or any other property? _____
4. Is there fuel of any type stored on the premises, other than incidental quantities? _____
5. Does the applicant process or manufacture any of their own products? _____
6. Does the applicant allow hunting or fishing for a fee on the premises? _____
7. Describe condition and type of fencing used for livestock on premises. _____

8. Has there ever been an incidence of livestock escape? _____

COMMENTS - **Please note, use this section to explain answers if necessary**

The undersigned warrants, represents, and agrees that statements herein are made with respect to me and all members of my household for the express purpose of inducing the Company to issue liability coverage, and these statements are true, correct, and complete to the best of my knowledge. I understand that liability coverage will be based on the facts and answers stated. I further agree that false statements given by me could make the liability coverage because of this questionnaire null and void. I understand that if any premium remittance by or on my behalf is not honored by the payer (bank), it will be deemed nonpayment of premium and no coverage will be afforded. Disclosure to Applicant pursuant to the terms of the Fair Credit Reporting Act: You are hereby notified that an investigative consumer report may be obtained by a representative of the Company. You may request

in writing from the Company, disclosure of the nature and scope of such report if obtained. The undersigned authorizes the Company to perform a general investigation of the applicant(s) for purposes of this insurance coverage. The undersigned authorizes the Company to enter onto the premises for purpose of inspecting any structure for which this insurance is applicable.

Insured's Signature

Date

Agent's Signature

Date

INSURANCE FRAUD WARNING NOTICE - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance, liability questionnaire 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.