

HUDSON SPECIALTY INSURANCE COMPANY

FARMERS PERSONAL LIABILITY APPLICATION

Date: _____

Producer's Name, Address and Phone Number _____ _____ _____ _____ _____ CODE _____ POLICY TERM → _____ Inception (Mo, Day, Yr.) Expiration (Mo, Day, Yr.) Years	Applicant's Name and Mailing Address (include county & ZIP) _____ _____ _____ _____ _____ _____ NEW RENEWAL PREV POL #: _____
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Principal Location #1 is confined to _____ acres in the _____ of Section or Civil District _____ Township _____
 Range _____ about _____ miles _____ from _____ and situated on _____ side of road leading to _____
 _____ County of _____ State of _____

Principal Location #1 is confined to _____ acres in the _____ of Section or Civil District _____ Township _____
 Range _____ about _____ miles _____ from _____ and situated on _____ side of road leading to _____
 _____ County of _____ State of _____

COVERAGES	LIMITS OF LIABILITY	PREMIUM
L. Personal Liability	\$ _____ each occurrence	\$
M. Personal Medical Payment (included)	\$ 1000 each person	
N. Physical Damage to Property	\$ _____ each occurrence	

PLEASE FURNISH THE FOLLOWING GENERAL INFORMATION

1. How long have you known the applicant? _____ Prior Carrier? _____

2. If NEW BUSINESS give loss history. List all losses, whether or not covered by insurance for the last 3 years.

Date	Item	Cause	Amount of Loss

3. What activities other than farming are conducted on premises? _____

4. Does Insured raise or board horses? Explain. _____ Any dogs? Explain. _____

5. Does Insured have other sources of income? Explain. _____

6. Principal type farming? _____ # of acres cultivated _____ Pastured _____

7. If any livestock on farm, describe fencing and condition. _____

**REPRESENTATIONS
TO INSURED AND TO AGENT**

The application and attachment, and the statements given therein are: (i) accurate and complete; (ii) representations You make to us on behalf of all persons and entities proposed to be covered; and (iii) a material inducement to Us to provide a proposal for insurance and any policy that We issue is issued on reliance upon these representations. IF YOU ARE NOT A FARMER OR A RANCHER, YOU ARE NOT ELIGIBLE FOR THIS POLICY. ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE CONSIDERED A CRIME, ANY MISREPRESENTATIONS, OMISSIONS, INCORRECT STATEMENTS OR MISLEADING INFORMATION MAY BE GROUNDS FOR DENYING COVERAGE OR VOIDING THE POLICY FROM THE BEGINNING.

DATE _____ APPLICANT SIGNATURE (required) _____

BROKER/AGENT SIGNATURE _____

OPTIONAL COVERAGES CHECKLIST

<input type="checkbox"/> ADD'L FARM PREM. (Operated)	W/Bldgs.	W/O Bldgs.	Location
(Rented)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Total Acreage _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Add'l Res. Prem. (Maintained) No. Fam _____ (Rented) No. Fam _____

Res. Employees in excess of two (2) _____ Medical Payments is is not excluded
List all with complete description on a separate sheet

Increase Limits of Liability: Increased Coverage G Limit: \$ _____ Increased Coverage H Limit: _____

Additional Insured – Designated Premises Only Endorsement

Give name and mailing address of person(s) to be added as Additional Insured's:

Location of Premises:

Relationship to Insured:

(Partner, Administrator, Trustee, etc.)

Owned Snowmobile(s) – Each Make, Model, and Serial # _____

Watercraft Liability Endorsement Outboard 25hp to 50 hp Inboard or Outboard under 30 mph

Sailboat more than 26" long – with aux. Power? Yes No

Describe Boat: Outboard – Model and Horsepower _____

Other than Outboard – a) Give rated speed (MPH) - under 16 16 – 30

b) Navigation Period – From _____ to _____ each year

FCPL PREMIUM CHART

RATES INCLUDE A \$250 PROPERTY DAMAGE LIABILITY DEDUCTIBLE
CHEMICAL DRIFT LIABILITY LIMITED TO \$25,000

CLASSIFICATIONS	\$100,000	\$300,000	\$500,000
Main farm, including acreage on Additional Farms with or without buildings:			
Not over 160 acres	\$ 300.00	\$ 375.00	\$ 425.00
Over 160 but not over 500 acres	375.00	425.00	500.00
Over 500 acres	500.00	550.00	625.00
Additional Farms owned, operated or rented to others:			
With buildings (each)	30.00	35.00	60.00
Additional Residence, other than those included above:			
Maintained by Insured (each)	25.00	35.00	50.00
Rented to others (each)	30.00	45.00	55.00
Acreage Charge – Total acreage of all locations			
If over 500 acres	60.00	75.00	90.00
Outboard Motors			
25 HP but under 50 HP (each)	25.00	35.00	50.00
Inboard/Outboard			
Under 30 MPH	30.00	45.00	55.00
Additional Insured – Designated Premises Only (separate charge per location)	25.00	35.00	50.00

POLICY FEE – not to exceed \$150.00