

FARMOWNER APPLICATION



ALLEGANY CO-OP INSURANCE CO.
 9 NORTH BRANCH ROAD., CUBA, NEW YORK 14727
 PH. 585-968-1000 FAX 585-968-6021

NEW
 REPLACES _____
 QUOTE

NAMED INSURED IS: Individual Partnership Corporation LLC

DWG OCCUPANCY <input type="checkbox"/> Owner <input type="checkbox"/> Tenant # Units: _____	FORM <input type="checkbox"/> Basic ML-1 <input type="checkbox"/> Broad ML-2 <input type="checkbox"/> Special ML-3 <input type="checkbox"/> Tenant ML-4 <input type="checkbox"/> Superior ML-5	AGENCY NAME: _____ AGENCY CODE: _____
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APPLICANT NAME and ADDRESS (No., Street, Town or City, County, State, Zip Code) Birth Date: _____ SS or Tax I.D.#: _____ Phone #: () - _____	POLICY PERIOD From: _____ Inception To: _____ Expiration
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The **initial** premises covered are located on and confined to _____ acres in the Town of _____ and situated on _____ side of _____ road about _____ miles from _____ (N.S.E.W.) (Nearest Town)
 Responding Fire Department: _____ Miles to responding Fire Department: _____

PROTECTION: Protected Semi Protected Unprotected
CONSTRUCTION: Frame Masonry Modular/Mobile
OF FAMILIES: One Two Other **Year Built:** _____
PROTECTIVE DEVICES: Central Alarm (Attach Certificate) ML-216
DEDUCTIBLE: \$100 \$250 \$500 \$1,000 Other \$ _____

MAIN RESIDENCE PROPERTY COVERAGES:

COVERAGE A:	COVERAGE B!:	COVERAGE C:	COVERAGE D:
Residence (1-2 Family) <input type="checkbox"/> R/C (Estimator) <input type="checkbox"/> ACV \$ _____	Related Private Structures DOES NOT APPLY	Personal Property <input type="checkbox"/> R/C (ML-55) <input type="checkbox"/> ACV <input type="checkbox"/> None \$ _____	ALE and Loss of Rents \$ _____
Mobile Home Info:	Year _____ Make _____	Serial No. _____	Length _____ Width _____

LIABILITY COVERAGES:

COVERAGE L Limit of Liability	AGGREGATE LIMITS Limit of Liability (LS Forms only)	COVERAGE M Med. Pay (Per Person)
<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$ 500,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$2,000,000 (where available)	<input type="checkbox"/> \$200,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$400,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$600,000 <input type="checkbox"/> \$4,000,000 (where available)	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$ _____

ML-10F Farm Liability LS1 General Liability ML-9A Personal Liability (for use with LS forms only)
 LS5 Business General Liability
 Named Insured: _____

ADDITIONAL INSURED INFORMATION:

NAME and ADDRESS:	_____ _____ _____	(ML-315A)
INTEREST:	<input type="checkbox"/> Cov. A <input type="checkbox"/> Cov. C <input type="checkbox"/> Cov. E, G <input type="checkbox"/> Cov. F <input type="checkbox"/> Cov. L <input type="checkbox"/> Cov. M <input type="checkbox"/> Island Marine <input type="checkbox"/> Owner By Deed <input type="checkbox"/> Other: _____	

MORTGAGE INFORMATION:

NAME and ADDRESS: (If escrow billed and more than one mortgagee, use first section for escrow account information)	
1. _____	Loan Number: _____ Escrow <input type="checkbox"/> YES <input type="checkbox"/> NO
2. _____	Loan Number: _____

MI-309 - Co-owner Dwelling # _____ Location: _____

Cov. A \$ _____ AVC R/C Ded. _____ Cov. C AVC R/C

Form: ML-1 (Basic) ML-2 (Broad) ML-3 (Special) ML-216 Credit Yes No

Construction: Frame Masonry Mobile Home Prot. Class _____ # Families _____

Mobile Home Information: Year: _____ Make: _____ Length: _____ Width: _____

ADDITIONAL FARM PREMISES WITH BUILDINGS (ML-11)		Acres	Prot. Class	Owned, Rented, Operated by Insured	Rented to Others
Location					
1.	_____			<input type="checkbox"/>	<input type="checkbox"/>
2.	_____			<input type="checkbox"/>	<input type="checkbox"/>
3.	_____			<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL FARM PREMISES WITHOUT BUILDINGS (ML-11)		Acres	Prot. Class	Owned, Rented, Operated by Insured	Rented to Others
Location					
1.	_____			<input type="checkbox"/>	<input type="checkbox"/>
2.	_____			<input type="checkbox"/>	<input type="checkbox"/>
3.	_____			<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL RESIDENCE PREMISES - RENTED TO OTHERS (ML-70A)

Location _____

1. _____ 1-Family 2-Family

2. _____ 1-Family 2-Family

3. _____ 1-Family 2-Family

CUSTOM FARMING - Describe All Custom Farming Operations (ML-313)

Estimated Receipts: Including Pesticides: \$ _____ Excluding Pesticides: \$ _____

PICK YOUR OWN OPERATIONS - FRUIT AND VEGETABLES (ML-322)

Are Ladders Permitted Yes No

What Crops are Picked _____

Estimated Annual Receipts from PYO Operations \$ _____

Any Other Business Exposures Yes No

Describe _____

Payroll _____ Receipts _____ Kennels _____ Sq. Ft. _____

FARM EMPLOYEES COVERAGE (ML-311) Estimated Payroll: \$ _____

BUSINESS EXPOSURES: With Products Without Products

Classification: _____ Annual Receipts: \$ _____

Food or Beverage Consumed on Premises? Yes No

UNDERWRITING INFORMATION:

<p>1. Insured's farming history:</p> <p>2. Type of farming: (Include all related operations)</p> <p>3. % total income other than farming:</p> <p>4. Describe fully any business operations conducted on premises:</p> <p>5. Does insured operate a roadside market? <input type="checkbox"/> Yes <input type="checkbox"/> No % of sales from Purchased Produce: _____</p> <p>6. Does the farm produce maple syrup, cider butter, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____ Annual Sales of Maple Syrup or Cider \$ _____</p> <p>7. List unusual liability hazards: (farm ponds, junk cards, gravel pits, etc.)</p>	<p>8. List all recreational vehicles:</p> <p>9. Any Riding, Training or Boarding of Horses? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:</p> <p>10. # of Horses owned by insured: # of Horses owned by others:</p> <p>11. Number of Employees: Workers Compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Woodburning Stove: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes complete questionnaire</p> <p>13. Has any carrier declined, canceled or non-renewed risk? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give reason:</p> <p>14. Name of previous carrier _____</p> <p>15. Have there been any losses in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide loss run and history)</p> <p>16. Additional Information _____ _____ _____</p>
<p>Renovations: Use Form RHO 1/98 Home Renovation Questionnaire for Homes For Farm Bldgs - List and Describe</p>	

DIAGRAM AND PHOTOS

Attach separate diagram showing all buildings whether insured or not and the distance between each. Identify each building as per items on schedule. **Attach photos of all insured and uninsured buildings.**

BILLING OPTIONS

Deposit Attached Amount \$ _____ (LARGER OF: 25% of premiums or \$100 minimum)

Annual Quarterly 6 Payments (Direct Bill Only) Escrow Billing Milk Check

Third Party Billing (Name, Address and Zip Code): _____

FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which this application is assigned. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

APPLICANTS STATEMENT

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

DATE	SIGNATURE OF APPLICANT	DATE	SIGNATURE OF AGENT
<input type="checkbox"/> Photos Attached <input type="checkbox"/> Photos will be sent by:		<input type="checkbox"/> HAVE SEEN this property <input type="checkbox"/> HAVE NOT SEEN this property	
		Is Coverage Bound? <input type="checkbox"/> Yes <input type="checkbox"/> No	

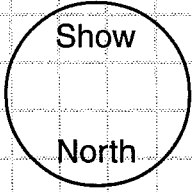
**ALLEGANY CO-OP INSURANCE CO.
ML391 - SEASONAL VARIATION SCHEDULE**

<u>MONTH</u>	<u>COVERAGE AMOUNT</u>
JANUARY	_____
FEBRUARY	_____
MARCH	_____
APRIL	_____
MAY	_____
JUNE	_____
JULY	_____
AUGUST	_____
SEPTEMBER	_____
OCTOBER	_____
NOVEMBER	_____
DECEMBER	_____
AVERAGE COVERAGE	_____

**ALLEGANY CO-OP INSURANCE CO.
FARMOWNERS DIAGRAM**

Insured: _____

Farm Location: _____



Instructions:

1. Identify each building as numbered on the schedule. Indicate location of water supply.
2. Show ALL buildings whether insured or not and distance between each.

INVESTIGATIVE CONSUMER REPORTS
Important Notice

IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT, A ROUTINE INQUIRY MAY BE MADE TO PROVIDE APPLICABLE INFORMATION AS TO CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, RESIDENCE VERIFICATION, MARITAL STATUS, NUMBER OF CHILDREN, EMPLOYMENT, OCCUPATION, CREDIT HISTORY, DESCRIPTION AND USE OF ALL VEHICLES, OPERATOR'S DRIVING EXPERIENCE, AND ACCIDENT OR VIOLATION RECORD. UPON YOUR WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF WE HAVE REQUESTED SUCH A REPORT, WILL BE PROVIDED TO YOU WITHIN A REASONABLE PERIOD OF TIME.

The New York Fair Credit Reporting Act requires that we secure your permission to receive a report as described above. This act gives us the right to decline personal or family insurance if you refuse to authorize an investigation or consumer report. Your signature hereon constitutes an authorization for preparation or procurement of an investigative report.

In connection with your request for a premium quotation: (1) We may obtain consumer reports or personal or privileged information from third parties: (2) in certain circumstances, such information, as well as other privileged information subsequently collected by us, may be disclosed to third parties without your authorization, but it is not our practice to do so: (3) you have the right to access and correct all personal information collected: (4) at your request we will confirm whether a consumer report was requested and provide the name and address of the consumer reporting agency that furnished it, and provide you more detailed information regarding our collection, use and disclosure or personal information and your rights to access and correct such information.

NEW YORK STATE INSURANCE DEPARTMENT-REGULATION 95

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assist, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

X _____

Applicant's Signature (Do Not Print)

Date

Time