

ACORD™ AGRICULTURE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No, Ext):	COMPANY				NAIC CODE
	FAX (A/C, No):	COMPANY POLICY OR PROGRAM NAME			PROGRAM CODE:	
					ACCOUNT NO.	
CODE:	SUB CODE:	NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN
AGENCY CUSTOMER ID		QUOTE	ISSUE POLICY	POLICY TYPE	DEPOSIT \$	
		BOUND (DATE):				

INDICATE SECTIONS ATTACHED

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> PERSONAL INLAND MARINE
<input type="checkbox"/> SCHEDULED/UNSCHEDULED AGRI-PERSONAL PROPERTY	<input type="checkbox"/> AUTO	
<input type="checkbox"/> AGRI-BUSINESS LIABILITY	<input type="checkbox"/> UMBRELLA	

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)				FEDERAL ID #	MAILING ADDRESS (of First Named Insured)	PHONE (A/C, No, Ext):
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE	DATE BUS. STARTED	SIC Code	E-MAIL ADDRESS:		
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> OTHER			CONTACT	PHONE (A/C, No, Ext):	
<input type="checkbox"/> CORPORATION						

TYPE OF FARM/RANCH

<input type="checkbox"/> FIELD CROPS	<input type="checkbox"/> MUSHROOMS	<input type="checkbox"/> GREENHOUSES	<input type="checkbox"/> BEES	<input type="checkbox"/> TOBACCO
<input type="checkbox"/> FRUITS	<input type="checkbox"/> NUTS	<input type="checkbox"/> NURSERY STOCK	<input type="checkbox"/> FUR BEARING ANIMALS	<input type="checkbox"/> POULTRY
<input type="checkbox"/> VEGETABLES	<input type="checkbox"/> FLOWERS	<input type="checkbox"/> SOD	LIVESTOCK - TYPE:	
<input type="checkbox"/> DAIRY	<input type="checkbox"/> VINEYARDS	<input type="checkbox"/> WORMS		

DESCRIBE FARM/RANCH OPERATIONS AND ANY INCIDENTAL BUSINESS ACTIVITIES

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	PROT CLASS	# ACRES TOTAL	# ACRES CULTIVATED	# ACRES IN PASTURE	FARMED BY	GROSS RECEIPTS

LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES FOR THE PAST FIVE YEARS

DATE OF OCCURRENCE	TYPE OF LOSS	DESCRIPTION OF OCCURRENCE	AMOUNT PAID

PRIOR INSURANCE INFORMATION

PRIOR CARRIER	TYPE OF INSURANCE	POLICY #	AMOUNT OF COVERAGE

REMARKS

