

ACORD™ AGRICULTURE PROPERTY SECTION

DATE (MM/DD/YYYY)

PRODUCER CODE: AGENCY CUSTOMER ID	SUBCODE:	NAMED INSURED/APPLICANT'S NAME COMPANY ACCOUNT NUMBER POLICY NUMBER	NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE
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PREMISES INFORMATION

LOCATION #	BUILDING #	STREET, CITY, COUNTY, STATE, ZIP CODE <small>(Include route, section, township, range, etc if necessary; address should be same as shown on ACORD 401)</small>
FARM NAME		

SUBJECT OF INSURANCE	VALUATION RC/ACV	COINS %	CAUSE OF LOSS	DEDUCTIBLE	VALUE	LIMIT OF INSURANCE	PREMIUM
TOTAL							

ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

BLDG TYPE	DIAG #	CONST TYPE	HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	PROT CLASS	YR BUILT	HEAT TYPE	ROOF YEAR	TOTAL AREA
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PREMISES GENERAL INFORMATION

1. IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION? IF YES, (A) SOURCE = (B) QUANTITY = <input type="checkbox"/> YES <input type="checkbox"/> WELL <input type="checkbox"/> LESS THAN 1,000 GALLONS <input type="checkbox"/> NO <input type="checkbox"/> POND/LAKE <input type="checkbox"/> 1,000-3,000 GALLONS <input type="checkbox"/> HYDRANT WITHIN 1,000 FT. <input type="checkbox"/> OVER 3,000 GALLONS OTHER:	2. ARE ANY WOOD OR COAL FIRED STOVES USED IN ANY BUILDINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN
3. ARE ANY BURGLARY AND/OR FIRE ALARMS ON THE PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, TYPE OF ALARM INDICATE FLOORS PROTECTED BY ALARM: DIAGRAM #:	4. DOES APPLICANT PERFORM MAINTENANCE ON EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE INDICATE TYPE OF REPAIRS DONE, WHERE PERFORMED AND BY WHOM
5. IS ENTIRE PREMISES OCCUPIED YEAR ROUND? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
INTEREST		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY	INTEREST		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		

REMARKS