

ACORDTM AGRICULTURE LIABILITY SECTION

DATE

PRODUCER CODE: AGENCY CUSTOMER ID	NAMED INSURED/APPLICANT'S NAME <table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;">COMPANY</td> <td style="width:40%; border: none;">ACCOUNT NUMBER</td> </tr> <tr> <td style="border: none;">POLICY NUMBER</td> <td style="border: none;"> <table style="width:100%; border: none;"> <tr> <td style="width:10%; border: none;"><input type="checkbox"/></td> <td style="width:10%; border: none;">NEW</td> <td style="width:50%; border: none;">EFFECTIVE DATE</td> <td style="width:30%; border: none;">EXPIRATION DATE</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">RNWL</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table> </td> </tr> </table>	COMPANY	ACCOUNT NUMBER	POLICY NUMBER	<table style="width:100%; border: none;"> <tr> <td style="width:10%; border: none;"><input type="checkbox"/></td> <td style="width:10%; border: none;">NEW</td> <td style="width:50%; border: none;">EFFECTIVE DATE</td> <td style="width:30%; border: none;">EXPIRATION DATE</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">RNWL</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/>	NEW	EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/>	RNWL		
COMPANY	ACCOUNT NUMBER												
POLICY NUMBER	<table style="width:100%; border: none;"> <tr> <td style="width:10%; border: none;"><input type="checkbox"/></td> <td style="width:10%; border: none;">NEW</td> <td style="width:50%; border: none;">EFFECTIVE DATE</td> <td style="width:30%; border: none;">EXPIRATION DATE</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">RNWL</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/>	NEW	EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/>	RNWL						
<input type="checkbox"/>	NEW	EFFECTIVE DATE	EXPIRATION DATE										
<input type="checkbox"/>	RNWL												

COVERAGES	LIMITS OF LIABILITY
BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$ EACH "OCCURRENCE" LIMIT \$ GENERAL AGGREGATE LIMIT
PERSONAL AND ADVERTISING INJURY LIABILITY	\$ EACH "OCCURRENCE" LIMIT \$ GENERAL AGGREGATE LIMIT
MEDICAL PAYMENTS	\$ ANY ONE PERSON LIMIT \$ EACH "OCCURRENCE" LIMIT
PROPERTY DAMAGE LIABILITY FIRE DAMAGE LIMIT	\$ ANY ONE FIRE
ADDITIONAL COVERAGE -- DAMAGE TO PROPERTY OF OTHERS	\$
AAIS PERSONAL LIABILITY COVERAGE	NAME OF INSURED(S)
	\$
	\$

COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, COMPLETE COMMERCIAL GENERAL LIABILITY APPLICATION	FARM PERSONAL LIABILITY (AAIS) <input type="checkbox"/> YES <input type="checkbox"/> NO	FARM COMMERCIAL LIABILITY (AAIS) <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--	--	--

CODE	LOC.#	COVERAGE	INCR LIMITS FACTOR	BASIS/RATE	PREMIUM
		INITIAL FARM PREMISES			
		NOT MORE THAN ACRES			
		ADDITIONAL FARM PREMISES MAINTAINED BY NAMED INSURED			
		LOC #			
		ADDITIONAL NON-FARM PREMISES OCCUPIED BY INSURED			
		<input type="checkbox"/> SEASONAL <input type="checkbox"/> PERMANENT			
		ADDITIONAL RESIDENCE RENTED TO OTHERS			
		# FAMILIES			
		LOC #			
		CUSTOM FARMING RECEIPTS (RATE PER \$1,000)			
		RECEIPTS			
		\$			
		ROADSIDE STANDS -- FARM PRODUCTS PRINCIPALLY ON THE INSURED FARM (RATE PER \$1,000 GROSS SALES)			
		SALES			
		\$			
		DAY CARE COVERAGE (HOME)			
		1-3 PERSONS			
		1-6 PERSONS			
		LIMITED FARM POLLUTION LIABILITY (REFER TO COMPANY)			
		CONTINGENT LIABILITY FOR CROP DUSTING BY INDEPENDENT AIRCRAFT (RATE PER \$1,000 COST)			
		COST			
		\$			
		DOMESTIC WORKERS' COMP			
		INSERVANT			
		OUTSERVANT			
		# OF RESIDENTIAL EMPLOYEES			
		ANIMAL COLLISION			
		LIMIT PER HEAD			
		\$			
		# OF HEAD			
		EMPLOYERS LIABILITY			
		# FULL TIME EMPLOYEES			
		# PART TIME EMPLOYEES			
		TOTAL PAYROLL			
		\$			
		OTHER:			

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	ADDITIONAL INSURED				LOCATION:	BUILDING:
<input type="checkbox"/>	LOSS PAYEE				VEHICLE:	BOAT:
<input type="checkbox"/>	MORTGAGEE				SCHEDULED ITEM NUMBER:	
<input type="checkbox"/>	LIENHOLDER				OTHER	
<input type="checkbox"/>	EMPLOYEE AS LESSOR					
<input type="checkbox"/>		ITEM DESCRIPTION:				

REMARKS