

Farmshield Application



Name of Applicant		Accepted by:	
Postal Address		New Policy?	Yes No
Postal Code		Replacing Policy?	Yes No
Agent and/or Broker		If "Yes", give expiring Policy Numbers	
Commission			
Policy Period	DD MM YYYY	DD MM YYYY	(12:01 a.m. standard time at the address of the Applicant stated herein)
From:		To:	
Location #1			
(Legal Address)			
Location #2			
(Legal Address)			
Any other locations?	Yes No	(If "Yes" describe)	
Loss, if any, payable to:			
(Give name and address, including postal code)			

Summary of Coverages	Perils Covered	Amount of Insurance	Deductible	Premium
Principal - Building				
Residence - Contents				
Additional Residences				
Farm - Building				
Buildings - Contents				
Farm Machinery Floater				
Livestock Floater				
Grain Floater				
Fertilizer, Herbicide & Pesticide Floater				
Liability				
Discounts / Surcharges				
Total				

Has any Insurer cancelled, declined or refused to renew insurance on your property?	Yes No.	If "Yes", give full details

Has there been any losses during the past five years which would have been recoverable under this type of policy?	Yes No	If "Yes", give complete details including amount and date.

Name of Previous Insurer	Policy Number	

ARE ANY OF THE BUILDINGS USED FOR:	Yes	No	
(a) poultry barns housing more than 500 birds in total?			If "Yes" give details _____
(b) hog barns housing more than 100 hogs in total?			_____
(c) dairy cattle barns housing more than 50 milk cows in total?			_____
(d) manufacturing or commercial purposes?			_____
ARE THERE ANY:	Yes	No	Yes No
(a) grain dryers?			(h) Harvestore Silo's?
(b) forestry operations?			(i) stationary feed grinding & mixing plants?
(c) logging operations?			(j) portable and stationary seed cleaning plants?
(d) portable sawmills?			If "Yes" give details _____
(e) vacant buildings?			_____
(f) buildings, including the dwelling(s) occupied by a tenant?			_____
(g) custom farming operations?			_____
Are all farm buildings used for the purpose for which they were built or have been altered in an acceptable manner for current use?	Yes	No	
If "No", give details			
What is type of farm operations?			
Do any of the buildings have polyurethane foam insulation?	Yes	No.	If "Yes", give details as to how it is protected

DWELLING COVERAGE

Homesield

Broad

Comprehensive

Location #1 - Legal Address: _____

Occupancy			Type of Dwelling					
Owned	Rented	Seasonal						
Construction							Year Built	
Wiring		Amp. Service	Replacement Date	Certified		Fuses		
Original Wiring				Yes	No	Ordinary	Circuit Breaker Tamper Proof	
Heating		Replacement Date	Approved Permanent	Oil	Electric	Wood or Coal Burning System		
Original Furnace				Gas	Propane	Other (Specify) _____		
Are any appliances used to aid primary heating system? (e.g. space heaters, wood burning stoves)								
No Yes								

Is there modern plumbing?	Yes	No	If "No", give details
Is there a full masonry basement or a concrete slab?	Yes	No	If "No", give details

DWELLING COVERAGE

Homesield

Broad

Comprehensive

Location #2 - Legal Address: _____

Occupancy			Type of Dwelling					
Owned	Rented	Seasonal						
Construction							Year Built	
Wiring		Amp. Service	Replacement Date	Certified		Fuses		
Original Wiring				Yes	No	Ordinary	Circuit Breaker Tamper Proof	
Heating		Replacement Date	Approved Permanent	Oil	Electric	Wood or Coal Burning System		
Original Furnace				Gas	Propane	Other (Specify) _____		
Are any appliances used to aid primary heating system? (e.g. space heaters, wood burning stoves)								
No Yes								

Is there modern plumbing?	Yes	No	If "No", give details
Is there a full masonry basement or a concrete slab?	Yes	No	If "No", give details

LIABILITY COVERAGES

I. Limits of Liability Required				
Coverages		Limits of Liability		Premium
A.	Bodily Injury Liability and Property Damage Liability Inclusive	\$	each occurrence or accident	\$
		\$	aggregate	
Optional Coverages include Employers Liability – Farm Employees; Voluntary Compensation Benefits – Residence and Farm Employees; and Non-Owned Automobile Liability.				
C.	1. Employer's Liability	\$	one person any one accident	\$
		\$	two or more persons any one accident	
2. Voluntary Compensation Benefits may only be purchased in conjunction with Employers' Liability Coverage – Amount of Weekly Indemnity \$150.00.				
Coverage Required: <input type="checkbox"/> Yes <input type="checkbox"/> No				\$
	Non-Owned Automobile Liability	\$	one accident	\$

II. Coverage A			
	No. of Acres	No. of Residences	Premium
1. Principal Farm Premises:			\$
2. Other Farm Premises:			\$
- operated by Applicant			\$
- rented or leased to Others			
3. Residences (not on farm premises):			
Location	Occupied by Insured or Tenant	No. of Families therein	Premium
(i)			\$
(ii)			\$
(iii)			\$
4. Custom Farming: <input type="checkbox"/> Yes <input type="checkbox"/> No	Give Estimated Annual Receipts: \$		\$
5. a) Watercraft in excess of:			
i) 24 H.P. Outboard Motor or combination of outboard motors in excess of 24 H.P. used with a single watercraft.			\$
6. Farmers Limited Pollution			\$
7. ATV's, Seedoos, Skidoos, Jet Skis (describe in detail using separate form if necessary)			\$

III. Coverage C				
	No. of Employees	Estimated Annual Payroll	Rate per \$1,000	Premium
1. Employers' Liability		\$		\$
2. Voluntary Compensation				
a) FULL TIME EMPLOYEES				
i) Residence		\$		\$
ii) Other farm operations		\$		\$
b) OCCASIONAL EMPLOYEES				
i) Residence		\$		\$
ii) Other farm operations		\$		\$

SOLID FUEL HEATING QUESTIONNAIRE – Clear photographs & questionnaire required for each installation (stoves and chimneys)

Wood Burning Appliance – Indicate Actual Clearances on Diagram

Building appliance is installed in:	Dwelling	Garage	Workshop	Other _____	
If in dwelling, where?	Main Floor	Basement	Porch	Other _____	
Manufacturer _____	Appliance Type _____				
Model _____	Age _____	Quantity of fuel used _____			
Is appliance certified?	Yes	No	Approved for mobile home?	Yes	No
If "Yes",	Canadian Standards Underwriters Laboratories Institute		Underwriters Laboratories of Canada		Warnock-Hersey Ltd. (CANADA)
Indicate approved clearances (see label or installation manual)					
Sides _____ inches	Front Side _____ inches	Top side _____ inches	Note: This section is for the manufacturers' approved clearances as indicated on the label or brochure. The 'actual' clearances are to be shown on the diagram.		
	Back Side _____ inches	Corner _____ inches			
Floor protection:	Sides _____ inches	Front _____ inches			
	Back _____ inches				

Masonry Chimney

Concrete Block	Brick	Other _____	Built from Ground	Bracket
Chimney lining:	Clay Tile Lining	Factory Stainless Steel Liner		
	None or Other, Specify _____			
Chimney is installed:	Inside Building	Outside Building		
Age and general condition of chimney: _____				

Factory Built Metal Chimney

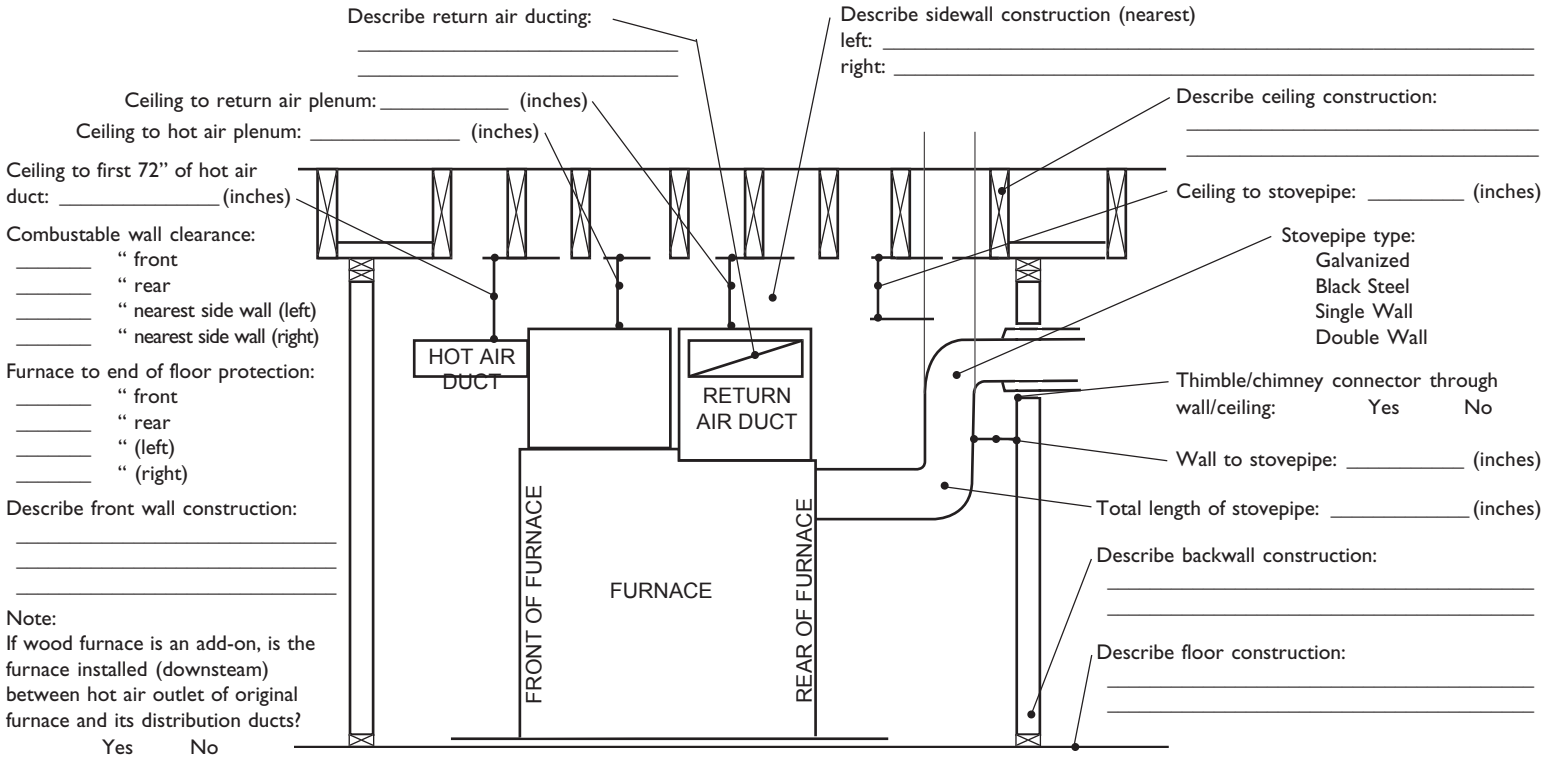
Manufacturer _____				
Certified for wood burning appliances bearing ULC-S629M label (650° C / 1100 F)	Yes	No		
If "Yes",	Canadian Standards	Underwriters Laboratories of Canada	Warnock-Hersey Ltd.	
If "No", explain: _____				
Age and general condition: _____				
Chimney is installed:	Inside Building	Outside Building		
Clearances from chimney to combustibles _____ inches.				

Installation

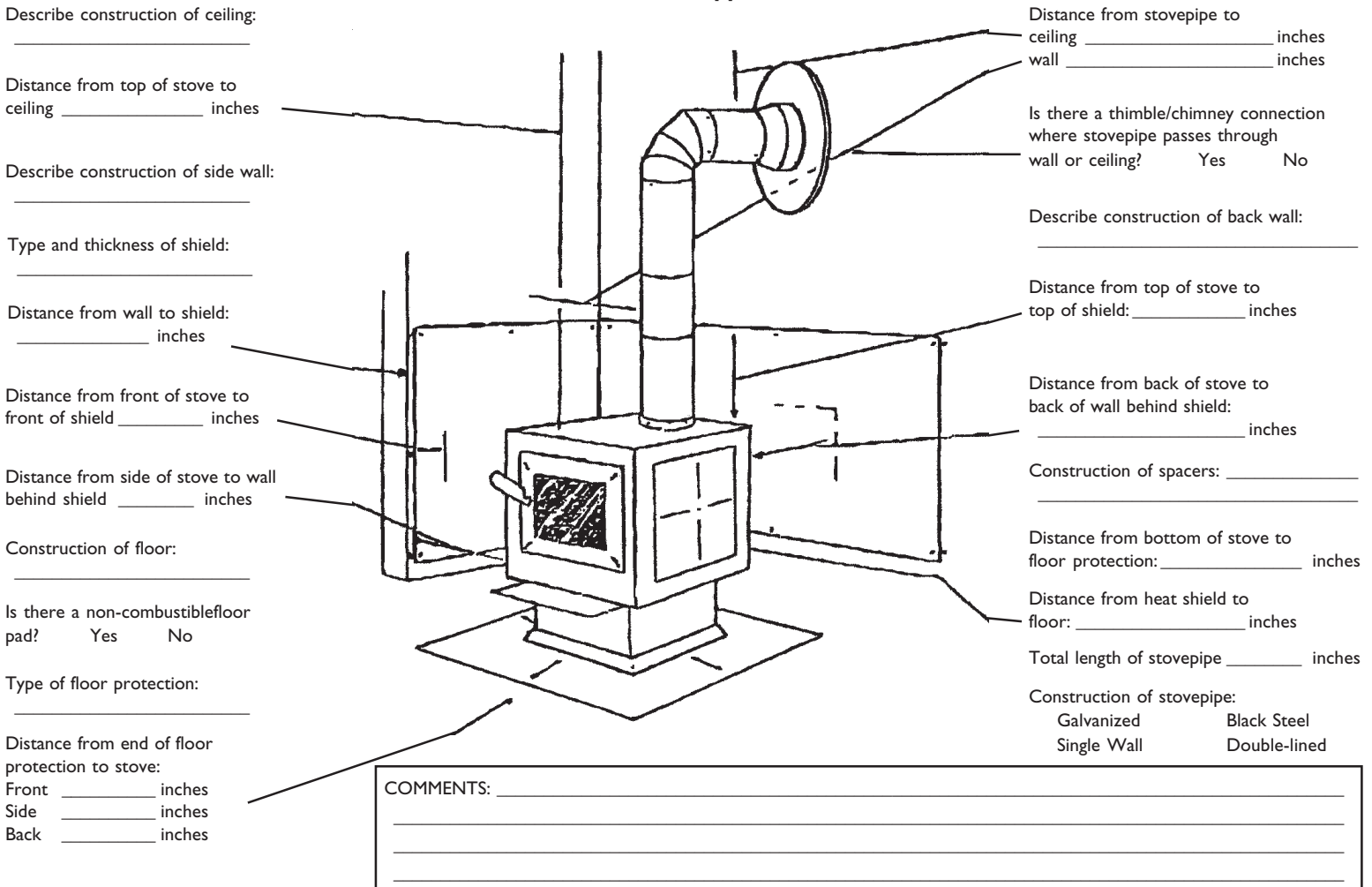
Are ashes from appliance disposed of in a non combustible container?	Yes	No		
If "No", explain: _____				
Was unit installed by a heating contractor?	Yes	No	If "No", complete below:	
Firm or individual _____				
Was chimney installed by a heating or masonry contractor?	Yes	No	If "No", complete below:	
Firm or individual _____				
Does unit share a chimney flue with any other appliance?	Yes	No		
If "Yes", explain: _____				
Does stove pipe pass through a concealed space? (e.g. Closet, Attic, Floor, Wall)	Yes	No		
How often is chimney cleaned per heating season? _____ Date last cleaned _____				
Have any modifications been made?	Yes	No	If "Yes", explain _____	
Distance from stove to furniture, fuel or other combustible material _____ inches.				

**COMPLETE ALL MEASUREMENTS AS PER APPLICABLE INSTALLATION ON THE DIAGRAM BELOW
ALL DISTANCES ON DIAGRAMS ARE TO BE MEASUREMENTS TAKEN FROM THE PARTICULAR INSTALLATION**

Central Heating Furnace / Add-On



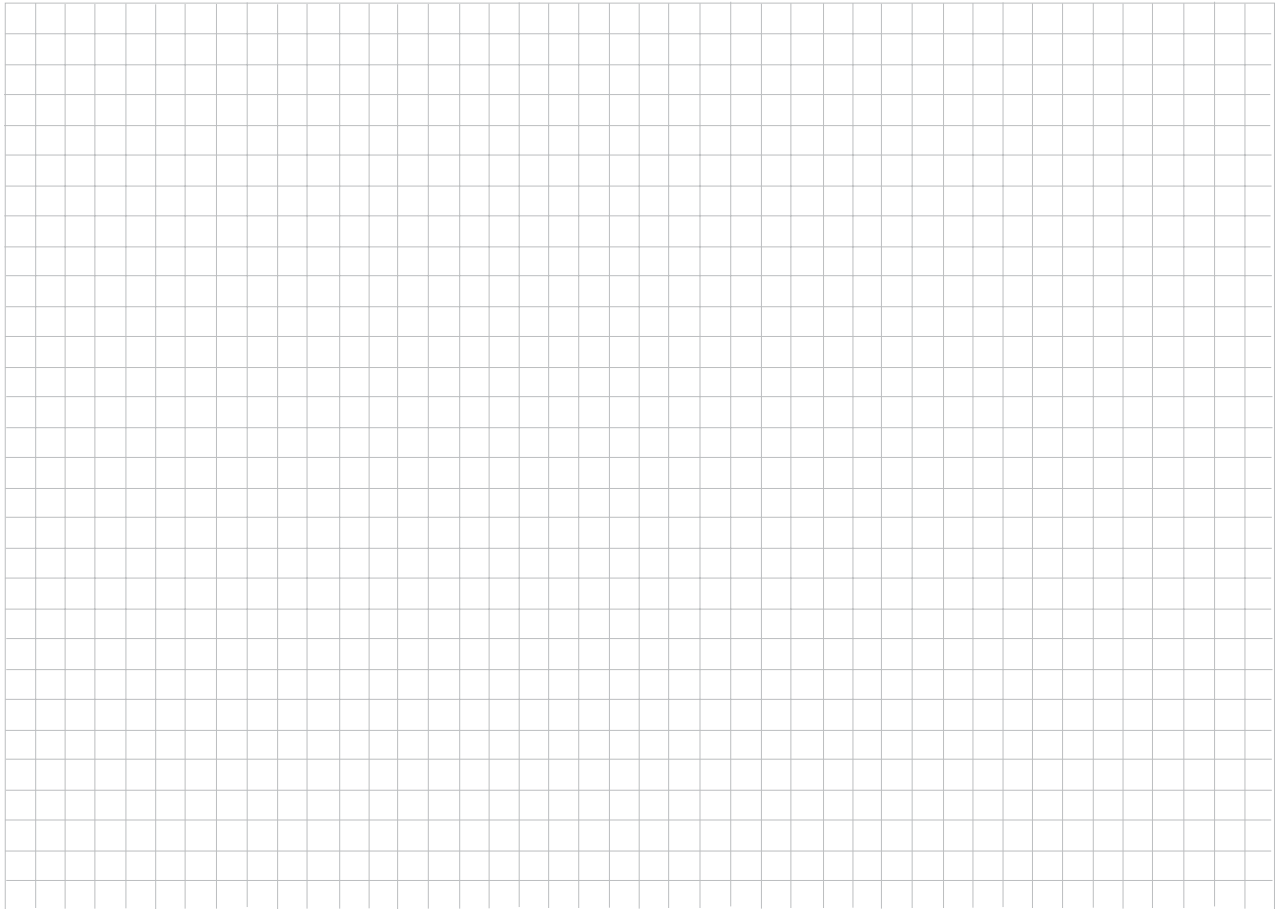
Woodstove Appliance



DIAGRAM

Indicate **all** buildings whether insured or not and give the distance between each building. Also, give the dimensions and occupancy of each building.

NORTH



WEST

EAST

SOUTH

PHOTOGRAPHS

Photographs are essential and should be submitted showing the dwelling(s) and other farm buildings.

REPLACEMENT COST ESTIMATION

Any building insured on a replacement cost basis should have a replacement cost estimation form completed and submitted with the application.

DATE: _____

APPLICANT'S SIGNATURE: _____

AGENTS REPORT

1. How long have you known applicant Just met _____ ; Personally _____ years; Through business _____ years.

Credit position of applicant _____

2. What is the condition of Dwelling? _____ Outbuildings? _____ Housekeeping? _____

3. On what date did you last examine the premises? _____ Recommendation of risk Excellent Good Fair

4. Any other insurance carried with us? Yes No _____

If yes, give Policy Numbers: _____

5. Do the amounts of insurance comply with the various co-insurance clauses in the policy? Yes No

If no, explain _____

DATE: _____

BROKERS' SIGNATURE: _____