

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>TITLE</b> <b>ACORD 410 (2011/11)</b>	<b>Small Farm / Ranch Application</b>	The title of the form. ACORD 410, Small Farm / Ranch Application, is intended to be used in lieu of ACORD 401 through 404, for small farm / ranch properties, not over three farm buildings and two residential buildings, and not over two different types of businesses (e.g., dairy, crops, livestock, etc.). Do not use if property is to be schedule or blanket rated.
<b>IDENTIFICATION SECTION</b>	<b>Date</b>	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
<b>IDENTIFICATION SECTION</b>	<b>Phone (A/C, No, Ext)</b>	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
<b>IDENTIFICATION SECTION</b>	<b>Fax (A/C, No, Ext)</b>	Enter number: The fax number of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Agency</b>	Enter text: The full name of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address line one of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address line two of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address city name of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter code: The mailing address state or province code of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter code: The mailing address postal code of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Code</b>	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.
<b>IDENTIFICATION SECTION</b>	<b>Subcode</b>	Enter code: The identification code assigned by the insurer to the sub-producer (e.g. person) within a producer's office (e.g. agency or brokerage).
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
<b>IDENTIFICATION SECTION</b>	<b>Company</b>	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
<b>IDENTIFICATION SECTION</b>	<b>NAIC Code</b>	Enter code: The identification code assigned to the insurer by the NAIC.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	Company Policy or Program Name	Enter text: The description of an independently filed policy or program that may be optionally available from the insurance company. It may also be used to name the subsidiary company in which the line of business will be placed.
IDENTIFICATION SECTION	Program Code	Enter code: The product code of the insurer for the policy.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire.
IDENTIFICATION SECTION	Billing Plan Direct Bill (Checkbox)	Check the box (if applicable): Indicates if the policy is to be direct billed.
IDENTIFICATION SECTION	Agency Bill (Checkbox)	Check the box (if applicable): Indicates if the policy is to be producer/agency billed.
IDENTIFICATION SECTION	Payment Plan	Enter code: The payment plan for the policy (i.e., AN - Annual, MO - Monthly, QT - Quarterly, etc.).
IDENTIFICATION SECTION	Quote	Check the box (if applicable): Indicates the response expected from the company is a quote.
IDENTIFICATION SECTION	Bound	Check the box (if applicable): Indicates the coverage has been bound.
IDENTIFICATION SECTION	Date	Enter date: The date the policy status becomes effective. This date is used for policy statuses of bound, change, and cancel.
IDENTIFICATION SECTION	Issue Policy	Check the box (if applicable): Indicates the response expected from the company is an issued policy.
IDENTIFICATION SECTION	Policy Type	Enter text: The description of the type of policy issued to the insured.
IDENTIFICATION SECTION	Deposit	Enter amount: The amount of the premium received as a deposit.
APPLICANT INFORMATION	Name (First Named Insured & Other Named Insureds) *	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
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Section Name	Field Name	Field and/or Section Description
APPLICANT INFORMATION	Relationship	Enter code: The relationship of the named insured to the first named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employee.
APPLICANT INFORMATION		Enter code: The relationship of the named insured to the first named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employee.
APPLICANT INFORMATION		Enter code: The relationship of the named insured to the first named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employee.
APPLICANT INFORMATION		Enter code: The relationship of the named insured to the first named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employee.
APPLICANT INFORMATION	Mailing Address (of First Named Insured)	Enter text: The named insured's mailing address line one.
APPLICANT INFORMATION		Enter text: The named insured's mailing address line two.
APPLICANT INFORMATION		Enter text: The named insured's mailing address city name.
APPLICANT INFORMATION		Enter code: The named insured's mailing address state or province code.
APPLICANT INFORMATION		Enter code: The named insured's mailing address postal code.
APPLICANT INFORMATION	Phone (A/C, No, Ext)	Enter number: The named insured's primary phone number.
APPLICANT INFORMATION	E-Mail Address	Enter text: The named insured's primary e-mail address.
APPLICANT INFORMATION	Phone # on Premises	Enter number: The named insured's primary phone number.
APPLICANT INFORMATION	Form of Business Organization: Individual	Check the box (if applicable): Indicates the legal entity code for the named insured is "Individual".
APPLICANT INFORMATION	Partnership	Check the box (if applicable): Indicates the legal entity code for the named insured is "Partnership".
APPLICANT INFORMATION	Corporation	Check the box (if applicable): Indicates the legal entity code for the named insured is "Corporation".
APPLICANT INFORMATION	Joint Venture	Check the box (if applicable): Indicates the legal entity code for the named insured is "Joint Venture".

Section Name	Field Name	Field and/or Section Description
APPLICANT INFORMATION	Other Checkbox	Check the box (if applicable): Indicates the legal entity code for the named insured is not listed on the form.
APPLICANT INFORMATION	Other Description	Enter text: The description of the legal entity if not listed on the form.
APPLICANT INFORMATION	Date Business Started	Enter date: The date the current owners purchased or started the business.
APPLICANT INFORMATION	SIC	Enter code: The Standard Industry Classification code assigned to the business activity (if known). This is the code which represents the nature of the employer's business which is contained in the Standard Industrial Classification Manual published by the Federal Office of Management and Budget.
APPLICANT INFORMATION	Federal ID #	Enter identifier: The tax identifier of the named insured.
APPLICANT INFORMATION	Contact	Enter text: The full name of the contact.
APPLICANT INFORMATION	Phone (A/C, No, Ext)	Enter number: The primary phone number of the contact.
TYPE OF FARM/RANCH	Field Crops	Check the box (if applicable): Indicates the nature of the operation is a field crops farm / ranch.
TYPE OF FARM/RANCH	Fruits	Check the box (if applicable): Indicates the nature of the operation is a fruit / citrus farm / ranch.
TYPE OF FARM/RANCH	Vegetables	Check the box (if applicable): Indicates the nature of the operation is a vegetable farm / ranch.
TYPE OF FARM/RANCH	Dairy	Check the box (if applicable): Indicates the nature of the operation is a dairy farm / ranch.
TYPE OF FARM/RANCH	Mushrooms	Check the box (if applicable): Indicates the nature of the operation is a mushroom farm.
TYPE OF FARM/RANCH	Nuts	Check the box (if applicable): Indicates the nature of the operation is a nut farm / ranch.
TYPE OF FARM/RANCH	Flowers	Check the box (if applicable): Indicates the nature of the operation is a flowers farm / ranch.
TYPE OF FARM/RANCH	Vineyards	Check the box (if applicable): Indicates the nature of the operation is a vineyard.
TYPE OF FARM/RANCH	Greenhouses	Check the box (if applicable): Indicates the nature of the operation is a greenhouse farm / ranch.
TYPE OF FARM/RANCH	Nursery Stock	Check the box (if applicable): Indicates the nature of the operation is a nursery stock farm / ranch.
TYPE OF FARM/RANCH	Sod	Check the box (if applicable): Indicates the nature of the operation is a sod farm.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>TYPE OF FARM/RANCH</b>	<b>Worms</b>	Check the box (if applicable): Indicates the nature of the operation is a worm farm.
<b>TYPE OF FARM/RANCH</b>	<b>Bees</b>	Check the box (if applicable): Indicates the nature of the operation is a bee farm.
<b>TYPE OF FARM/RANCH</b>	<b>Fur Bearing Animals</b>	Check the box (if applicable): Indicates the nature of the operation is a fur bearing animals farm / ranch.
<b>TYPE OF FARM/RANCH</b>	<b>Livestock</b>	Check the box (if applicable): Indicates the nature of the operation is a livestock farm / ranch.
<b>TYPE OF FARM/RANCH</b>	<b>Type</b>	Enter text: The description of the livestock on the farm / ranch.
<b>TYPE OF FARM/RANCH</b>	<b>Tobacco</b>	Check the box (if applicable): Indicates the nature of the operation is a tobacco farm / ranch.
<b>TYPE OF FARM/RANCH</b>	<b>Poultry</b>	Check the box (if applicable): Indicates the nature of the operation is a poultry farm / ranch.
<b>TYPE OF FARM/RANCH</b>	<b>Other</b>	Check the box (if applicable): Indicates the nature of the farm / ranch operation is other than those listed.
<b>TYPE OF FARM/RANCH</b>	<b>Blank Field</b>	Enter text: The description of the nature of the farm / ranch operations.
<b>TYPE OF FARM/RANCH</b>	<b>Other</b>	Check the box (if applicable): Indicates the nature of the farm / ranch operation is other than those listed.
<b>TYPE OF FARM/RANCH</b>	<b>Blank Field</b>	Enter text: The description of the nature of the farm / ranch operations.
<b>TYPE OF FARM/RANCH</b>	<b>Describe Farm/Ranch Operations</b>	Enter text: The text description of the operations of this risk or insured.
<b>PREMISES INFORMATION</b>	<b>LOC # One</b>	Enter number: The producer assigned number of the location.
<b>PREMISES INFORMATION</b>	<b>BLD # One</b>	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
<b>PREMISES INFORMATION</b>	<b>Street, City, County, State, Zip One</b>	Enter text: The first address line of the physical location.
<b>PREMISES INFORMATION</b>		Enter text: The county of the location.
<b>PREMISES INFORMATION</b>		Enter text: The city of the physical location.
<b>PREMISES INFORMATION</b>		Enter code: The state or province of the physical location.
<b>PREMISES INFORMATION</b>		Enter code: The postal code of the physical location.
<b>PREMISES INFORMATION</b>	<b>Prot Class One</b>	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
<b>PREMISES INFORMATION</b>	<b># Acres Total One</b>	Enter number: The size of the piece of land in acres.
<b>PREMISES INFORMATION</b>	<b># Acres Cultivated One</b>	Enter number: The size of the piece of land that is cultivated in acres.
<b>PREMISES INFORMATION</b>	<b># Acres in Pasture One</b>	Enter number: The size of the piece of land that is pasture land in acres.
<b>PREMISES INFORMATION</b>	<b>Farmed By One</b>	Enter text: The description of who the location is farmed by.
<b>PREMISES INFORMATION</b>	<b>Gross Receipts One</b>	Enter amount: The gross receipts amount for this location.

Section Name	Field Name	Field and/or Section Description
PREMISES INFORMATION	LOC # Two	Enter number: The producer assigned number of the location.
PREMISES INFORMATION	BLD # Two	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
PREMISES INFORMATION	Street, City, County, State, Zip Two	Enter text: The first address line of the physical location.
PREMISES INFORMATION		Enter text: The county of the location.
PREMISES INFORMATION		Enter text: The city of the physical location.
PREMISES INFORMATION		Enter code: The state or province of the physical location.
PREMISES INFORMATION		Enter code: The postal code of the physical location.
PREMISES INFORMATION	Prot Class Two	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
PREMISES INFORMATION	# Acres Total Two	Enter number: The size of the piece of land in acres.
PREMISES INFORMATION	# Acres Cultivated Two	Enter number: The size of the piece of land that is cultivated in acres.
PREMISES INFORMATION	# Acres in Pasture Two	Enter number: The size of the piece of land that is pasture land in acres.
PREMISES INFORMATION	Farmed By Two	Enter text: The description of who the location is farmed by.
PREMISES INFORMATION	Gross Receipts Two	Enter amount: The gross receipts amount for this location.
PREMISES INFORMATION	LOC # Three	Enter number: The producer assigned number of the location.
PREMISES INFORMATION	BLD # Three	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
PREMISES INFORMATION	Street, City, County, State, Zip Three	Enter text: The first address line of the physical location.
PREMISES INFORMATION		Enter text: The county of the location.
PREMISES INFORMATION		Enter text: The city of the physical location.
PREMISES INFORMATION		Enter code: The state or province of the physical location.
PREMISES INFORMATION		Enter code: The postal code of the physical location.
PREMISES INFORMATION	Prot Class Three	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
PREMISES INFORMATION	# Acres Total Three	Enter number: The size of the piece of land in acres.
PREMISES INFORMATION	# Acres Cultivated Three	Enter number: The size of the piece of land that is cultivated in acres.
PREMISES INFORMATION	# Acres in Pasture Three	Enter number: The size of the piece of land that is pasture land in acres.
PREMISES INFORMATION	Farmed By Three	Enter text: The description of who the location is farmed by.
PREMISES INFORMATION	Gross Receipts Three	Enter amount: The gross receipts amount for this location.
PREMISES INFORMATION	Does applicant have other businesses? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Does applicant have any other business?"

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>PREMISES INFORMATION</b>	<b>Remarks</b>	Enter text: An explanation as to whether the applicant has any other businesses.
<b>PREMISES INFORMATION</b>	<b>Does applicant have other businesses? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Does applicant have any other business?".
<b>PREMISES INFORMATION</b>	<b>Is business new to agency? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Is the business new to the agency?".
<b>PREMISES INFORMATION</b>	<b>Is business new to agency? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Is the business new to the agency?".
<b>PREMISES INFORMATION</b>	<b>Date of last inspection</b>	Enter date: The date of the last inspection.
<b>LOSS HISTORY</b>	<b>Date of Occurrence One</b>	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
<b>LOSS HISTORY</b>	<b>Type of Loss One</b>	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
<b>LOSS HISTORY</b>	<b>Description One</b>	Enter text: A brief description of the loss.
<b>LOSS HISTORY</b>	<b>Amount Paid One</b>	Enter amount: The amount that has been paid on this claim to date.
<b>LOSS HISTORY</b>	<b>Date of Occurrence Two</b>	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
<b>LOSS HISTORY</b>	<b>Type of Loss Two</b>	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
<b>LOSS HISTORY</b>	<b>Description Two</b>	Enter text: A brief description of the loss.
<b>LOSS HISTORY</b>	<b>Amount Paid Two</b>	Enter amount: The amount that has been paid on this claim to date.
<b>LOSS HISTORY</b>	<b>Date of Occurrence Three</b>	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
<b>LOSS HISTORY</b>	<b>Type of Loss Three</b>	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
<b>LOSS HISTORY</b>	<b>Description Three</b>	Enter text: A brief description of the loss.
<b>LOSS HISTORY</b>	<b>Amount Paid Three</b>	Enter amount: The amount that has been paid on this claim to date.
<b>LOSS HISTORY</b>	<b>Date of Occurrence Four</b>	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
<b>LOSS HISTORY</b>	<b>Type of Loss Four</b>	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
<b>LOSS HISTORY</b>	<b>Description Four</b>	Enter text: A brief description of the loss.
<b>LOSS HISTORY</b>	<b>Amount Paid Four</b>	Enter amount: The amount that has been paid on this claim to date.
<b>LOSS HISTORY</b>	<b>Date of Occurrence Five</b>	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
<b>LOSS HISTORY</b>	<b>Type of Loss Five</b>	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>LOSS HISTORY</b>	<b>Description Five</b>	Enter text: A brief description of the loss.
<b>LOSS HISTORY</b>	<b>Amount Paid Five</b>	Enter amount: The amount that has been paid on this claim to date.
<b>PRIOR INSURANCE INFORMATION</b>	<b>Prior Carrier One</b>	Enter text: The name of the previous insurer.
<b>PRIOR INSURANCE INFORMATION</b>	<b>Type of Insurance One</b>	Enter text: The type of policy issued to the insured. e. g., personal auto, truckers, garage liability.
<b>PRIOR INSURANCE INFORMATION</b>	<b>Policy # One</b>	Enter identifier: The policy number of the previous coverage.
<b>PRIOR INSURANCE INFORMATION</b>	<b>Amount of Coverage One</b>	Enter limit: The limit amount of the prior coverage.
<b>PRIOR INSURANCE INFORMATION</b>	<b>Prior Carrier Two</b>	Enter text: The name of the previous insurer.
<b>PRIOR INSURANCE INFORMATION</b>	<b>Type of Insurance Two</b>	Enter text: The type of policy issued to the insured. e. g., personal auto, truckers, garage liability.
<b>PRIOR INSURANCE INFORMATION</b>	<b>Policy # Two</b>	Enter identifier: The policy number of the previous coverage.
<b>PRIOR INSURANCE INFORMATION</b>	<b>Amount of Coverage Two</b>	Enter limit: The limit amount of the prior coverage.
<b>PRIOR INSURANCE INFORMATION</b>	<b>Prior Carrier Three</b>	Enter text: The name of the previous insurer.
<b>PRIOR INSURANCE INFORMATION</b>	<b>Type of Insurance Three</b>	Enter text: The type of policy issued to the insured. e. g., personal auto, truckers, garage liability.
<b>PRIOR INSURANCE INFORMATION</b>	<b>Policy # Three</b>	Enter identifier: The policy number of the previous coverage.
<b>PRIOR INSURANCE INFORMATION</b>	<b>Amount of Coverage Three</b>	Enter limit: The limit amount of the prior coverage.
<b>PRIOR INSURANCE INFORMATION</b>	<b>Has any policy been cancelled or non-renewed in the past 5 years? Yes</b>	Check the box (if applicable): Indicates a 'Yes' response to the question, "Has any policy been cancelled or non-renewed in the past mandated number of years?".
<b>PRIOR INSURANCE INFORMATION</b>	<b>Explain if Yes</b>	Enter text: An explanation as to whether any policy has been cancelled or nonrenewed in the past 5 years.
<b>PRIOR INSURANCE INFORMATION</b>	<b>Has any policy been cancelled or non-renewed in the past 5 years? No</b>	Check the box (if applicable): Indicates a 'No' response to the question, "Has any policy been cancelled or non-renewed in the past mandated number of years?".
<b>ADDITIONAL INTEREST PROPERTY</b>	<b>Premises Number One</b>	Enter number: The producer assigned number of the location which has an additional interest.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL INTEREST PROPERTY	Building Number One	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTEREST PROPERTY	Name and Address One	Enter text: The additional interest's full name.
ADDITIONAL INTEREST PROPERTY		Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST PROPERTY		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST PROPERTY		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST PROPERTY		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST PROPERTY		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST PROPERTY	Interest One	Enter text: The description of the type of interest in the item.
ADDITIONAL INTEREST PROPERTY	Evidence: Certificate One	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance,
ADDITIONAL INTEREST PROPERTY	Policy One	Check the box (if applicable): Indicates the additional interest requires a copy of the policy.
ADDITIONAL INTEREST PROPERTY	Other checkbox One	Check the box (if applicable): Indicates the additional interest requires evidence other than those types listed.
ADDITIONAL INTEREST PROPERTY	Other Description One	Enter text: The description of the type of evidence required by the additional insured.
ADDITIONAL INTEREST PROPERTY	Send Bill One	Check the box (if applicable): Indicates the bill should be sent to the additional interest.
ADDITIONAL INTEREST PROPERTY	Building Number Two	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTEREST PROPERTY	Name and Address Two	Enter text: The additional interest's full name.
ADDITIONAL INTEREST PROPERTY		Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST PROPERTY		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST PROPERTY		Enter text: The additional interest's mailing address city name.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL INTEREST PROPERTY		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST PROPERTY		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST PROPERTY	Interest Two	Enter text: The description of the type of interest in the item.
ADDITIONAL INTEREST PROPERTY	Evidence: Certificate Two	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance,
ADDITIONAL INTEREST PROPERTY	Policy Two	Check the box (if applicable): Indicates the additional interest requires a copy of the policy.
ADDITIONAL INTEREST PROPERTY	Other checkbox Two	Check the box (if applicable): Indicates the additional interest requires evidence other than those types listed.
ADDITIONAL INTEREST PROPERTY	Other Description Two	Enter text: The description of the type of evidence required by the additional insured.
ADDITIONAL INTEREST PROPERTY	Send Bill Two	Check the box (if applicable): Indicates the bill should be sent to the additional interest.
ADDITIONAL INTEREST PROPERTY	Additional Insured	Check the box (if applicable): Indicates the additional interest type is an additional insured.
ADDITIONAL INTEREST PROPERTY	Loss Payee	Check the box (if applicable): Indicates the additional interest type is a loss payee.
ADDITIONAL INTEREST PROPERTY	Mortgagee	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
ADDITIONAL INTEREST PROPERTY	Lienholder	Check the box (if applicable): Indicates the additional interest type is a lien holder.
ADDITIONAL INTEREST PROPERTY	Employee As Lessor	Check the box (if applicable): Indicates the additional interest type is an employee as lessor.
ADDITIONAL INTEREST PROPERTY	Other	Check the box (if applicable): Indicates the additional interest is not any of the types listed on the form.
ADDITIONAL INTEREST PROPERTY	Other Description	Enter text: The description of the type of interest in the item.
ADDITIONAL INTEREST LIABILITY	Rank	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST LIABILITY	Name and Address	Enter text: The additional interest's full name.
ADDITIONAL INTEREST LIABILITY		Enter text: The additional interest's mailing address line one.

Section Name	Field Name	Field and/or Section Description
ADDITIONAL INTEREST LIABILITY		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST LIABILITY		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST LIABILITY		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST LIABILITY		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST LIABILITY	Reference Number	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST LIABILITY	Certificate Required	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance,
ADDITIONAL INTEREST LIABILITY	Interest in Item Number: Location	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTEREST LIABILITY	Building	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTEREST LIABILITY	Vehicle	Enter number: The producer assigned number of the vehicle which has an additional interest.
ADDITIONAL INTEREST LIABILITY	Boat	Enter number: The producer assigned number of the boat which has an additional interest.
ADDITIONAL INTEREST LIABILITY	Scheduled Item Number	Enter number: The producer assigned number of the scheduled item which has an additional interest.
ADDITIONAL INTEREST LIABILITY	Other	Enter text: The description of the item which has an additional interest.
ADDITIONAL INTEREST LIABILITY	Item Description	Enter text: The description of the item of interest if needed to further clarify. For a vehicle, list the make, model and VIN number. For a scheduled item, list the description, such as three carat diamond in six point setting.
PROPERTY COVERAGE	Location #	Enter number: The producer assigned number of the location.
PROPERTY COVERAGE	Fire District Name	Enter text: The property's fire district name.
PROPERTY COVERAGE	Distance to Hydrant	Enter number: The distance in feet from the nearest hydrant that supports the protection class used.
PROPERTY COVERAGE	Distance to Fire Station	Enter number: The distance in miles from the nearest fire station that supports the protection class used.
PROPERTY COVERAGE	Principal Dwelling Bldg Type	Enter text: The type of structure (e.g. animal shelter, grain bin, silo, etc.).

Section Name	Field Name	Field and/or Section Description
PROPERTY COVERAGE	Principal Dwelling Construction	Enter code: The primary construction type of the premises. Common construction classifications are: * Frame * Joisted Masonry * Non-Combustible * Masonry Non-Combustible * Modified Fire Resistive * Fire Resistive
PROPERTY COVERAGE	Principal Dwelling Type of Heat	Enter text: The description of the type of fuel used by the heating unit.
PROPERTY COVERAGE	Principal Dwelling Age of Bldg	Enter number: The age of the building in years.
PROPERTY COVERAGE	Principal Dwelling Age of Roof	Enter number: The age of the roof in years.
PROPERTY COVERAGE	Principal Dwelling Square Feet	Enter number: The number of square feet of the building or area occupied at this location for which insurance is being requested.
PROPERTY COVERAGE	Principal Dwelling RC/ACV	Enter code: Indicate the method which will be used to determine the amount paid on a claim. Valuation methods are:  ACV ..... Actual Cash Value RC.....Replacement Cost AA ..... Agreed Amount MV ..... Market Value
PROPERTY COVERAGE	Principal Dwelling Coinsurance %	Enter percentage: The Coinsurance Percentage is the percentage of the total value of the subject of insurance being insured. If the amount of insurance falls below this percentage, the insured must share in the amount of the loss. This field should be completed even when writing agreed amount coverage.
PROPERTY COVERAGE	Principal Dwelling Prot Class	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
PROPERTY COVERAGE	Principal Dwelling Cause of Loss	Enter code: The causes of loss the subject of insurance is to be covered for. Examples: * Basic * Broad * Special excluding theft * Earthquake
PROPERTY COVERAGE	Principal Dwelling Deductible	Enter deductible: The deductible amount that is to apply to this subject of insurance.
PROPERTY COVERAGE	Principal Dwelling Value	Enter amount: The value of the premises or item.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>PROPERTY COVERAGE</b>	<b>Principal Dwelling Limit of Insurance</b>	Enter limit: The maximum amount of coverage provided for this subject of insurance or premium-bearing option.
<b>PROPERTY COVERAGE</b>	<b>Principal Dwelling Premium</b>	Enter amount: The premium amount for this subject of insurance.
<b>PROPERTY COVERAGE</b>	<b>Household PP Bldg Type</b>	Enter text: The type of structure (e.g. animal shelter, grain bin, silo, etc.).
<b>PROPERTY COVERAGE</b>	<b>Household PP RC/ACV</b>	Enter code: Indicate the method which will be used to determine the amount paid on a claim. Valuation methods are:  ACV ..... Actual Cash Value RC ..... Replacement Cost AA ..... Agreed Amount MV ..... Market Value
<b>PROPERTY COVERAGE</b>	<b>Household PP Coinsurance %</b>	Enter percentage: The Coinsurance Percentage is the percentage of the total value of the subject of insurance being insured. If the amount of insurance falls below this percentage, the insured must share in the amount of the loss. This field should be completed even when writing agreed amount coverage.
<b>PROPERTY COVERAGE</b>	<b>Household PP Prot Class</b>	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
<b>PROPERTY COVERAGE</b>	<b>Household PP Cause of Loss</b>	Enter code: The causes of loss the subject of insurance is to be covered for. Examples: * Basic * Broad * Special excluding theft * Earthquake
<b>PROPERTY COVERAGE</b>	<b>Household PP Deductible</b>	Enter deductible: The deductible amount that is to apply to this subject of insurance.
<b>PROPERTY COVERAGE</b>	<b>Household PP Value</b>	Enter amount: The value of the premises or item.
<b>PROPERTY COVERAGE</b>	<b>Household PP Limit of Insurance</b>	Enter limit: The maximum amount of coverage provided for this subject of insurance or premium-bearing option.
<b>PROPERTY COVERAGE</b>	<b>Household PP Premium</b>	Enter amount: The premium amount for this subject of insurance.
<b>PROPERTY COVERAGE</b>	<b>Other Dwelling Bldg Type</b>	Enter text: The type of structure (e.g. animal shelter, grain bin, silo, etc.).

Section Name	Field Name	Field and/or Section Description
PROPERTY COVERAGE	Other Dwelling Construction	Enter code: The primary construction type of the premises. Common construction classifications are: * Frame * Joisted Masonry * Non-Combustible * Masonry Non-Combustible * Modified Fire Resistive * Fire Resistive
PROPERTY COVERAGE	Other Dwelling Type of Heat	Enter text: The description of the type of fuel used by the heating unit.
PROPERTY COVERAGE	Other Dwelling Age of Bldg	Enter number: The age of the building in years.
PROPERTY COVERAGE	Other Dwelling Age of Roof	Enter number: The age of the roof in years.
PROPERTY COVERAGE	Other Dwelling Square Feet	Enter number: The number of square feet of the building or area occupied at this location for which insurance is being requested.
PROPERTY COVERAGE	Other Dwelling RC/ACV	Enter code: Indicate the method which will be used to determine the amount paid on a claim. Valuation methods are:  ACV ..... Actual Cash Value RC.....Replacement Cost AA ..... Agreed Amount MV ..... Market Value
PROPERTY COVERAGE	Other Dwelling Coinsurance %	Enter percentage: The Coinsurance Percentage is the percentage of the total value of the subject of insurance being insured. If the amount of insurance falls below this percentage, the insured must share in the amount of the loss. This field should be completed even when writing agreed amount coverage.
PROPERTY COVERAGE	Other Dwelling Prot Class	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
PROPERTY COVERAGE	Other Dwelling Cause of Loss	Enter code: The causes of loss the subject of insurance is to be covered for. Examples: * Basic * Broad * Special excluding theft * Earthquake
PROPERTY COVERAGE	Other Dwelling Deductible	Enter deductible: The deductible amount that is to apply to this subject of insurance.
PROPERTY COVERAGE	Other Dwelling Value	Enter amount: The value of the premises or item.

Section Name	Field Name	Field and/or Section Description
PROPERTY COVERAGE	Other Dwelling Limit of Insurance	Enter limit: The maximum amount of coverage provided for this subject of insurance or premium-bearing option.
PROPERTY COVERAGE	Other Dwelling Premium	Enter amount: The premium amount for this subject of insurance.
PROPERTY COVERAGE	Household PP Bldg Type	Enter text: The type of structure (e.g. animal shelter, grain bin, silo, etc.).
PROPERTY COVERAGE	Household PP RC/ACV	Enter code: Indicate the method which will be used to determine the amount paid on a claim. Valuation methods are:  ACV ..... Actual Cash Value RC ..... Replacement Cost AA ..... Agreed Amount MV ..... Market Value
PROPERTY COVERAGE	Household PP Coinsurance %	Enter percentage: The Coinsurance Percentage is the percentage of the total value of the subject of insurance being insured. If the amount of insurance falls below this percentage, the insured must share in the amount of the loss. This field should be completed even when writing agreed amount coverage.
PROPERTY COVERAGE	Household PP Prot Class	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
PROPERTY COVERAGE	Household PP Cause of Loss	Enter code: The causes of loss the subject of insurance is to be covered for. Examples: * Basic * Broad * Special excluding theft * Earthquake
PROPERTY COVERAGE	Household PP Deductible	Enter deductible: The deductible amount that is to apply to this subject of insurance.
PROPERTY COVERAGE	Household PP Value	Enter amount: The value of the premises or item.
PROPERTY COVERAGE	Household PP Limit of Insurance	Enter limit: The maximum amount of coverage provided for this subject of insurance or premium-bearing option.
PROPERTY COVERAGE	Household PP Premium	Enter amount: The premium amount for this subject of insurance.
PROPERTY COVERAGE	Snowmobiles Bldg Type	Enter text: The type of structure (e.g. animal shelter, grain bin, silo, etc.).

Section Name	Field Name	Field and/or Section Description
PROPERTY COVERAGE	Snowmobiles RC/ACV	Enter code: Indicate the method which will be used to determine the amount paid on a claim. Valuation methods are:  ACV ..... Actual Cash Value RC.....Replacement Cost AA ..... Agreed Amount MV ..... Market Value
PROPERTY COVERAGE	Snowmobiles Coinsurance %	Enter percentage: The Coinsurance Percentage is the percentage of the total value of the subject of insurance being insured. If the amount of insurance falls below this percentage, the insured must share in the amount of the loss. This field should be completed even when writing agreed amount coverage.
PROPERTY COVERAGE	Snowmobiles Prot Class	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
PROPERTY COVERAGE	Snowmobiles Cause of Loss	Enter code: The causes of loss the subject of insurance is to be covered for. Examples: * Basic * Broad * Special excluding theft * Earthquake
PROPERTY COVERAGE	Snowmobiles Deductible	Enter deductible: The deductible amount that is to apply to this subject of insurance.
PROPERTY COVERAGE	Snowmobiles Value	Enter amount: The value of the premises or item.
PROPERTY COVERAGE	Snowmobiles Limit of Insurance	Enter limit: The maximum amount of coverage provided for this subject of insurance or premium-bearing option.
PROPERTY COVERAGE	Snowmobiles Premium	Enter amount: The premium amount for this subject of insurance.
PROPERTY COVERAGE	Other One	Enter code: The code designating the subject of insurance or premium bearing option.
PROPERTY COVERAGE	Other Bldg Type One	Enter text: The type of structure (e.g. animal shelter, grain bin, silo, etc.).
PROPERTY COVERAGE	Other Construction One	Enter code: The primary construction type of the premises. Common construction classifications are: * Frame * Joisted Masonry * Non-Combustible * Masonry Non-Combustible * Modified Fire Resistive * Fire Resistive

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
PROPERTY COVERAGE	Other Type of Heat One	Enter text: The description of the type of fuel used by the heating unit.
PROPERTY COVERAGE	Other Age of Bldg One	Enter number: The age of the building in years.
PROPERTY COVERAGE	Other Age of Roof One	Enter number: The age of the roof in years.
PROPERTY COVERAGE	Other Square Feet One	Enter number: The number of square feet of the building or area occupied at this location for which insurance is being requested.
PROPERTY COVERAGE	Other RC/ACV One	Enter code: Indicate the method which will be used to determine the amount paid on a claim. Valuation methods are:  ACV ..... Actual Cash Value RC ..... Replacement Cost AA ..... Agreed Amount MV ..... Market Value
PROPERTY COVERAGE	Other Coinsurance % One	Enter percentage: The Coinsurance Percentage is the percentage of the total value of the subject of insurance being insured. If the amount of insurance falls below this percentage, the insured must share in the amount of the loss. This field should be completed even when writing agreed amount coverage.
PROPERTY COVERAGE	Other Prot Class One	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
PROPERTY COVERAGE	Other Cause of Loss One	Enter code: The causes of loss the subject of insurance is to be covered for. Examples: * Basic * Broad * Special excluding theft * Earthquake
PROPERTY COVERAGE	Other Deductible One	Enter deductible: The deductible amount that is to apply to this subject of insurance.
PROPERTY COVERAGE	Other Value One	Enter amount: The value of the premises or item.
PROPERTY COVERAGE	Other Limit of Insurance One	Enter limit: The maximum amount of coverage provided for this subject of insurance or premium-bearing option.
PROPERTY COVERAGE	Other Premium One	Enter amount: The premium amount for this subject of insurance.
PROPERTY COVERAGE	Other Two	Enter code: The code designating the subject of insurance or premium bearing option.
PROPERTY COVERAGE	Other Bldg Type Two	Enter text: The type of structure (e.g. animal shelter, grain bin, silo, etc.).

Section Name	Field Name	Field and/or Section Description
PROPERTY COVERAGE	Other Construction Two	Enter code: The primary construction type of the premises. Common construction classifications are: * Frame * Joisted Masonry * Non-Combustible * Masonry Non-Combustible * Modified Fire Resistive * Fire Resistive
PROPERTY COVERAGE	Other Type of Heat Two	Enter text: The description of the type of fuel used by the heating unit.
PROPERTY COVERAGE	Other Age of Bldg Two	Enter number: The age of the building in years.
PROPERTY COVERAGE	Other Age of Roof Two	Enter number: The age of the roof in years.
PROPERTY COVERAGE	Other Square Feet Two	Enter number: The number of square feet of the building or area occupied at this location for which insurance is being requested.
PROPERTY COVERAGE	Other RC/ACV Two	Enter code: Indicate the method which will be used to determine the amount paid on a claim. Valuation methods are:  ACV ..... Actual Cash Value RC.....Replacement Cost AA ..... Agreed Amount MV ..... Market Value
PROPERTY COVERAGE	Other Coinsurance % Two	Enter percentage: The Coinsurance Percentage is the percentage of the total value of the subject of insurance being insured. If the amount of insurance falls below this percentage, the insured must share in the amount of the loss. This field should be completed even when writing agreed amount coverage.
PROPERTY COVERAGE	Other Prot Class Two	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
PROPERTY COVERAGE	Other Cause of Loss Two	Enter code: The causes of loss the subject of insurance is to be covered for. Examples: * Basic * Broad * Special excluding theft * Earthquake
PROPERTY COVERAGE	Other Deductible Two	Enter deductible: The deductible amount that is to apply to this subject of insurance.
PROPERTY COVERAGE	Other Value Two	Enter amount: The value of the premises or item.

Section Name	Field Name	Field and/or Section Description
PROPERTY COVERAGE	Other Limit of Insurance Two	Enter limit: The maximum amount of coverage provided for this subject of insurance or premium-bearing option.
PROPERTY COVERAGE	Other Premium Two	Enter amount: The premium amount for this subject of insurance.
PROPERTY COVERAGE	Other Three	Enter code: The code designating the subject of insurance or premium bearing option.
PROPERTY COVERAGE	Other Bldg Type Three	Enter text: The type of structure (e.g. animal shelter, grain bin, silo, etc.).
PROPERTY COVERAGE	Other Construction Three	Enter code: The primary construction type of the premises. Common construction classifications are: * Frame * Joisted Masonry * Non-Combustible * Masonry Non-Combustible * Modified Fire Resistive * Fire Resistive
PROPERTY COVERAGE	Other Type of Heat Three	Enter text: The description of the type of fuel used by the heating unit.
PROPERTY COVERAGE	Other Age of Bldg Three	Enter number: The age of the building in years.
PROPERTY COVERAGE	Other Age of Roof Three	Enter number: The age of the roof in years.
PROPERTY COVERAGE	Other Square Feet Three	Enter number: The number of square feet of the building or area occupied at this location for which insurance is being requested.
PROPERTY COVERAGE	Other RC/ACV Three	Enter code: Indicate the method which will be used to determine the amount paid on a claim. Valuation methods are:  ACV . . . . . Actual Cash Value RC. . . . . Replacement Cost AA . . . . . Agreed Amount MV . . . . . Market Value
PROPERTY COVERAGE	Other Coinsurance % Three	Enter percentage: The Coinsurance Percentage is the percentage of the total value of the subject of insurance being insured. If the amount of insurance falls below this percentage, the insured must share in the amount of the loss. This field should be completed even when writing agreed amount coverage.
PROPERTY COVERAGE	Other Prot Class Three	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.

Section Name	Field Name	Field and/or Section Description
PROPERTY COVERAGE	Other Cause of Loss Three	Enter code: The causes of loss the subject of insurance is to be covered for. Examples: * Basic * Broad * Special excluding theft * Earthquake
PROPERTY COVERAGE	Other Deductible Three	Enter deductible: The deductible amount that is to apply to this subject of insurance.
PROPERTY COVERAGE	Other Value Three	Enter amount: The value of the premises or item.
PROPERTY COVERAGE	Other Limit of Insurance Three	Enter limit: The maximum amount of coverage provided for this subject of insurance or premium-bearing option.
PROPERTY COVERAGE	Other Premium Three	Enter amount: The premium amount for this subject of insurance.
PROPERTY COVERAGE	Other Four	Enter code: The code designating the subject of insurance or premium bearing option.
PROPERTY COVERAGE	Other Bldg Type Four	Enter text: The type of structure (e.g. animal shelter, grain bin, silo, etc.).
PROPERTY COVERAGE	Other Construction Four	Enter code: The primary construction type of the premises. Common construction classifications are: * Frame * Joisted Masonry * Non-Combustible * Masonry Non-Combustible * Modified Fire Resistive * Fire Resistive
PROPERTY COVERAGE	Other Type of Heat Four	Enter text: The description of the type of fuel used by the heating unit.
PROPERTY COVERAGE	Other Age of Bldg Four	Enter number: The age of the building in years.
PROPERTY COVERAGE	Other Age of Roof Four	Enter number: The age of the roof in years.
PROPERTY COVERAGE	Other Square Feet Four	Enter number: The number of square feet of the building or area occupied at this location for which insurance is being requested.
PROPERTY COVERAGE	Other RC/ACV Four	Enter code: Indicate the method which will be used to determine the amount paid on a claim. Valuation methods are:  ACV ..... Actual Cash Value RC..... Replacement Cost AA ..... Agreed Amount MV ..... Market Value

Section Name	Field Name	Field and/or Section Description
PROPERTY COVERAGE	Other Coinsurance % Four	Enter percentage: The Coinsurance Percentage is the percentage of the total value of the subject of insurance being insured. If the amount of insurance falls below this percentage, the insured must share in the amount of the loss. This field should be completed even when writing agreed amount coverage.
PROPERTY COVERAGE	Other Prot Class Four	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
PROPERTY COVERAGE	Other Cause of Loss Four	Enter code: The causes of loss the subject of insurance is to be covered for. Examples: <ul style="list-style-type: none"> <li>* Basic</li> <li>* Broad</li> <li>* Special excluding theft</li> <li>* Earthquake</li> </ul>
PROPERTY COVERAGE	Other Deductible Four	Enter deductible: The deductible amount that is to apply to this subject of insurance.
PROPERTY COVERAGE	Other Value Four	Enter amount: The value of the premises or item.
PROPERTY COVERAGE	Other Limit of Insurance Four	Enter limit: The maximum amount of coverage provided for this subject of insurance or premium-bearing option.
PROPERTY COVERAGE	Other Premium Four	Enter amount: The premium amount for this subject of insurance.
PROPERTY COVERAGE	Additional Coverages, Restrictions, Endorsements and Rating Information	Enter text: The remarks associated with a specific location or sublocation.
LIABILITY COVERAGE	Bodily Injury and Property Damage Liability: Each Occurrence Amount	Enter limit: The each occurrence limit amount for bodily injury and property damage coverage.
LIABILITY COVERAGE	General Aggregate Limit	Enter limit: The general aggregate limit amount for bodily injury and property damage coverage.
LIABILITY COVERAGE	Personal and Advertising Injury Liability	Enter limit: The each occurrence limit amount for personal and advertising injury coverage.
LIABILITY COVERAGE	General Aggregate Limit	Enter limit: The general aggregate limit amount for personal and advertising injury coverage.
LIABILITY COVERAGE	Medical Payments	Enter limit: The each person limit amount for medical payments coverage.
LIABILITY COVERAGE	General Aggregate Limit	Enter limit: The each occurrence limit amount for medical payments coverage.
LIABILITY COVERAGE	Property Damage Liability Fire Damage Limit	Enter limit: The any one fire limit amount for fire damage coverage.
LIABILITY COVERAGE	Additional Coverage- Damage to Property of Others	Enter limit: The limit amount for damage to property of others coverage.

Section Name	Field Name	Field and/or Section Description
LIABILITY COVERAGE	AAIS Personal Liability Coverage Name of Insured (s)	Enter text: The additional interest's full name. As used here, this is a named insured covered by personal liability coverage.
LIABILITY COVERAGE		Enter text: The additional interest's full name. As used here, this is a named insured covered by personal liability coverage.
LIABILITY COVERAGE	Other Coverage	Enter code: The code for the coverage.
LIABILITY COVERAGE		Enter text: The description of the coverage.
LIABILITY COVERAGE	Amount	Enter limit: The limit amount for the coverage.
LIABILITY COVERAGE	Other Coverage	Enter code: The code for the coverage.
LIABILITY COVERAGE		Enter text: The description of the coverage.
LIABILITY COVERAGE	Amount	Enter limit: The limit amount for the coverage.
LIABILITY COVERAGE	Commercial General Liability Yes	Check the box (if applicable): Indicates commercial general liability coverage is requested.
LIABILITY COVERAGE	Commercial General Liability No	Check the box (if applicable): Indicates commercial general liability coverage is not requested.
LIABILITY COVERAGE	Farm Personal Liability Yes	Check the box (if applicable): Indicates farm personal liability coverage is requested.
LIABILITY COVERAGE	Farm Personal Liability No	Check the box (if applicable): Indicates farm personal liability coverage is not requested.
LIABILITY COVERAGE	Farm Commercial Liability AAIS Yes	Check the box (if applicable): Indicates farm commercial liability coverage is requested.
LIABILITY COVERAGE	Farm Commercial Liability AAIS No	Check the box (if applicable): Indicates farm commercial liability coverage is not requested.
LIABILITY COVERAGE	Initial Farm Premises Code	Enter code: The code for the coverage.
LIABILITY COVERAGE	Not More Than _ Acres	Enter number: The maximum number of acres for the initial farm premises coverage.
LIABILITY COVERAGE	Coverage	Enter text: The description of any other information required by the insurer for the coverage.
LIABILITY COVERAGE	Incr Limits Factor	Enter percentage: The increased limits factor for the coverage.
LIABILITY COVERAGE	Basis/Rate	Enter code: The premium basis code for the initial farm premises.
LIABILITY COVERAGE		Enter rate: The rate for the initial farm premises.
LIABILITY COVERAGE	Premium	Enter amount: The premium amount for the initial farm premises.
LIABILITY COVERAGE	Code	Enter code: The code for the coverage.
LIABILITY COVERAGE	Loc #	Enter identifier: The producer assigned location identifier for the additional farm premises maintained by the named insured.
LIABILITY COVERAGE	Coverage	Enter text: The description of any other information required by the insurer for the coverage.
LIABILITY COVERAGE	Incr Limits Factor	Enter percentage: The increased limits factor for the coverage.
LIABILITY COVERAGE	Basis/Rate	Enter code: The premium basis code for the initial farm premises.

Section Name	Field Name	Field and/or Section Description
LIABILITY COVERAGE		Enter rate: The rate for the initial farm premises.
LIABILITY COVERAGE	Premium	Enter amount: The premium amount for the initial farm premises.
LIABILITY COVERAGE	Additional Farm Premises Maintained by Named Insured: Code	Enter code: The code for the coverage.
LIABILITY COVERAGE	Seasonal	Check the box (if applicable): Indicates the additional non-farm premises occupied by the insured is seasonal.
LIABILITY COVERAGE	Permanent	Check the box (if applicable): Indicates if the additional non-farm premises occupied by the insured is permanent.
LIABILITY COVERAGE	Loc #	Enter identifier: The producer assigned location identifier for the additional non-farm premises occupied by the insured.
LIABILITY COVERAGE	Coverage	Enter text: The description of any other information required by the insurer for the coverage.
LIABILITY COVERAGE	Incr Limits Factor	Enter percentage: The increased limits factor for the coverage.
LIABILITY COVERAGE	Basis/Rate	Enter code: The premium basis code for additional non-farm premises occupied by the insured.
LIABILITY COVERAGE		Enter rate: The rate for additional non-farm premises occupied by the insured.
LIABILITY COVERAGE	Premium	Enter amount: The premium amount for additional non-farm premises occupied by the insured.
LIABILITY COVERAGE	Additional Residence Rented To Others Code	Enter code: The code for the coverage.
LIABILITY COVERAGE	Number of Families	Enter number: The number of families in the additional residence rented to others.
LIABILITY COVERAGE	Loc #	Enter identifier: The producer assigned location identifier for the additional residence rented to others.
LIABILITY COVERAGE	Coverage	Enter text: The description of any other information required by the insurer for the coverage.
LIABILITY COVERAGE	Incr Limits Factor	Enter percentage: The increased limits factor for the coverage.
LIABILITY COVERAGE	Basis/Rate	Enter code: The premium basis code for the additional residence rented to others.
LIABILITY COVERAGE		Enter rate: The rate for the additional residence rented to others.
LIABILITY COVERAGE	Premium	Enter amount: The premium amount for additional residence rented to others.
LIABILITY COVERAGE	Custom Farming Receipts (Rate Per \$1,000)	Enter code: The code for the coverage.
LIABILITY COVERAGE	Receipts Amount	Enter amount: The receipts amount for custom farming.
LIABILITY COVERAGE	Coverage	Enter text: The description of any other information required by the insurer for the coverage.
LIABILITY COVERAGE	Incr Limits Factor	Enter percentage: The increased limits factor for the coverage.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
LIABILITY COVERAGE	Basis/Rate	Enter code: The premium basis code for custom farming.
LIABILITY COVERAGE		Enter rate: The rate for custom farming.
LIABILITY COVERAGE	Premium	Enter amount: The premium amount for custom farming.
LIABILITY COVERAGE	Code	Enter code: The code for the coverage.
LIABILITY COVERAGE	Sales	Enter amount: The receipts amount for the incidental business activity.
LIABILITY COVERAGE	Coverage	Enter text: The description of any other information required by the insurer for the coverage.
LIABILITY COVERAGE	Incr Limits Factor	Enter percentage: The increased limits factor for the coverage.
LIABILITY COVERAGE	Basis/Rate	Enter code: The premium basis code for the incidental business activity.
LIABILITY COVERAGE		Enter rate: The rate for the incidental business activity.
LIABILITY COVERAGE	Premium	Enter amount: The premium amount for the incidental business activity.
LIABILITY COVERAGE	Code	Enter code: The code for the coverage.
LIABILITY COVERAGE	Incr Limits Factor 1-3 Persons	Enter percentage: The increased limits factor for the coverage. As used here, this is for a day care with 1 to 3 persons.
LIABILITY COVERAGE	Basis/Rate 1-3 Persons	Enter code: The premium basis code for day care coverage. As used here, this is for a day care with 1 to 3 persons.
LIABILITY COVERAGE		Enter rate: The rate for day care coverage. As used here, this is for a day care with 1 to 3 persons.
LIABILITY COVERAGE	Premium 1-3 Persons	Enter amount: The premium amount for day care coverage. As used here, this is for a day care with 1 to 6 persons.
LIABILITY COVERAGE	Incr Limits Factor 1-6 Persons	Enter percentage: The increased limits factor for the coverage. As used here, this is for a day care with 1 to 3 persons.
LIABILITY COVERAGE	Basis/Rate 1-6 Persons	Enter code: The premium basis code for day care coverage. As used here, this is for a day care with 1 to 3 persons.
LIABILITY COVERAGE		Enter rate: The rate for day care coverage. As used here, this is for a day care with 1 to 3 persons.
LIABILITY COVERAGE	Premium 1-6 Persons	Enter amount: The premium amount for day care coverage. As used here, this is for a day care with 1 to 3 persons.
LIABILITY COVERAGE	Limited Farm Pollution Liability (Refer To Company): Code	Enter code: The code for the coverage.
LIABILITY COVERAGE	Incr Limits Factor	Enter percentage: The increased limits factor for the coverage.
LIABILITY COVERAGE	Basis/Rate	Enter code: The premium basis code for limited farm pollution liability.
LIABILITY COVERAGE		Enter rate: The rate for limited farm pollution liability.
LIABILITY COVERAGE	Premium	Enter amount: The premium amount for limited farm pollution liability.

Section Name	Field Name	Field and/or Section Description
LIABILITY COVERAGE	Contingent Liability For Crop Dusting By Independent Aircraft (Rate Per \$1,000 Cost): Code	Enter code: The code for the coverage.
LIABILITY COVERAGE	Cost	Enter amount: The cost for contingent liability for crop dusting by independent aircraft.
LIABILITY COVERAGE	Limit	Enter limit: The limit amount for contingent liability for crop dusting by independent aircraft.
LIABILITY COVERAGE	Incr Limits Factor	Enter percentage: The increased limits factor for the coverage.
LIABILITY COVERAGE	Basis/Rate	Enter code: The premium basis code for contingent liability for crop dusting by independent aircraft.
LIABILITY COVERAGE		Enter rate: The rate for contingent liability for crop dusting by independent aircraft.
LIABILITY COVERAGE	Premium	Enter amount: The premium amount for contingent liability for crop dusting by independent aircraft.
LIABILITY COVERAGE	Code	Enter code: The code for the coverage.
LIABILITY COVERAGE	Inservant	Check the box (if applicable): Indicates coverage is requested for inservants.
LIABILITY COVERAGE	Outservant	Check the box (if applicable): Indicates coverage is requested for outservants.
LIABILITY COVERAGE	# of Residential Employees	Enter number: The number of residential employees for domestic workers compensation coverage.
LIABILITY COVERAGE	Incr Limits Factor	Enter percentage: The increased limits factor for the coverage.
LIABILITY COVERAGE	Basis/Rate	Enter code: The premium basis code for domestic workers compensation coverage.
LIABILITY COVERAGE		Enter rate: The rate for domestic workers compensation coverage.
LIABILITY COVERAGE	Premium	Enter amount: The premium amount for domestic workers compensation coverage.
LIABILITY COVERAGE	Animal Collision: Code	Enter code: The code for the coverage.
LIABILITY COVERAGE	Limit per Head	Enter limit: The per head limit for animal collision coverage.
LIABILITY COVERAGE	# of Head	Enter number: The head count for animal collision coverage.
LIABILITY COVERAGE	Incr Limits Factor	Enter percentage: The increased limits factor for the coverage.
LIABILITY COVERAGE	Basis/Rate	Enter code: The premium basis code for animal collision coverage.
LIABILITY COVERAGE		Enter rate: The rate for animal collision coverage.
LIABILITY COVERAGE	Premium	Enter amount: The premium amount for animal collision coverage.
LIABILITY COVERAGE	Employers Liability Code	Enter code: The code for the coverage.
LIABILITY COVERAGE	# Full Time Employees	Enter number: The number of full time employees for employers liability coverage.
LIABILITY COVERAGE	# Part Time Employees	Enter number: The number of part time employees for employers liability coverage.
LIABILITY COVERAGE	Total Payroll	Enter amount: The total payroll amount for employers liability coverage.
LIABILITY COVERAGE	Incr Limits Factor	Enter percentage: The increased limits factor for the coverage.
LIABILITY COVERAGE	Basis/Rate	Enter code: The premium basis code for employers liability coverage.
LIABILITY COVERAGE		Enter rate: The rate for employers liability coverage.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
LIABILITY COVERAGE	Premium	Enter amount: The premium amount for employers liability coverage.
LIABILITY COVERAGE	Code	Enter code: The code for the coverage.
LIABILITY COVERAGE	Blank Field	Enter text: The description of the coverage.
LIABILITY COVERAGE	Incr Limits Factor	Enter percentage: The increased limits factor for the coverage.
LIABILITY COVERAGE	Basis/Rate	Enter code: The premium basis code for the coverage.
LIABILITY COVERAGE		Enter rate: The rate for the coverage.
LIABILITY COVERAGE	Premium	Enter amount: The premium amount for the coverage.
LIABILITY COVERAGE	Code	Enter code: The code for the coverage.
LIABILITY COVERAGE	Blank Field	Enter text: The description of the coverage.
LIABILITY COVERAGE	Incr Limits Factor	Enter percentage: The increased limits factor for the coverage.
LIABILITY COVERAGE	Basis/Rate	Enter code: The premium basis code for the coverage.
LIABILITY COVERAGE		Enter rate: The rate for the coverage.
LIABILITY COVERAGE	Premium	Enter amount: The premium amount for the coverage.
LIABILITY COVERAGE	Code	Enter code: The code for the coverage.
LIABILITY COVERAGE	Blank Field	Enter text: The description of the coverage.
LIABILITY COVERAGE	Incr Limits Factor	Enter percentage: The increased limits factor for the coverage.
LIABILITY COVERAGE	Basis/Rate	Enter code: The premium basis code for the coverage.
LIABILITY COVERAGE		Enter rate: The rate for the coverage.
LIABILITY COVERAGE	Premium	Enter amount: The premium amount for the coverage.
LIABILITY COVERAGE	Code	Enter code: The code for the coverage.
LIABILITY COVERAGE	Blank Field	Enter text: The description of the coverage.
LIABILITY COVERAGE	Incr Limits Factor	Enter percentage: The increased limits factor for the coverage.
LIABILITY COVERAGE	Basis/Rate	Enter code: The premium basis code for the coverage.
LIABILITY COVERAGE		Enter rate: The rate for the coverage.
LIABILITY COVERAGE	Premium	Enter amount: The premium amount for the coverage.
LIABILITY COVERAGE	Code	Enter code: The code for the coverage.
LIABILITY COVERAGE	Blank Field	Enter text: The description of the coverage.
LIABILITY COVERAGE	Incr Limits Factor	Enter percentage: The increased limits factor for the coverage.
LIABILITY COVERAGE	Basis/Rate	Enter code: The premium basis code for the coverage.
LIABILITY COVERAGE		Enter rate: The rate for the coverage.

Section Name	Field Name	Field and/or Section Description
<b>LIABILITY COVERAGE</b>	<b>Premium</b>	Enter amount: The premium amount for the coverage.
<b>GENERAL INFORMATION</b>	<b>Is there is a year-round water source available for fire protection? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Is there a year-round water supply usable for fire protection?",
<b>GENERAL INFORMATION</b>	<b>Is there is a year-round water source available for fire protection? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Is there a year-round water supply usable for fire protection?",
<b>GENERAL INFORMATION</b>	<b>Source: Well</b>	Check the box (if applicable): Indicates the source of water is a well.
<b>GENERAL INFORMATION</b>	<b>Pond/Lake</b>	Check the box (if applicable): Indicates the source of water is a pond or lake.
<b>GENERAL INFORMATION</b>	<b>Hydrant Within 1000 Ft</b>	Check the box (if applicable): Indicates the source of water is a fire hydrant within 1,000 feet.
<b>GENERAL INFORMATION</b>	<b>Other checkbox</b>	Check the box (if applicable): Indicates the source of water is other than those listed.
<b>GENERAL INFORMATION</b>	<b>Other Description</b>	Enter text: The source of water for fire protection.
<b>GENERAL INFORMATION</b>	<b>Quantity: Less Than 1000 Gallons</b>	Check the box (if applicable): Indicates the quantity of the water supply for fire protection is under 1,000 gallons.
<b>GENERAL INFORMATION</b>	<b>1000 - 3000 Gallons</b>	Check the box (if applicable): Indicates the quantity of the water supply for fire protection is 1,000 - 3,000 gallons.
<b>GENERAL INFORMATION</b>	<b>Over 3000 Gallons</b>	Check the box (if applicable): Indicates the quantity of the water supply for fire protection is over 3,000 gallons.
<b>GENERAL INFORMATION</b>	<b>Are any wood or coal fired stoves are used in any buildings? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Are any wood or coal fired stoves used?".
<b>GENERAL INFORMATION</b>	<b>Are any wood or coal fired stoves are used in any buildings? NO</b>	Check the box (if applicable): Indicates a "No" response to the question, "Are any wood or coal fired stoves used?".
<b>GENERAL INFORMATION</b>	<b>Explain if Yes</b>	Enter text: An explanation as to whether the applicant uses any wood or coal fired stoves on the premises.
<b>GENERAL INFORMATION</b>	<b>Are there are any burglary and/or fire alarms on the premises? Yes This question cannot be asked in Missouri.</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Are there any burglar and / or fire alarms?".
<b>GENERAL INFORMATION</b>	<b>Are there are any burglary and/or fire alarms on the premises? No This question cannot be asked in Missouri.</b>	Check the box (if applicable): Indicates a "No" response to the question, "Are there any burglar and / or fire alarms?".

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>GENERAL INFORMATION</b>	<b>If Yes Type of Alarm</b>	Enter text: The description of the type of alarm.
<b>GENERAL INFORMATION</b>	<b>Diagram #</b>	Enter identifier: The producer assigned identifier for the diagram of the location.
<b>GENERAL INFORMATION</b>	<b>Does applicant perform maintenance on equipment? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Does applicant perform maintenance on equipment?".
<b>GENERAL INFORMATION</b>	<b>Does applicant perform maintenance on equipment? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Does applicant perform maintenance on equipment?".
<b>GENERAL INFORMATION</b>	<b>If no, please indicate type of repairs done, where done and by whom</b>	Enter text: An explanation as to whether the applicant performs any maintenance of equipment on the premises.
<b>GENERAL INFORMATION</b>	<b>Is entire premises occupied year round? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Is entire premises occupied year round?".
<b>GENERAL INFORMATION</b>	<b>Is entire premises occupied year round? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Is entire premises occupied year round?".
<b>GENERAL INFORMATION</b>	<b>During the last ten years has any applicant been convicted of any degree of the crime of arson? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "During the last mandated number of year, has any applicant been convicted of any degree of the crime of arson?".
<b>GENERAL INFORMATION</b>	<b>During the last ten years has any applicant been convicted of any degree of the crime of arson? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "During the last mandated number of year, has any applicant been convicted of any degree of the crime of arson?".
<b>GENERAL INFORMATION</b>	<b>Are independent contractors hired to perform any farming operations? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Are independent contractors hired to perform any farming operations?".
<b>GENERAL INFORMATION</b>	<b>Are independent contractors hired to perform any farming operations? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Are independent contractors hired to perform any farming operations?".
<b>GENERAL INFORMATION</b>	<b>Is any part of farm used or leased for organized recreational use? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Any part of farm used or leased for organized recreational use?".
<b>GENERAL INFORMATION</b>	<b>Is any part of farm used or leased for organized recreational use? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Any part of farm used or leased for organized recreational use?".

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>GENERAL INFORMATION</b>	<b>Does applicant build, repair or design machinery equipment or systems for anyone at a charge or fee? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Does applicant build, repair or design machinery, equipment or systems for anyone at a charge or fee?".
<b>GENERAL INFORMATION</b>	<b>Does applicant build, repair or design machinery equipment or systems for anyone at a charge or fee? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Does applicant build, repair or design machinery, equipment or systems for anyone at a charge or fee?".
<b>GENERAL INFORMATION</b>	<b>Does applicant mix, process, slaughter, butcher or otherwise prepare for any "end consumer" his or any other grower's product? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Does applicant mix, process, slaughter, butcher or otherwise prepare for any "end consumer" his or any other grower's product?".
<b>GENERAL INFORMATION</b>	<b>Does applicant mix, process, slaughter, butcher or otherwise prepare for any "end consumer" his or any other grower's product? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Does applicant mix, process, slaughter, butcher or otherwise prepare for any "end consumer" his or any other grower's product?".
<b>GENERAL INFORMATION</b>	<b>Does applicant handle any product, such as seed, fertilizer, sprays etc for resale? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Does applicant handle any product, such as seed, fertilizer, sprays, etc. for resale?".
<b>GENERAL INFORMATION</b>	<b>Does applicant handle any product, such as seed, fertilizer, sprays etc for resale? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Does applicant handle any product, such as seed, fertilizer, sprays, etc. for resale?".
<b>GENERAL INFORMATION</b>	<b>Are any contract or service operations performed for others, such as snow removal, tilling, excavating or ditching? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Are any contract or service operations performed for others such as snow removal, tilling, excavating, or ditching?".
<b>GENERAL INFORMATION</b>	<b>Are any contract or service operations performed for others, such as snow removal, tilling, excavating or ditching? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Are any contract or service operations performed for others such as snow removal, tilling, excavating, or ditching?".

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>GENERAL INFORMATION</b>	<b>Are the farm premises open to the public for activities such as roadside stands? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Are the farm premises open to the public for activities such as, road side stands, "U-Pick", recreational, "Rent-a-Garden", auction, sales, show, food, or beverage service, hay rides, fishing, kennels, animal boarding, or Christmas tree sales uses?".
<b>GENERAL INFORMATION</b>	<b>Are the farm premises open to the public for activities such as roadside stands? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Are the farm premises open to the public for activities such as, road side stands, "U-Pick", recreational, "Rent-a-Garden", auction, sales, show, food, or beverage service, hay rides, fishing, kennels, animal boarding, or Christmas tree sales uses?".
<b>GENERAL INFORMATION</b>	<b>Are any portions of the farm rented or leased or used by any other individual or corporation or interest for other than farming? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Are any portions of the farm rented or leased or used by any other individual, corporation or interest for other than farming?".
<b>GENERAL INFORMATION</b>	<b>Are any portions of the farm rented or leased or used by any other individual or corporation or interest for other than farming? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Are any portions of the farm rented or leased or used by any other individual, corporation or interest for other than farming?".
<b>GENERAL INFORMATION</b>	<b>Is there any unusual hazard such as open dump pits, silage pits, sump holes, ponds, lakes or reservoirs? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Any unusual hazards such as (but not limited to) dump pits, silage pits, gravel pits, rock quarries, sump holes, ponds, lakes or reservoirs?".
<b>GENERAL INFORMATION</b>	<b>Is there any unusual hazard such as open dump pits, silage pits, sump holes, ponds, lakes or reservoirs? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Any unusual hazards such as (but not limited to) dump pits, silage pits, gravel pits, rock quarries, sump holes, ponds, lakes or reservoirs?".
<b>GENERAL INFORMATION</b>	<b>Is there an airstrip on the premises? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Is there an airstrip on the premises?".
<b>GENERAL INFORMATION</b>	<b>Is there an airstrip on the premises? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Is there an airstrip on the premises?".
<b>GENERAL INFORMATION</b>	<b>Are any "hold harmless" or "indemnifying" agreements in effect? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Are any "Hold Harmless" or "Indemnifying" agreements in effect?".
<b>GENERAL INFORMATION</b>	<b>Are any "hold harmless" or "indemnifying" agreements in effect? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Are any "Hold Harmless" or "Indemnifying" agreements in effect?".

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>GENERAL INFORMATION</b>	<b>If livestock is kept, are all areas adequately fenced and are fences in a good state of repair? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "If livestock is kept, are all areas adequately fenced and are fences in a good state of repair?".
<b>GENERAL INFORMATION</b>	<b>If livestock is kept, are all areas adequately fenced and are fences in a good state of repair? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "If livestock is kept, are all areas adequately fenced and are fences in a good state of repair?".
<b>GENERAL INFORMATION</b>	<b>Open range area</b>	Check the box (if applicable): Indicates the premises is in an open range area.
<b>GENERAL INFORMATION</b>	<b>Closed range area</b>	Check the box (if applicable): Indicates the premises is in a closed range area.
<b>GENERAL INFORMATION</b>	<b>Are the described premises the only premises which the applicant or spouse owns, rents or operates as a farm or ranch, or maintains as a residence, other than business property? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Are the described insured premises the only premises which the applicant or spouse owns, rents or operates as a farm or ranch, or maintains as a residence, other than business property?".
<b>GENERAL INFORMATION</b>	<b>Are the described premises the only premises which the applicant or spouse owns, rents or operates as a farm or ranch, or maintains as a residence, other than business property? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Are the described insured premises the only premises which the applicant or spouse owns, rents or operates as a farm or ranch, or maintains as a residence, other than business property?".
<b>GENERAL INFORMATION</b>	<b>Any non-owned horses on any insured premises? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Any non-owned horses on any insured premises?".
<b>GENERAL INFORMATION</b>	<b>Any non-owned horses on any insured premises? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Any non-owned horses on any insured premises?".
<b>GENERAL INFORMATION</b>	<b>Does insured board, race breed or rent horses? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Does insured own, board, race, breed or rent horses?".
<b>GENERAL INFORMATION</b>	<b>Does insured board, race breed or rent horses? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Does insured own, board, race, breed or rent horses?".
<b>GENERAL INFORMATION</b>	<b>Is any land held for real estate development or speculation? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Is any land held for real estate development or speculation?".

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>GENERAL INFORMATION</b>	<b>Is any land held for real estate development or speculation? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Is any land held for real estate development or speculation?".
<b>GENERAL INFORMATION</b>	<b>Does applicant maintain any vacation or seasonal premises? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Does applicant maintain any vacation or seasonal premises?".
<b>GENERAL INFORMATION</b>	<b>Does applicant maintain any vacation or seasonal premises? No</b>	Check the box (if applicable): Indicates a "No" response to the question, ""Does applicant maintain any vacation or seasonal premises?".
<b>GENERAL INFORMATION</b>	<b>If dairy farm, is there any processing of milk? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "If dairy farm, is there any processing of milk?".
<b>GENERAL INFORMATION</b>	<b>If dairy farm, is there any processing of milk? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "If dairy farm, is there any processing of milk?".
<b>GENERAL INFORMATION</b>	<b>If dairy farm, is there any retail sales of milk products to public? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "If dairy farm, is there any retail sales of milk products to public?".
<b>GENERAL INFORMATION</b>	<b>If dairy farm, is there any retail sales of milk products to public? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "If dairy farm, is there any retail sales of milk products to public?".
<b>GENERAL INFORMATION</b>	<b>Receipts Amount</b>	Enter amount: The total amount of receipts gained from the sale of milk products.
<b>GENERAL INFORMATION</b>	<b>Number of Cows Milked</b>	Enter number: The number of animals milked. As used here, this is the number of cows milked.
<b>GENERAL INFORMATION</b>	<b>Are any premises used for hunting purposes? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Are any premises used for hunting purposes?".
<b>GENERAL INFORMATION</b>	<b>Are any premises used for hunting purposes? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Are any premises used for hunting purposes?".
<b>GENERAL INFORMATION</b>	<b>By Owners</b>	Check the box (if applicable): Indicates the premises is used for hunting by the owners.
<b>GENERAL INFORMATION</b>	<b>No Charge</b>	Check the box (if applicable): Indicates the premises is used for hunting for no charge.
<b>GENERAL INFORMATION</b>	<b>Fee</b>	Check the box (if applicable): Indicates the premises is used for hunting for a fee.
<b>GENERAL INFORMATION</b>	<b>Rented to Others</b>	Check the box (if applicable): Indicates the premises is rented to others for hunting.
<b>GENERAL INFORMATION</b>	<b>Receipts Amount</b>	Enter amount: The receipts amount for hunting on the premises.
<b>GENERAL INFORMATION</b>	<b>Does applicant maintain a non-farm office or private school in an insured building? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Does applicant maintain a non-farm office or private school in an insured building?".

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>GENERAL INFORMATION</b>	<b>Does applicant maintain a non-farm office or private school in an insured building? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Does applicant maintain a non-farm office or private school in an insured building?".
<b>GENERAL INFORMATION</b>	<b>Is there a swimming pool on premises? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Is there a swimming pool on the premises?".
<b>GENERAL INFORMATION</b>	<b>Is there a swimming pool on premises? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Is there a swimming pool on the premises?".
<b>GENERAL INFORMATION</b>	<b>Is it fenced? Yes</b>	Check the box (if applicable): Indicates the swimming pool is surrounded by a fence that is an approved height.
<b>GENERAL INFORMATION</b>	<b>Is it fenced? No</b>	Check the box (if applicable): Indicates the swimming pool is not surrounded by a fence that is an approved height.
<b>GENERAL INFORMATION</b>	<b>Is there a diving board? Yes</b>	Check the box (if applicable): Indicates the swimming pool has a diving board.
<b>GENERAL INFORMATION</b>	<b>Is there a diving board? No</b>	Check the box (if applicable): Indicates the swimming pool does not have a diving board.
<b>GENERAL INFORMATION</b>	<b>Does applicant serve on any boards of remuneration? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Does applicant serve on any boards for remuneration?".
<b>GENERAL INFORMATION</b>	<b>Does applicant serve on any boards of remuneration? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Does applicant serve on any boards for remuneration?".
<b>GENERAL INFORMATION</b>	<b>Is the applicant a subsidiary of another or does the applicant have subsidiary? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Is the applicant a subsidiary of another or does the applicant have subsidiaries?".
<b>GENERAL INFORMATION</b>	<b>Is the applicant a subsidiary of another or does the applicant have subsidiary? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Is the applicant a subsidiary of another or does the applicant have subsidiaries?".
<b>GENERAL INFORMATION</b>	<b>Is a formal safety program in existence? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Is there a formal safety program in existence?".
<b>GENERAL INFORMATION</b>	<b>Is a formal safety program in existence? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Is there a formal safety program in existence?".
<b>GENERAL INFORMATION</b>	<b>Does the applicant have any potentially dangerous animals or exotic pets? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Does applicant have any potentially dangerous animals or exotic pets?".
<b>GENERAL INFORMATION</b>	<b>Does the applicant have any potentially dangerous animals or exotic pets? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Does applicant have any potentially dangerous animals or exotic pets?".
<b>GENERAL INFORMATION</b>	<b>Is there any watercraft snowmobile exposure? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Is there any watercraft or snowmobile exposure?".

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	Is there any watercraft snowmobile exposure? No	Check the box (if applicable): Indicates a "No" response to the question, "Is there any watercraft or snowmobile exposure?".
GENERAL INFORMATION	Are there any elevators on the premises? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are there any elevators on the premises?".
GENERAL INFORMATION	Are there any elevators on the premises? NO	Check the box (if applicable): Indicates a "No" response to the question, "Are there any elevators on the premises?".
REMARKS	Remarks	Enter text: The general remarks associated with the farm policy. Use this section to provide any additional information required for underwriting or rating. Attach additional sheets if more space is required.
ATTACHMENTS	State Supplements	Check the box (if applicable): Indicates a state supplement is attached to the policy.
ATTACHMENTS	Photos	Check the box (if applicable): Indicates a photograph is attached to the policy.
ATTACHMENTS	Bill of Sale	Check the box (if applicable): Indicates a bill of sale is attached to the policy.
ATTACHMENTS	Appraisals	Check the box (if applicable): Indicates an appraisal is attached to the policy.
ATTACHMENTS	Inventories	Check the box (if applicable): Indicates an inventory is attached to the policy.
ATTACHMENTS	Other	Check the box (if applicable): Indicates there are attachments to the policy other than those listed.
ATTACHMENTS	Other Description	Enter text: The description of an attachment to the policy.
ATTACHMENTS	Other	Check the box (if applicable): Indicates there are attachments to the policy other than those listed.
ATTACHMENTS	Other Description	Enter text: The description of an attachment to the policy.
REMARKS	Remarks	Enter text: The general remarks associated with the farm policy. Use this section to provide any additional information required for underwriting or rating. Attach additional sheets if more space is required.
SIGNATURE	Applicant Initials	Initial here: The named insured's initials.
SIGNATURE	Copy of the Notice of Information Practices (checkbox)	Check the box (if applicable): Indicates that a copy of the Notice of Information Practices has been given to the applicant.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
SIGNATURE	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.) by all companies to issue Certificates. This is required in most states.
SIGNATURE	National Producer Number	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.

Section Name	Field Name	Field and/or Section Description
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).