



HUDSON SPECIALTY INSURANCE COMPANY FARMERS PERSONAL LIABILITY APPLICATION

Date: _____

| | |
|--|---|
| Producer's Name, Address and Phone Number _____ _____ _____ _____ CODE _____ POLICY TERM → _____ Inception (Mo, Day, Yr.) Expiration (Mo, Day, Yr.) Years | Applicant's Name and Mailing Address (include county & ZIP) _____ _____ _____ _____ _____ _____ NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> PREV POL #: _____ |
|--|---|

Principal Location #1 is confined to _____ acres in the _____ of Section or Civil District _____ Township _____
 Range _____ about _____ miles _____ from _____ and situated on _____ side of road leading to _____
 _____ County of _____ State of _____

Principal Location #2 is confined to _____ acres in the _____ of Section or Civil District _____ Township _____
 Range _____ about _____ miles _____ from _____ and situated on _____ side of road leading to _____
 _____ County of _____ State of _____

| COVERAGES | LIMITS OF LIABILITY | PREMIUM |
|--|--------------------------|----------|
| L. Personal Liability | \$ _____ each occurrence | \$ _____ |
| M. Personal Medical Payment (included) | \$ 1000 each person | |
| N. Physical Damage to Property | \$ _____ each occurrence | |

PLEASE FURNISH THE FOLLOWING GENERAL INFORMATION

| | | | |
|--|----------------|-------|--------------------|
| 1. How long have you known the applicant? | Prior Carrier? | | |
| 2. If NEW BUSINESS give loss history. List all losses, whether or not covered by insurance for the last 3 years. | | | |
| Date | Item | Cause | Amount of Loss |
| 3. What activities other than farming are conducted on premises? | | | |
| 4. Does Insured raise or board horses? Explain. | | | Any dogs? Explain. |
| 5. Does Insured have other sources of income? Explain. | | | |
| 6. Principal type farming? _____ # of acres cultivated _____ Pastured _____ | | | |
| 7. If any livestock on farm, describe fencing and condition. | | | |

REPRESENTATIONS TO INSURED AND TO AGENT

Fraud Warnings

Various state regulations require us to inform you of fraud warnings.

To insureds in:

Alaska, Arkansas, Alabama, Arizona, California, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Massachusetts, Maryland, Michigan, Missouri, Mississippi, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, Wisconsin, West Virginia, Wyoming:

NOTICE: In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

Colorado

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. (CO)

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. (DC)

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (FL)

Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both. (HI)

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. (KY)

Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (LA)

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. (NM)

New York

Any person who knowingly and with intent to defraud any insurance company or any other person files an application or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any other fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (OH)

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. (OK)

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and subjects such person to criminal and civil penalties. (PA)

Rhode Island

NOTICE: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime in many states.

Tennessee

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. (TN)

Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. (VA)

The application and attachment, and the statements given therein are: (i) accurate and complete; (ii) representations You make to us on behalf of all persons and entities proposed to be covered; and (iii) a material inducement to Us to provide a proposal for insurance and any policy that We issue is issued on reliance upon these representations. IF YOU ARE NOT A FARMER OR A RANCHER, YOU ARE NOT ELIGIBLE FOR THIS POLICY. ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE CONSIDERED A CRIME, ANY MISREPRESENTATIONS, OMISSIONS, INCORRECT STATEMENTS OR MISLEADING INFORMATION MAY BE GROUNDS FOR DENYING COVERAGE OR VOIDING THE POLICY FROM THE BEGINNING.

DATE _____ APPLICANT SIGNATURE (required) _____

BROKER/AGENT SIGNATURE _____

OPTIONAL COVERAGES CHECKLIST

| | | | |
|--|--|--|----------|
| <input type="checkbox"/> ADD'L FARM PREM. (Operated) (Rented) | W/Bldgs. | W/O Bldgs. | Location |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Total Acreage _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Add'l Res. Prem. (Maintained) No. Fam _____ (Rented) No. Fam _____

Res. Employees in excess of two (2) _____ Medical Payments is is not excluded
List all with complete description on a separate sheet

Increase Limits of Liability: Increased Coverage G Limit: \$ _____ Increased Coverage H Limit: _____

Additional Insured – Designated Premises Only Endorsement
Give name and mailing address of person(s) to be added as Additional Insured's:

Location of Premises:

Relationship to Insured:

(Partner, Administrator, Trustee, etc.)

Owned Snowmobile(s) – Each Make, Model, and Serial # _____

Watercraft Liability Endorsement Outboard 25hp to 50 hp Inboard or Outboard under 30 mph

Sailboat more than 26" long – with aux. Power? Yes No

Describe Boat: Outboard – Model and Horsepower _____

Other than Outboard – a) Give rated speed (MPH) - under 16 16 – 30

b) Navigation Period – From _____ to _____ each year

FCPL PREMIUM CHART

RATES INCLUDE A \$250 PROPERTY DAMAGE LIABILITY DEDUCTIBLE
CHEMICAL DRIFT LIABILITY LIMITED TO \$25,000

| CLASSIFICATIONS | \$100,000 | \$300,000 | \$500,000 |
|---|------------------|------------------|------------------|
| Main farm, including acreage on Additional Farms with or without buildings: | | | |
| Not over 160 acres | \$ 300.00 | \$ 375.00 | \$ 425.00 |
| Over 160 but not over 500 acres | 375.00 | 425.00 | 500.00 |
| Over 500 acres | 500.00 | 550.00 | 625.00 |
| Additional Farms owned, operated or rented to others: | | | |
| With buildings (each) | 30.00 | 35.00 | 60.00 |
| Additional Residence, other than those included above: | | | |
| Maintained by Insured (each) | 25.00 | 35.00 | 50.00 |
| Rented to others (each) | 30.00 | 45.00 | 55.00 |
| Acreage Charge – Total acreage of all locations If over 500 acres | 60.00 | 75.00 | 90.00 |
| Outboard Motors 25 HP but under 50 HP (each) | 25.00 | 35.00 | 50.00 |
| Inboard/Outboard Under 30 MPH | 30.00 | 45.00 | 55.00 |
| Additional Insured – Designated Premises Only (separate charge per location) | 25.00 | 35.00 | 50.00 |
| POLICY FEE – not to exceed \$150.00 | | | |