

AGENCY CUSTOMER ID: _____

LOC #: _____



AGRICULTURE PROPERTY SECTION
SCHEDULED AND UNSCHEDULED FARM PERSONAL PROPERTY

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED			
POLICY NUMBER	CARRIER			NAIC CODE
ACCOUNT NUMBER		NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE

GENERAL INFORMATION

1. IS ANY PROPERTY KEPT ON A LOCATION(S) OTHER THAN AN INSURED LOCATION? (Y / N)

IF YES, WHERE IS IT KEPT? (A) DURING FARMING SEASON? _____
 (B) DURING OFF SEASON? _____

2. WHAT IS MAXIMUM VALUE OF EQUIPMENT AT ANY ONE LOCATION?	INSIDE	IN OPEN
(A) DURING FARMING SEASON?	\$	\$
(B) DURING OFF SEASON?	\$	\$

3. IS THERE ANY EQUIPMENT LOANED OR RENTED TO/FROM OTHERS? (Y / N) IF YES, VALUE FOR BORROWED OR RENTED EQUIPMENT: \$ _____

4. WHAT IS RADIUS OF OPERATIONS OF EQUIPMENT? _____ MILES

5. IS EQUIPMENT WELL MAINTAINED? (Y / N)

TRANSIT

TRANSIT	LIMIT OF INSURANCE	COINS %	CAUSES OF LOSS (PERILS)	DEDUCTIBLE	PREMIUM

PEAK SEASON

DESCRIPTION	TIME PERIOD (MM/DD/YYYY)		APPLIES TO SCHD / UNSCHD	LIMIT OF INSURANCE	PREMIUM
	FROM	TO			
TOTAL					

ADDITIONAL INTEREST

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

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