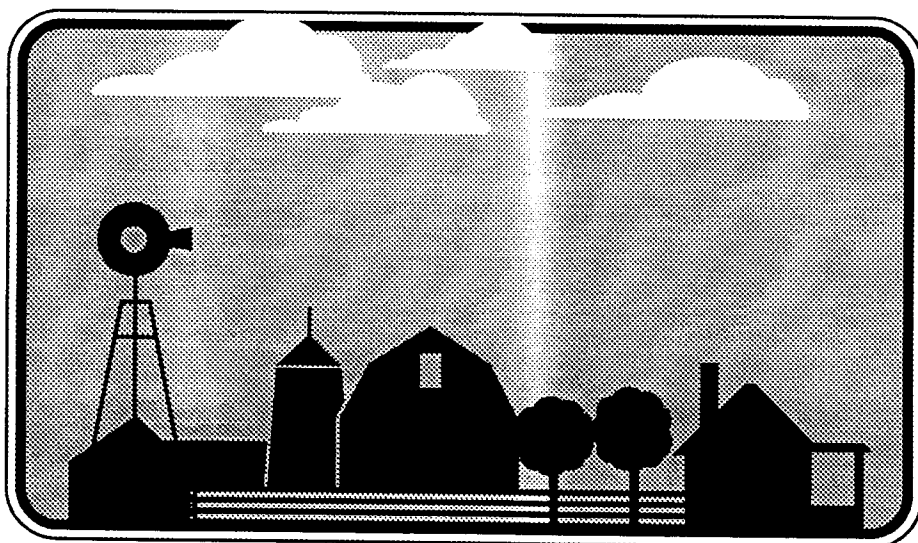


# Farm and Ranch Application



SCOTTSDALE INSURANCE COMPANY®

Home Office: One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752



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**NOTICE TO AGENT  
 BILLING INSTRUCTIONS**  
 Indicate below how you wish Renewals to be billed.  
 Insured    Mortgage Co.    Agent

**Farm and Ranch Application**

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

Agent Name \_\_\_\_\_ Code \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**POLICY TERM:** From \_\_\_\_\_ To \_\_\_\_\_ **12:01 A.M., Standard Time at the address of the Named Insured as stated herein**

- Mortgagee:** \_\_\_\_\_  
 Address: \_\_\_\_\_ Loan #: \_\_\_\_\_
- Mortgagee:** \_\_\_\_\_  
 Address: \_\_\_\_\_ Loan #: \_\_\_\_\_

**LOCATIONS**

- Principal location #1** is confined to \_\_\_\_\_ acres in the \_\_\_\_\_ section of civil district \_\_\_\_\_ township \_\_\_\_\_ range \_\_\_\_\_ about (distance) \_\_\_\_\_ miles (direction) \_\_\_\_\_ from (nearest town) \_\_\_\_\_ and situated on (N., E., S., W.) \_\_\_\_\_ side of road leading to, county of \_\_\_\_\_ state of (zip code of risk) \_\_\_\_\_
- Principal location #2** is confined to \_\_\_\_\_ acres in the \_\_\_\_\_ section of civil district \_\_\_\_\_ township \_\_\_\_\_ range \_\_\_\_\_ about (distance) \_\_\_\_\_ miles (direction) \_\_\_\_\_ from (nearest town) \_\_\_\_\_ and situated on (N., E., S., W.) \_\_\_\_\_ side of road leading to, county of \_\_\_\_\_ state of (zip code of risk) \_\_\_\_\_

**PREMIUM INFORMATION**

- Permanent residence of insured:** .....  Yes    No
- Protection class:** \_\_\_\_\_
- Total acreage:** \_\_\_\_\_
- Distance to fire hydrant:** \_\_\_\_\_
- Distance to fire station:** \_\_\_\_\_
- Perils to be insured:**    Named Perils    Broad Form
- Deductible:**    \$500—Basic    \$250—5% Surcharge    \$1,000—5% Credit

COVERAGES				
Section	Coverages	Limits of Liability	Rate	Premium
I	A. Dwelling	\$		\$
	B. Unscheduled household goods and personal effects	\$		\$
	C. Loss of use	\$		\$
	D. Scheduled farm personal property	\$		\$
	E. Scheduled farm and ranch property	\$		\$
II	F. Personal liability—Each occurrence	\$		\$
	G. Personal medical payments—Each person	\$		\$
	H. Physical damage to property of others—Each occurrence	\$ 500	—	\$ —
<b>Total of above premiums</b>				\$

MAIN DWELLING				
Year	Construction	Actual Value When Insured	Purchased (month/year)	Purchase Price
	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry			

1. Roof replaced? .....  Yes  No  
When? \_\_\_\_\_
2. Wiring replaced? .....  Yes  No  
When? \_\_\_\_\_
3. Plumbing replaced? .....  Yes  No  
When? \_\_\_\_\_
4. Is dwelling mobile home or portable? \_\_\_\_\_
5. Is dwelling on all weather road? .....  Yes  No
6. Is dwelling within 1/4 mile of another dwelling? .....  Yes  No
7. Swimming pool on premises? .....  Yes  No
8. Pool Fenced? .....  Yes  No

UNDERWRITING INFORMATION		
Type of Farm/Ranch Operation	Number of Employees	Condition of Fencing
<input type="checkbox"/> Field crops _____ number of acres	_____ <input type="checkbox"/> Full-time	<input type="checkbox"/> Average
<input type="checkbox"/> Horses _____ number of head	_____ <input type="checkbox"/> Part-time	<input type="checkbox"/> Excellent
<input type="checkbox"/> Dairy _____ number of head	_____ <input type="checkbox"/> Seasonal	<input type="checkbox"/> Poor
<input type="checkbox"/> Livestock _____	_____ <input type="checkbox"/> None	<input type="checkbox"/> None

PLEASE ANSWER ALL QUESTIONS

1. Is farming/ranching the applicant's full-time occupation? .....  Yes  No  
If "No," what is? \_\_\_\_\_

2. Is any part of the property leased to others?.....  Yes  No  
If "Yes", for what? \_\_\_\_\_

3. Any custom farming or ranching? .....  Yes  No  
If "Yes", describe: \_\_\_\_\_

4. Is there a show ring, rodeo arena/chute on premises?.....  Yes  No  
If "Yes", explain and include photo: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. On the premises, is there any commercial/business use? .....  Yes  No  
If "Yes", describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Any LPG or gas storage tanks?.....  Yes  No  
If "Yes", give locations and installation method: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Are there any buildings on the premises which are unused?.....  Yes  No  
If "Yes", describe: \_\_\_\_\_

8. Any unusual hazards? .....  Yes  No  
Such as (but not limited to):       Airstrips                               Dams/Lakes/Ponds  
    Open dump pits/landfill               Timber operations  
    Silage pits

If others, describe: \_\_\_\_\_  
\_\_\_\_\_

9. Are there any animals (excluding Horses, Dairy and Livestock) kept on the premises? .....  Yes  No  
If "Yes," list all:

Type of Animal: \_\_\_\_\_ Bite History?.....  Yes  No

Type of Animal: \_\_\_\_\_ Bite History?.....  Yes  No

10. Any chemical application? .....  Yes  No  
If "Yes", what kind?       Ground       Air  
List type and nature of chemicals: \_\_\_\_\_  
\_\_\_\_\_



SCHEDULED FARM PERSONAL PROPERTY				
Item No.	Amount of Coverage	Description	Manufacturer's Serial #	Age
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

SCHEDULED FARM AND RANCH PROPERTY				
Item No.	Amount of Coverage	Description	Construction	Age
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

LOSS HISTORY			
Date	Description	Amount	Carrier

**PRIVACY POLICY:**

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures". By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

**NEW YORK FRAUD WARNING:**

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 insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**

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 insurance act, which is a crime and subjects such person to criminal and civil penalties.

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

PRODUCER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AGENT NAME \_\_\_\_\_ AGENT LICENSE NUMBER \_\_\_\_\_  
*(Applicable to Florida Agents Only.)*