

AGRIBUSINESS INSURANCE APPLICATION

Renewal of #	APPLICANT INFORMATION SECTION		Date:
Producer: LAUREL FOWLER INSURANCE		Underwriter:	
Agency Contact: LINDA ANDERSON Agency Phone #: 800 700-6263			
Code	Sub Code:	Please indicate applications attached:	
Status of Submission:		<input type="checkbox"/> Property <input type="checkbox"/> Farm or General Liability <input type="checkbox"/> Umbrella <small>(may not be bound)</small>	
<input type="checkbox"/> Quote <input type="checkbox"/> Issue Policy		<input type="checkbox"/> Automobile <input type="checkbox"/> Farm personal property <input type="checkbox"/> Cargo/Transit	
<input type="checkbox"/> Bound (give date and/or attach binder)		<input type="checkbox"/> Personal articles & recreation vehicles <input type="checkbox"/> Other	
Effective Date:	Expiration Date:	Quote Desired By:	
Name of Applicant:			
Mailing Address:			
City, State, Zip:			
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other			
Inspection Contact:		Accounting Contact:	
Telephone #:		Telephone #:	
Method of Payment: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill Number of Payments			
Type of Farm or Ranch			
<input type="checkbox"/> (921) Berries, Fruits, & Nuts <input type="checkbox"/> (926) Poultry <input type="checkbox"/> (90A) Citrus <input type="checkbox"/> (92A) Cotton <input type="checkbox"/> (923) Vegetables <input type="checkbox"/> (928) Horses <input type="checkbox"/> (90B) Nurseries <input type="checkbox"/> (92B) Tobacco <input type="checkbox"/> (924) Grain & Field Crops <input type="checkbox"/> (929) Livestock-Containment <input type="checkbox"/> (90C) Fish Farms <input type="checkbox"/> (92C) Hobby Farms <input type="checkbox"/> (925) Dairy <input type="checkbox"/> (935) Ranches-Open Range <input type="checkbox"/> (90D) Gentlemen Farms <input type="checkbox"/> (927) Other			
Total number of acres:		Number of acres cultivated:	Number of acres grazed:
Farmed by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Manager <input type="checkbox"/> Other <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
How long has applicant actively farmed?		Gross farming receipts?	
Date you last inspected premises and buildings?		Photo(s) attached?	
Is this new business to your agency?		How long have you known applicant?	
Does applicant have another source of income other than farming?		If yes, explain:	
Remarks:			
Applicant's signature: _____		Agent's signature: _____	
Date: _____		Date: _____	

Applicant:

Producer: FOWLER

PRIOR CARRIER INFORMATION				
Line	Category	Year	Year	Year
PROPERTY	Carrier	•		
	Policy No.			
	Policy Type			
	S PD			
	Mod Factor			
	Total Premium	•		
LIABILITY	Carrier	•		
	Policy No.			
	Policy Type			
	BI/CSL			
	PD			
	Total Premium	•		
OTHER	Carrier	•		
	Policy No.			
	Policy Type			
	Amount			
	Mod Factor			
	Total Premium	•		

LOSS HISTORY

Enter all claims or occurrences that may give rise to claims for the prior five years Check here if none

Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed
						<input type="checkbox"/> Open
						<input type="checkbox"/> Closed

NOTE: Fidelity requires a six year loss history See attached loss summary

Has any policy been cancelled? Yes No Nonrenewed? Yes No Declined? Yes No

Explain yes answers:

Name of prior carrier and policy number:
 • Not required in California

OPERATIONS OVERVIEW

Applicant:

Producer: FOWLER

ADDITIONAL INTERESTS	Affiliated or subsidiary companies to be insured	Relationship		
	Additional insureds	Interest	Sec.I	Sec.II

Loc. #	Sec.I	Sec.II	Location to be insured (incl. zip code)	*PC	# of Acres	Check if no Bldgs.	Insured's Interest		
							Owner Occupant	Lessee	Lessor
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Protection Class

SEE ADDITIONAL SCHEDULE OF OPERATIONS CP-4857A