



# SMALL FARM/RANCH APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): <b>954-389-5897</b>	COMPANY	NAIC CODE:
	FAX (A/C, No): <b>954-389-6661</b>		
<b>TMK RISK MANAGEMENT INC DBA KALLMAN INSURANCE PO BOX 266736 WESTON , FL 33326</b>		COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE:
CODE:	SUBCODE:	EFFECTIVE DATE	EXPIRATION DATE
AGENCY CUSTOMER ID			DIRECT BILL
			PAYMENT PLAN
		QUOTE	ISSUE POLICY
		BOUND (DATE):	POLICY TYPE
			DEPOSIT
			\$

## APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds) *		RELATIONSHIP *	MAILING ADDRESS (of First Named Insured)	PHONE (A/C, No, Ext):
* If more than one person is listed as the named insured, indicate the relationship to the first named insured.				
PHONE # ON PREMISES:			E-MAIL ADDRESS:	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE	DATE BUS STARTED	SIC	FEDERAL ID #
<input type="checkbox"/> PARTNERSHIP				
<input type="checkbox"/> CORPORATION				
				CONTACT
				PHONE (A/C, No, Ext):

## TYPE OF FARM/RANCH

<input type="checkbox"/> FIELD CROPS	<input type="checkbox"/> MUSHROOMS	<input type="checkbox"/> GREENHOUSES	<input type="checkbox"/> BEES	<input type="checkbox"/> TOBACCO
<input type="checkbox"/> FRUITS	<input type="checkbox"/> NUTS	<input type="checkbox"/> NURSERY STOCK	<input type="checkbox"/> FUR BEARING ANIMALS	<input type="checkbox"/> POULTRY
<input type="checkbox"/> VEGETABLES	<input type="checkbox"/> FLOWERS	<input type="checkbox"/> SOD	<input type="checkbox"/> LIVESTOCK	
<input type="checkbox"/> DAIRY	<input type="checkbox"/> VINEYARDS	<input type="checkbox"/> WORMS	<input type="checkbox"/> - TYPE:	
DESCRIBE FARM/RANCH OPERATIONS AND ANY INCIDENTAL BUSINESS ACTIVITIES				

## PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	PROT CLASS	# ACRES TOTAL	# ACRES CULTIVATED	# ACRES IN PASTURE	FARMED BY	GROSS RECEIPTS

DOES APPLICANT HAVE ANY OTHER BUSINESS? (IF YES, DESCRIBE)  YES  NO

IS BUSINESS NEW TO AGENCY?  YES  NO  
DATE OF LAST INSPECTION

## LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES FOR THE PAST FIVE YEARS			
DATE OF OCCURRENCE	TYPE OF LOSS	DESCRIPTION OF OCCURRENCE	AMOUNT PAID

## PRIOR INSURANCE INFORMATION

PRIOR CARRIER	TYPE OF INSURANCE	POLICY #	AMOUNT OF COVERAGE

HAS ANY POLICY BEEN CANCELLED OR NONRENEWED IN THE PAST 5 YEARS? IF YES, EXPLAIN. (NOT APPLICABLE IN MO)  YES  NO

PREM NO	BLDG NO		EVIDENCE		BLDG NO		EVIDENCE		
			<input type="checkbox"/>	CERTIFICATE			<input type="checkbox"/>	CERTIFICATE	
			<input type="checkbox"/>	POLICY			<input type="checkbox"/>	POLICY	
INTEREST:			<input type="checkbox"/>	SEND BILL	INTEREST:			<input type="checkbox"/>	SEND BILL

**ADDITIONAL INTEREST LIABILITY/LIABILITY CERTIFICATE RECIPIENT (Attach ACORD 45 for additional names)**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	LOCATION:	BUILDING:
<input type="checkbox"/>	<input type="checkbox"/>				VEHICLE:	BOAT:
<input type="checkbox"/>	<input type="checkbox"/>				SCHEDULED ITEM NUMBER:	
<input type="checkbox"/>	<input type="checkbox"/>				OTHER	
<input type="checkbox"/>	<input type="checkbox"/>				ITEM DESCRIPTION:	

**PROPERTY COVERAGE**

LOCATION #		FIRE DISTRICT NAME										DISTANCE TO HYDRANT		FIRE STATION	
												FT	MI		
DESCRIPTION OF PROPERTY	BLDG TYPE	CON-STRUC-TION	TYPE OF HEAT	AGE OF BLDG	AGE OF ROOF	SQUARE FEET	RC/ ACV	COINS %	PROT CLASS	CAUSE OF LOSS	DEDUCTIBLE	VALUE	LIMIT OF INSURANCE	PREMIUM	
PRINCIPAL DWG															
HOUSEHOLD PP		N/A	N/A	N/A	N/A	N/A									
OTHER DWG															
HOUSEHOLD PP		N/A	N/A	N/A	N/A	N/A									
SNOWMOBILES		N/A	N/A	N/A	N/A	N/A									

ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

**LIABILITY COVERAGE**

LIABILITY COVERAGES	LIMITS OF LIABILITY
BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$ EACH "OCCURRENCE" LIMIT \$ GENERAL AGGREGATE LIMIT
PERSONAL AND ADVERTISING INJURY LIABILITY	\$ EACH "OCCURRENCE" LIMIT \$ GENERAL AGGREGATE LIMIT
MEDICAL PAYMENTS	\$ ANY ONE PERSON LIMIT \$ EACH "OCCURRENCE" LIMIT
PROPERTY DAMAGE LIABILITY FIRE DAMAGE LIMIT	\$ ANY ONE FIRE
ADDITIONAL COVERAGE -- DAMAGE TO PROPERTY OF OTHERS	\$
AAIS PERSONAL LIABILITY COVERAGE	NAME OF INSURED(S)
	\$
	\$
COMMERCIAL GENERAL LIABILITY IF YES, COMPLETE COMMERCIAL GENERAL LIABILITY APPLICATION	FARM PERSONAL LIABILITY (AAIS) FARM COMMERCIAL LIABILITY (AAIS)
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

CODE	COVERAGE			INCR LIMITS FACTOR	BASIS/RATE	PREMIUM
	INITIAL FARM PREMISES	NOT MORE THAN	ACRES			
	ADDITIONAL FARM PREMISES MAINTAINED BY NAMED INSURED			LOC #		
	ADDITIONAL NON-FARM PREMISES OCCUPIED BY INSURED <input type="checkbox"/> SEASONAL <input type="checkbox"/> PERMANENT			LOC #		
	ADDITIONAL RESIDENCE RENTED TO OTHERS		# FAMILIES	LOC #		
	CUSTOM FARMING RECEIPTS (RATE PER \$1,000)		RECEIPTS			
			\$			
	ROADSIDE STANDS -- FARM PRODUCTS PRINCIPALLY ON THE INSURED FARM (RATE PER \$1,000 GROSS SALES)		SALES			
			\$			
	DAY CARE COVERAGE (HOME)		1-3 PERSONS			
			1-6 PERSONS			
	LIMITED FARM POLLUTION LIABILITY (REFER TO COMPANY)					
	CONTINGENT LIABILITY FOR CROP DUSTING BY INDEPENDENT AIRCRAFT (RATE PER \$1,000 COST)		COST	LIMIT		
			\$	\$		
	DOMESTIC WORKERS' COMP		INSERVANT	# OF RESIDENTIAL EMPLOYEES		
			OUTSERVANT			
	ANIMAL COLLISION		LIMIT PER HEAD	# OF HEAD		
			\$			
	EMPLOYERS LIABILITY	# FULL TIME EMPLOYEES	# PART TIME EMPLOYEES	TOTAL PAYROLL		
				\$		
	OTHER:					

### GENERAL INFORMATION

1. IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, (A) SOURCE =	(B) QUANTITY =
		<input type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS
		<input type="checkbox"/> POND/LAKE	<input type="checkbox"/> 1,000-3,000 GALLONS
		<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.	<input type="checkbox"/> OVER 3,000 GALLONS
		<input type="checkbox"/> OTHER:	
2. ARE ANY WOOD OR COAL FIRED STOVES USED IN ANY BUILDINGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN	
3. ARE ANY BURGLARY AND/OR FIRE ALARMS ON THE PREMISES? INDICATE FLOORS PROTECTED BY ALARM	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TYPE OF ALARM	DIAGRAM #
4. DOES APPLICANT PERFORM MAINTENANCE ON EQUIPMENT? IF NO, PLEASE INDICATE TYPE OF REPAIRS DONE, WHERE PERFORMED AND BY WHOM	<input type="checkbox"/> YES <input type="checkbox"/> NO		
5. IS ENTIRE PREMISES OCCUPIED YEAR ROUND?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
6. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	<input type="checkbox"/> YES <input type="checkbox"/> NO		

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
7. ARE INDEPENDENT CONTRACTORS HIRED TO PERFORM ANY FARMING OPERATIONS?			19. 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? IF NO, EXPLAIN.		
8. IS ANY PART OF THE FARM USED OR LEASED FOR ORGANIZED RECREATIONAL USE?			20. ANY NON-OWNED HORSES ON ANY INSURED PREMISES?		
9. DOES APPLICANT BUILD, REPAIR OR DESIGN MACHINERY, EQUIPMENT OR SYSTEMS FOR ANYONE AT A CHARGE OR FEE?			21. DOES INSURED BOARD, RACE, BREED OR RENT HORSES?		
10. DOES APPLICANT MIX, PROCESS, SLAUGHTER, BUTCHER OR OTHERWISE PREPARE FOR ANY "END CONSUMER" HIS OR ANY OTHER GROWER'S PRODUCT?			22. IS ANY LAND HELD FOR REAL ESTATE DEVELOPMENT OR SPECULATION?		
11. DOES APPLICANT HANDLE ANY PRODUCT, SUCH AS SEED, FERTILIZER, SPRAYS, ETC. FOR RESALE?			23. DOES APPLICANT MAINTAIN ANY VACATION OR SEASONAL PREMISES?		
12. ARE ANY CONTRACT OR SERVICE OPERATIONS PERFORMED FOR OTHERS SUCH AS SNOW REMOVAL, TILLING, EXCAVATING OR DITCHING?			24. IF DAIRY FARM, IS THERE ANY PROCESSING OF MILK?		
13. ARE THE FARM PREMISES OPEN TO THE PUBLIC FOR ACTIVITIES SUCH AS ROADSIDE 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?			25. IF DAIRY FARM, IS THERE ANY RETAIL SALES OF MILK PRODUCTS TO PUBLIC? RECEIPTS \$		
14. ARE ANY PORTIONS OF THE FARM RENTED OR LEASED OR USED BY ANY OTHER INDIVIDUAL, CORPORATION OR INTEREST FOR OTHER THAN FARMING?			26. NUMBER OF COWS MILKED		
15. IS THERE ANY UNUSUAL HAZARD SUCH AS (BUT NOT LIMITED TO) OPEN DUMP PITS, SILAGE PITS, SUMP HOLES, PONDS, LAKES OR RESERVOIRS?			27. ARE ANY PREMISES USED FOR HUNTING PURPOSES? <input type="checkbox"/> BY OWNERS: <input type="checkbox"/> RENTED TO OTHERS: <input type="checkbox"/> NO CHARGE <input type="checkbox"/> RECEIPTS <input type="checkbox"/> FEE \$		
16. IS THERE AN AIRSTRIP ON THE PREMISES?			28. DOES APPLICANT MAINTAIN A NON-FARM OFFICE OR PRIVATE SCHOOL IN AN INSURED BUILDING?		
17. ARE ANY "HOLD HARMLESS" OR "INDEMNIFYING" AGREEMENTS IN EFFECT?			29. IS THERE A SWIMMING POOL ON PREMISES? IF YES, IS IT FENCED? IS THERE A DIVING BOARD?		
18. IF LIVESTOCK IS KEPT, ARE ALL AREAS ADEQUATELY FENCED AND ARE FENCES IN A GOOD STATE OF REPAIR? IF NO, PLEASE EXPLAIN.  PREMISES IS IN: <input type="checkbox"/> OPEN RANGE AREA <input type="checkbox"/> CLOSED RANGE AREA			30. DOES APPLICANT SERVE ON ANY BOARDS FOR REMUNERATION?		
			31. IS THE APPLICANT A SUBSIDIARY OF ANOTHER OR DOES THE APPLICANT HAVE SUBSIDIARIES?		
			32. IS A FORMAL SAFETY PROGRAM IN EXISTENCE?		
			33. DOES APPLICANT HAVE ANY POTENTIALLY DANGEROUS ANIMALS OR EXOTIC PETS?		
			34. IS THERE ANY WATERCRAFT OR SNOWMOBILE EXPOSURE?		
			35. ARE THERE ANY ELEVATORS ON THE PREMISES?		

REMARKS	ATTACHMENTS
	STATE SUPPLEMENT(S) (If applicable)
	PHOTOS
	BILL OF SALE
	APPRAISALS
	INVENTORIES

**NOTICE OF INFORMATION PRACTICES** - A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER <b>A136355</b>
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