

# FARM AND RANCH OWNERS QUOTE

**ALL SPACES MUST BE COMPLETED**

Clear Form Fields

**Agency Info**

Name:	Agency Code:
Fax:	Phone:
Email:	

**Applicant Info**

Name:		
Address:		
City:	State :	Zip:
County:	Phone:	Acres:

# of Additional Location with Buildings:	Inside City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/>
Applicant DOB:	Applicant Social Security No. _____ - _____ - _____ (Enter Only if Faxing or Mailing – Do Not Transmit Electronically)

Liability Limit Requested:
Medical Limit Request :

**OPTIONAL LIABILITY COVERAGES:**

Description:


**DWELLING:** (Costimator is required for all dwellings; they must be insured for 80% of their value)

Basic  Broad  Special  Contents Only

Deductible: 500.00 <input type="checkbox"/> 1000.00 <input type="checkbox"/> 2500.00 <input type="checkbox"/> 5000.00 <input type="checkbox"/>
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FIRE PROTECTION Within 5 miles of fire dept? Yes  No

PROTECTIVE DEVICES? Yes  No  Within 1000 ft of hydrant? Yes  No

If yes, what kind

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Year Built	Mobile? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Mobile, Foundation? <input type="checkbox"/> <input type="checkbox"/>
Dwelling Update Year	What was updated?	Wiring? <input type="checkbox"/> Plumbing? <input type="checkbox"/> Heating? <input type="checkbox"/> What Year?
Amount of Insurance?	Total Sq Ft	
If Garage Attached, Square Ft?		Wood Stove? Yes <input type="checkbox"/> No <input type="checkbox"/>
Roof Type	Roof Age?	Construction?
Value At 100% Replacement Cost, If Known:	Contents coverage 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/>	Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tenant Occupied <input type="checkbox"/>

**COVERAGE G: BLANKET MACHINERY \$ Amount of Insurance:**

(Note: Irrigation must be scheduled & separate rate for livestock)

**COVERAGE F: SCHEDULED MACHINERY, FARM PROPERTY**

Deductible Requested for Coverage F Items:

Item	Amt	Year	Make:	Model:
Item	Amt	Year	Make:	Model:
Item	Amt	Year	Make:	Model:
Item	Amt	Year	Make:	Model:
Item	Amt	Year	Make:	Model:

**BARNs, OUTBUILDINGS and ADD'L DWELLINGS:**

(Note: All values under \$4000: Type 3 – Any open buildings, all hay barns: Type 2 or 3, Barns over 1 story, Type 2 – Must insure at least **\$7.50** per square foot – Dwellings at 80% of Costimeter)

Type/Description	Year	Sq. Ft	Roof Type	Construction Type	\$ Amt of Ins.

**OPTIONAL PROPERTY COVERAGES:**

Description	\$ Amt of Insurance (if applicable)

**Applicants Loss History (Last 5 Years, Regardless of Location)**

Date of Loss	Description	Amount

Premium of Existing Policy:

\*\*\*Please Fax or Email This Document\*\*\*