

New
Renewal of No. _____

Check Coverage Desired: Form ML-8 ML-1 ML-1R ML-2 ML-3 ML-4

Insured: Name & Address

Agent: Name & Address

Telephone No. _____

Policy Term: 1 Year 3 Year Installment

From: _____ To: _____ 12:01 a.m. Standard Time

Premises Description & Location: Total Acres _____, Twp. _____

Direction _____ From _____ On _____ Side of _____
NSEW Nearest Town NSEW Name of Road

County of _____ State _____

SUMMARY OF COVERAGE

SUMMARY OF PREMIUMS

COVERAGES		LIABILITY	Basic Policy Prem. Sec. 1 (ACD) & Sec 2	
1	A. Residence	\$		\$
	C. Personal Property	\$		
	D. Add'l Living Expense	\$		
	E. Farm Personal Property-Blanket Total	\$	ML-7	\$
	E. Farm Personal Property-Scheduled Total	\$	ML-300A	\$
	F. Farm Barns, Bldgs & Structures Total	\$	ML-303	\$
2	L. Farm Comp. Personal Lia. Each Occurance	\$	TOTAL POLICY PREMIUM	\$
	M. Medical Payment To Others Each Person	\$		
SUPPLEMENTAL CONTRACTS			TOTAL INLAND MARINE	\$
INLAND MARINE TOTAL				
			TOTAL COMBINED	\$

Endorsements & Forms

Deductible 100 Standard 250 500 1,000 2,500

Mortgager or Lienholder - Name & Address

BASIC POLICY PREMIUM COMPUTATION:

Territory _____
Protection Class _____
Construction _____
Premium Group _____

DESCRIPTION OF FARM DWELLING:

Type of Roof _____
Owner or Tenant _____
Occupied _____

A PHOTO OF EACH INSURED BUILDING IS REQUIRED

"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."

FARM PERSONAL PROPERTY INVENTORY WORK SHEET

CHECK COVERAGE DESIRED ML-300A SCHEDULED ML-7 BLANKET (80% CO. INS.)

LOCATION	ITEM	QUAN	VALUE	LOCATION	ITEM	QUAN	VALUE	
A	Wagon - hay			A	Milk Bulk Tank			
	Wagon - Forage				Milking Equipment			
	Wagon - Grain				Tools-Shop Equipment			
	Hay Baler							
	Corn Planter							
	Corn Picker							
	Combine-Corn Head							
	Grain Cart							
	Crop Dryer							
	Cultivator							
	Harrow Spring-Spike				B	A TOTAL		
	Disc					LIVESTOCK PER HEAD		
	Grain Drill					Beef Cows		
	Elevator					Milk Cows		
	Feed Grinders					Heifers		
	Fertilizer Spreader					Calves		
	Forage Blower					Bulls		
	Forage Harvester					Feeders		
	Rake - Hay					Hogs		
	Rotary Mower-Chopper					Pigs		
	Mower - Hay					Sheep		
Hay Tedder			Lambs					
Manure Spreader			Horses					
Manure Loader								
Plows - 1			B TOTAL					
Chisel Plow			Oats					
Silo Unloader			Corn					
Sprayer			Wheat					
Hay Conditioner			Barley					
Hay Bind			Soy Beans					
Cultipacker			Seed					
Flail Chopper			Hay					
Blade			Straw					
Lawn Tractor			Silage					
			Feed					
			C TOTAL					

SPECIFICALLY INSURED MACHINERY (MOTOR POWERED MUST BE LISTED BELOW)

ITEM - MAKE & MODEL	SER. NO.	YEAR	RATE	AMOUNT	PREMIUM
D	Tractor:				
	Combine:				

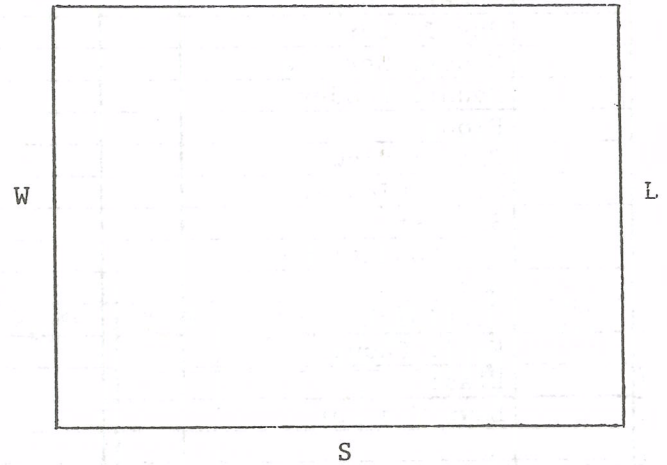
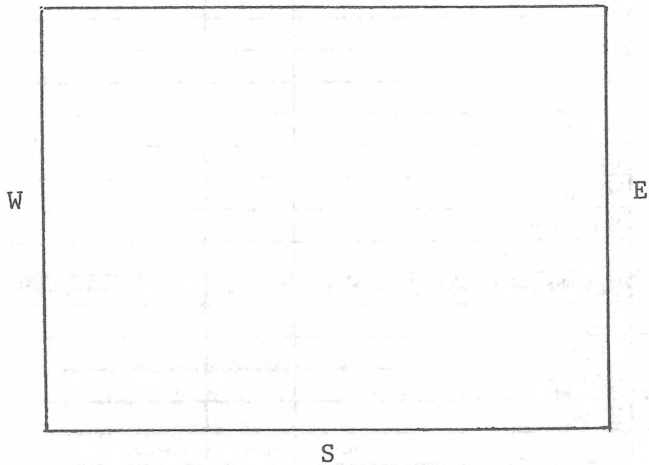
A&D TOTAL MACHINERY - AMT.		PREM.		D TOTAL	
B TOTAL LIVESTOCK- AMT.		PREM.			
C TOTAL PRODUCE - AMT.		PREM.			
GRAND TOTAL		PREM.			

ML-303 SCHEDULED BARNs, BUILDINGS, STRUCTURES, ADDITIONAL FARM DWELLINGS

BUILDING DESCRIPTION AND SIZE	CONST- RUCTION	TYPE ROOF	ANNUAL RATE	AMOUNT OF INSURANCE	ANNUAL PREMIUM
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

MAIN LOCATION N

LOCATION #2 N



UNDERWRITING INFORMATION

1. How long as agent known applicant? _____
2. In what year was dwelling constructed? _____
3. Type of heat - Dwelling _____ Electrical Service _____
4. When were the buildings last rewired? - Dwelling _____ Barn, out buildings _____
5. Is there a supplemental heat used? (Fireplace, wood stove, space heater) _____
6. General up keep of farm Poor Fair Average Above average
7. What is the general condition of foundation & structural members of the barn? _____
8. Condition of all other buildings insured _____
9. Give record of past losses, suits or claims in the past 5 years _____
10. Has any company declined or cancelled similar coverage? _____
11. Other important facts regarding this risk _____

12. NOTE - Rules - Page 1 of Manual.

Rule 1.4. Submit to Company. If any one of these apply for determination of Eligibility.

Are the required photos attached to application? Yes or No

Insured's Signature.....