

**JUNIATA MUTUAL INSURANCE COMPANY
PO BOX 268 MCALISTERVILLE, PA. 17049**

**FARMOWNERS ML323-WEIGHT OF ICE AND SNOW SUPPLEMENT
AGENT:** _____

NAMED INSURED: _____

POLICY NUMBER: _____

BUILDING DESCRIPTION _____

**PLEASE SUBMIT THIS REQUEST WITH EACH BUILDING YOU WISH
TO HAVE COVERAGE ADDED FOR. NOTE: BUILDINGS INSURED
FOR LESS THAN \$5,000 ARE NOT ELIGIBLE FOR COVERAGE.**

1-What is the size of rafters? _____

2-What is the distance between rafters? _____

3-Are rafters reinforced in any manor? _____

4-Any evidence of dry rot, insect damage or any other deteriorations? **Yes or No**

5-Is this a truss type roof? **Yes or No**

6-Is the roof pitch less than 1/3? **Yes or No**

7-Are there any additions to this building with the addition having a lower roof
than the main structure? **Yes or No**

**ALL RISK ARE SUBJECT TO FURTHER UNDERWRITING REVIEW
AND/OR INSPECTION BY A THIRD PARTY. NO BINDING OF THIS
COVERAGE BY ANY AGENT IS PERMITTED.**

*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.*