

Supplemental Application – Farm

The ACORD 125 – Commercial Insurance Application must be completed in addition to this Supplement.

1. Named Insured: _____
2. Named Insured Mailing Address:

3. Premises Address: _____
4. Applicant is Owner/Operator _____ Lessor _____
5. Type of farming operations and crops/products grown.

6. Is the operation seasonal? ☐ Yes ☐ No If yes, what are the dates of operation?
From _____ To _____
7. Please complete the following exposure information for the next 12 months:

Description of Exposures, Operations or Services	Exposure
Farm land (excluding land leased to others)	Total acreage:
Livestock (Cat or dogs breed for sale, goats, horses, donkeys, mules, sheep, cows, bulls, swine, alpaca, bison, deer, llamas, yaks)	Per head:
Poultry and Birds (including bees)	Living area (per 1,000 feet):
Aquaculture	Total acreage:
Corn Mazes and Pumpkin Patches	Each:
ATVs (All-Terrain Vehicles) * Three wheeled are prohibited	Each:
Residences, Dwellings, Bunkhouses or Dormitories	Each:
Tours	Receipts:
Premises or Facility Rental	Receipts:
Petting Zoos	Each:
Stables	Each:
Lakes, Ponds or Reservoirs	Each:

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8. Any hunting done by third parties allowed on the premises? ☐ Yes ☐ No
9. Are boundaries posted with No Trespassing signs? ☐ Yes ☐ No
10. Are all fences and gates in good repair and working condition? ☐ Yes ☐ No
11. Any part of the property open to the general public for recreational purposes? ☐ Yes ☐ No If yes, please provide details.

12. Any oil or gas wells, wind power generation equipment or telecommunications towers operated by third parties on premises? Any hydraulic fracturing conducted on premises? ☐ Yes ☐ No If yes, please provide details.

13. Please provide details of any tours conducted of the premises or farming operations.

14. Please provide the acreage of any lake, pond or reservoirs located on premise and if swimming or fishing is permitted.

15. Any pick-your-own operations on premises? ☐ Yes ☐ No If yes, please provide details.

16. Any custom farming operations? ☐ Yes ☐ No If yes, please provide details and percentage of gross receipts.

17. If ATVs are used on the property, please describe vehicles, use and who has access.

18. Is there a swimming pool on premises? ☐ Yes ☐ No
19. Are washing stations equipped with antibacterial soap provided if there is a petting zoo on premises?
☐ Yes ☐ No
20. Any retail operations on premises such as a farmer's market or roadside stand? ☐ Yes ☐ No

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If yes, please provide what products are sold and which products are manufactured by the insured?

21. Does the insured rent any equipment or animals to others? ☐ Yes ☐ No

22. Are smoke detectors provided in all residences, dwellings, bunkhouses or dormitories? ☐ Yes ☐ No

23. Any other business activities conducted on the property? ☐ Yes ☐ No If yes, please provide details.

24. Any other operations that are insured elsewhere? ☐ Yes ☐ No If yes, please provide details.

***NO COVERAGE WILL BE PROVIDED FOR PRODUCTS AND/OR OPERATIONS NOT DISCLOSED ON THIS APPLICATION.
HOWEVER, DISCLOSURE DOES NOT GUARENTEE COVERAGE.***

Named Insured Signature: _____

Date: _____

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FRAUD WARNINGS

To All Prospective Insureds: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

To Prospective Insureds In:

Notice to California Applicants: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia and Louisiana Applicants: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Oklahoma Applicants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. **(Note: In Oklahoma the language must appear on the face of the policy, application and claims forms in 10 pt. font or larger).**

Notice to Kansas Applicants: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

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Notice to Maine, Tennessee, Virginia and Washington Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Hampshire Applicants: Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

Notice to New York Applicants: 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Notice to New York Applicants (Fire insurance applications): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

Notice to New York Applicants (Automobile): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

Notice to Pennsylvania Applicants: 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 purposes 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.

Notice to Pennsylvania Applicants (Automobile): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.