



FARM PROGRAM APPLICATION

1. Name of Broker: _____

2. Phone Number: _____ Fax Number: _____

3. Name of Insured: _____

4. Contact Person: _____ Title: _____ Phone Number: _____

5. Mailing Address: _____ Postal Code: _____

6. Location of Risk: 1. _____ Acreage: _____
2. _____ Acreage: _____
3. _____ Acreage: _____
4. _____ Acreage: _____

7. Loss Payable 1. _____
2. _____

8. Policy Term: From: _____ To: _____

9. Expiry date of prior coverage if different from effective date listed above: _____

Policy period shall be 12:01 a.m. standard time at the Postal address stated herein.

GENERAL INFORMATION:

Type of Farm:

- Dairy Grain/Cash Crop Potato **SWINE – GRAIN DOES NOT WRITE THIS CLASS**
 Fruit/Veg. Seed Grower Poultry Beef
 Ginseng Turkey Other – Explain: _____

Is there any business activity other than farming conducted on these premises? Yes No

If yes, describe: _____

Identify how long the applicant has been residing at this address: _____

Is farming the primary occupation? Yes No

LOSS HISTORY:

Has the applicant, or any member of his family residing with him, sustained any losses during the past five years by a risk to be insured against? Yes No

Date of Loss:	Description of Loss:	Amount Paid:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has any insurer declined an application, cancelled or refused to renew a policy or restrict coverage from this applicant or any member of his family residing with him? Yes No

If yes, please advise details, dates and names of Insurers: _____

Previous Carrier: _____ Policy No. _____ Expiry Date: _____

BROKER COMMENTS:

Is this business new to your office: Yes No How long have you known the applicant? _____

Have you personally inspected this property? Yes No

Assessment of Farm: Excellent Good Fair Poor

Comments: _____

Any other insurance carried with Grain? Yes No

If yes, Insured Name: _____ Policy No. _____ Type of Policy: _____

RESIDENTIAL SECTION (If more than 2 dwellings, please complete another Residential Section)**OCCUPANCY:**

Location 1	<input type="checkbox"/> Applicant	<input type="checkbox"/> Relative	<input type="checkbox"/> Farm Manager	<input type="checkbox"/> Farm Employee
	<input type="checkbox"/> Tenant	<input type="checkbox"/> Vacant	<input type="checkbox"/> Other _____	
Location 2	<input type="checkbox"/> Applicant	<input type="checkbox"/> Relative	<input type="checkbox"/> Farm Manager	<input type="checkbox"/> Farm Employee
	<input type="checkbox"/> Tenant	<input type="checkbox"/> Vacant	<input type="checkbox"/> Other _____	

PROTECTION:

Location 1	<input type="checkbox"/> Within 300 m of a hydrant	<input type="checkbox"/> Within 8 km of responding fire hall	<input type="checkbox"/> Unprotected
Location 2	<input type="checkbox"/> Within 300 m of a hydrant	<input type="checkbox"/> Within 8 km of responding fire hall	<input type="checkbox"/> Unprotected

STRUCTURE TYPE:

Location 1	<input type="checkbox"/> Detached	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Other _____
Location 2	<input type="checkbox"/> Detached	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Other _____

CONSTRUCTION:

Location 1	<input type="checkbox"/> Masonry	<input type="checkbox"/> Masonry/Veneer	<input type="checkbox"/> Frame	<input type="checkbox"/> Other _____
Location 2	<input type="checkbox"/> Masonry	<input type="checkbox"/> Masonry/Veneer	<input type="checkbox"/> Frame	<input type="checkbox"/> Other _____

ELECTRICAL:

Location 1	_____ Amperage	<input type="checkbox"/> Fuses	<input type="checkbox"/> Breakers	<input type="checkbox"/> Copper	<input type="checkbox"/> Aluminum
Location 2	_____ Amperage	<input type="checkbox"/> Fuses	<input type="checkbox"/> Breakers	<input type="checkbox"/> Copper	<input type="checkbox"/> Aluminum

HEATING:

Fuel Source used: _____ (if oil, complete Oil Heat Questionnaire)

Location 1 - Primary	<input type="checkbox"/> Furnace (central)	<input type="checkbox"/> Furnace Central with add-on wood burning unit	<input type="checkbox"/> Space heater
	<input type="checkbox"/> Electric	<input type="checkbox"/> Combination w/o wood	<input type="checkbox"/> *Combination with wood
	<input type="checkbox"/> *Solid Fuel Heating Unit	<input type="checkbox"/> Outdoor Furnace	<input type="checkbox"/> Other _____
Location 1- Auxiliary	<input type="checkbox"/> Furnace (central)	<input type="checkbox"/> Furnace Central with add-on wood burning unit	<input type="checkbox"/> Space heater
	<input type="checkbox"/> Electric	<input type="checkbox"/> Combination w/o wood	<input type="checkbox"/> *Combination with wood
	<input type="checkbox"/> *Solid Fuel Heating Unit	<input type="checkbox"/> Outdoor Furnace	<input type="checkbox"/> Other _____
Location 2 - Primary	<input type="checkbox"/> Furnace (central)	<input type="checkbox"/> Furnace Central with add-on wood burning unit	<input type="checkbox"/> Space heater
	<input type="checkbox"/> Electric	<input type="checkbox"/> Combination w/o wood	<input type="checkbox"/> *Combination with wood
	<input type="checkbox"/> *Solid Fuel Heating Unit	<input type="checkbox"/> Outdoor Furnace	<input type="checkbox"/> Other _____
Location 2 - Auxiliary	<input type="checkbox"/> Furnace (central)	<input type="checkbox"/> Furnace Central with add-on wood burning unit	<input type="checkbox"/> Space heater
	<input type="checkbox"/> Electric	<input type="checkbox"/> Combination w/o wood	<input type="checkbox"/> *Combination with wood
	<input type="checkbox"/> *Solid Fuel Heating Unit	<input type="checkbox"/> Outdoor Furnace	<input type="checkbox"/> Other _____

***Complete Solid Fuel Heating Questionnaire**

If constructed over 20 years ago, indicate year the following were updated:

Location 1	Wiring _____	Heating _____	Plumbing _____	Roofing _____
Location 2	Wiring _____	Heating _____	Plumbing _____	Roofing _____

Are there any underground oil tanks on the property?

Location 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Location 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In Use?

Location 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____
Location 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____

Checked by Fuel Supplier?

Location 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Location 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Discounts					
New Home (less than 10 years old)		Location 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Location 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mature Owner (over 55 years old) DOB: _____					
Alarm (Central)		Location 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Location 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Burglary only		Location 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Location 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

SCHEDULE OF RESIDENCES (Complete a Home Evaluation Calculator for each dwelling)

1. Farm Dwelling Comprehensive Form (Based on Single Limit = Dwelling building value x 2)
(*In Western Canada = Dwelling building values x 2.25)
2. Additional Residence Form (Named Perils)
3. Additional Residence Form (All Risk)

Loc.	Form	GRC	RC	ACV	Dwelling Value		Single Limit	Ded.	Rate	Disc	Premium
#	1				\$ _____	x _____	= \$ _____	\$ _____			\$ _____
	2	N/A			\$ _____						
	3	N/A			\$ _____						
#	1				\$ _____	x _____	= \$ _____	\$ _____			\$ _____
	2	N/A			\$ _____						
	3	N/A			\$ _____						
#	1				\$ _____	x _____	= \$ _____	\$ _____			\$ _____
	2	N/A			\$ _____						
	3	N/A			\$ _____						
#	1				\$ _____	x _____	= \$ _____	\$ _____			\$ _____
	2	N/A			\$ _____						
	3	N/A			\$ _____						

SCHEDULE OF ARTICLES

Loc.	Item	Personal Articles – Attach current appraisal for items over \$5,000	Limit	Ded.	Rate	Premium
			\$ _____	\$ _____		\$ _____
			\$ _____	\$ _____		\$ _____
			\$ _____	\$ _____		\$ _____
			\$ _____	\$ _____		\$ _____
			\$ _____	\$ _____		\$ _____
Loc.	Item	Fine Arts	Limit	Ded.	Rate	Premium
			\$ _____	\$ _____		\$ _____
			\$ _____	\$ _____		\$ _____
			\$ _____	\$ _____		\$ _____
			\$ _____	\$ _____		\$ _____
			\$ _____	\$ _____		\$ _____

RESIDENCE – SCHEDULE OF WATERCRAFT & MOTORS - Specify Named Perils or All Risk on each item

Loc.	Item	Make	Year	Model	Serial #	Length	H.P.	Coverage	Limit	Ded.	Rate	Premium
									\$ _____	\$ _____		\$ _____
									\$ _____	\$ _____		\$ _____
									\$ _____	\$ _____		\$ _____
									\$ _____	\$ _____		\$ _____

RESIDENCE – SCHEDULE OF RECREATIONAL TRAILERS

Loc.	Item	Make	Year	Serial #	Length	Model Number	Limit	Ded.	Rate	Premium
							\$ _____	\$ _____		\$ _____
							\$ _____	\$ _____		\$ _____
							\$ _____	\$ _____		\$ _____

COMMERCIAL GENERAL LIABILITY			
Limit	\$ _____	Deductible	\$ _____
Tenant's Legal Liability	\$ _____	Deductible	\$ _____
RATING BASIS / EXPOSURE			Premium
Principal Location: _____			Acreage _____ \$ _____
Additional Location(s) or Residence(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe below _____			Acreage _____ \$ _____
_____			Acreage _____ \$ _____
_____			Acreage _____ \$ _____
Additional Insured(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Swimming Pool/Pond(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Watercraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Horsepower _____	\$ _____
All Terrain Vehicle(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ # of children _____	\$ _____
Are there any uninsured vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Custom Farming?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____ Receipts: _____	\$ _____
Is there any business activity other than farming conducted on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe _____			
Incidental Office?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Other Liability exposures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
Non-Owned Liability required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Limit \$ _____	\$ _____
Employer Liability required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Limit \$ _____	\$ _____
Total number of Part-time _____ Total number of Full-time _____ Gross Annual Payroll \$ _____			\$ _____
Limited Pollution Liability required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Limit \$ _____	\$ _____
FARMER'S LIMITED POLLUTION LIABILITY (No coverage unless fully completed)			
Limit Options <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000			
Part I:			
Is there any custom spraying done? (refer to underwriting)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you apply pesticides, insecticides, herbicides or chemical fertilizers AWAY FROM the premises you own, rent or lease?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you process or sell any chemicals (pesticides, insecticides, herbicides or fertilizers) or store any of these chemicals?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform any processing operations involving chemicals?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do gross receipts from Custom Farming exceed your other farm income?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have occasion to have Polychlorinated biphenyls (PCB's) use or stored?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any Government statutes standards or regulations (federal, provincial or municipal) for the protection of the environment, which to your knowledge you do not comply with?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has there been any pollution or environmental occurrences in the past, whether insured or not?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any pollution coverage ever been denied?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II:			
Do you have pollution coverage currently in effect?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide Company Name and Policy Number _____			
Are there any creeks, rivers, or other bodies or water located on any premise you own, rent, or do any work on?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe _____			
Do you have any storage tanks, in ground or above ground?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, complete Tank Data Questionnaire on next page.			

TANK DATA QUESTIONNAIRE:

Is there a written tank filling procedure containing information to prevent spills & overflow?

Yes No

Is there a written emergency procedure outlining actions to be taken in the event of spills?

Yes No

Loc.	Tank #	Product Stored	Capacity	Above or Below Ground	Dyked		Indoor	Outdoor	Construction	Age	High Level Alarm	
					Yes	No					Yes	No

PLOT DIAGRAM

1. A complete diagram must be submitted showing all buildings on the premises and indicating those not insured.
2. Show distances between the buildings.
3. When there is more than one set of buildings, please indicate the distance they are apart and the location.

TOTAL COMBINED PREMIUM

Residential	\$	_____
Farm Buildings & Contents	\$	_____
Farm Income	\$	_____
Agricultural Machinery	\$	_____
Livestock	\$	_____
Boiler & Machinery	\$	_____
Optional Coverage	\$	_____
Liability	\$	_____
<hr/>		
TOTAL PREMIUM	\$	_____

Consent in accordance with the Protection of Personal Information and Electronic Documents Act:

If it should be necessary for the purpose of my file, I, undersigned, the applicant, specifically consent that my broker and my insurers, for the time required to fulfill their functions:

a) gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, prevention, detection or repression of crime agencies and institutions that gather and compile data on insurance risks and losses:

- for the purpose of establishing the premium and the assessment of risk; and, if you would like to consent now,
- for the purpose of verification, assessment and the settlement of losses.

b) disclose, in the case of my broker, the information obtained to insurers with whom he is doing business, when it is my insurers, to institutions that gather and compile data on insurance risks and losses and prevention, detection or repression crime agencies solely the employees, mandatories or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.

Furthermore, I consent that holders of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or representatives.

I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected, if need by.

Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my broker and/or my insurers, their employees, trainees or representatives.

DATE

SIGNATURE OF APPLICANT

PHOTOS

Photos must be submitted showing all dwellings and insured outbuildings.

Grain Insurance & Guarantee Company Underwriting Supplement (Required for each farm building)

Client: _____	Today's Date: _____
Policy Number: _____	Renewal Date: _____
Legal Location Lot _____ Conc _____ Twsp _____	County _____
911 Street Address _____ City/Town _____	Province _____
Mailing Address _____	Postal Code _____
Occupancy _____ Size _____	Insured Value \$ _____
Building Construction _____ Year Built _____	# of Stories _____
Roof Type _____ Roof Age _____	
Barn fully utilized for original purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Mortgages _____
If no, other purposes _____	
Dwelling on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who resides in Dwelling? _____

Fire Protection

Pool or Well? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Walls? <input type="checkbox"/> Yes <input type="checkbox"/> No	Smoke Stops? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguishers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nearest fire hall _____	
If yes, how many? _____	Distance to? _____	

Wiring

Age of wiring? _____ (year)	All wiring in Conduit (barn area)? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
	Surface wiring? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Amp. Service (size)? _____ (amps)	Recessed wiring (concealed wiring)? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %

Generator

Standby Generator? <input type="checkbox"/> Yes <input type="checkbox"/> No	With Transfer Switch? <input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Test Log Maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Manual? <input type="checkbox"/> Yes <input type="checkbox"/> No	Automatic? <input type="checkbox"/> Yes <input type="checkbox"/> No

Alarms

Temp & Power & Automatic Dialer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phase Relay included? <input type="checkbox"/> Yes <input type="checkbox"/> No	Test Log Maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No

Heating

Is the building heated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Heating? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last service date: _____	Service Company _____
Type of Heat: <input type="checkbox"/> Radiant Tube	<input type="checkbox"/> Box Heaters <input type="checkbox"/> In Floor
<input type="checkbox"/> Open Flame	<input type="checkbox"/> Radiant Brooder <input type="checkbox"/> Boiler
Type of Fuel: <input type="checkbox"/> Propane	<input type="checkbox"/> Electric <input type="checkbox"/> Coal
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Wood <input type="checkbox"/> Other

FARM SAFE PROGRAM

Rodent Control Program in force? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rodent Control Log Maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Building Maintenance & Housekeeping? <input type="checkbox"/> Excellent	<input type="checkbox"/> Good <input type="checkbox"/> Fair
Property Maintenance? <input type="checkbox"/> Excellent	<input type="checkbox"/> Good <input type="checkbox"/> Fair
Litter used in Barn? <input type="checkbox"/> Yes <input type="checkbox"/> No	