Berkley Southwest
| a Berkley Company

Farm and Ranch Owners Application

Today's date:_____

Agency Information:	
Agency Name:	**Agency Code:**
Producer Name:	**Producer Phone:**
Producer Email:	**Producer Fax:**

Applicant Information:

Applicant Name:	
Mailing Address:	FEIN:
City:	State: Zip:

Legal Entity: ☐ Individual ☐ Partnership* ☐ Corporation* ☐ Joint Venture* ☐ Other   Insured's DOB:

Coverage Effective Date:	Date Purchased:	Yr. Business Started:

Phone Number: Web Address:

Description of Operations:

* Owner/Member Names if Other than Individual:

# of Cattle: # of Horses: Type of Crop or Ranch:

Primary Location # 1:

Number of Acres:	Is this location rented or leased to others? ☐No ☐Yes

Address (911 address or nearest road/intersection):

City:	State:	Zip:	County:

Is location outside city limits? ☐ No ☐ Yes   Miles from Nearest Fire Station: _____ ☐Manned ☐Volunteer

If no 911 address available, provide info below plus GPS Coordinates:

Number of miles from closest town:	Direction from closest town: ☐North ☐South ☐ East ☐ West

Section:	Range:	Township:

Comments:

Additional Locations:

Loc #	# of Acres	911 Address, Coordinates, Road Name, or Section/Range/Township	Miles from Town	Direction	City	Zip Code	Rented to Others Y/N	Buildings Y/N
2								
3								
4								
5								

(5/2024)

Coverages and Limits: Please select all coverages that apply to this risk.

☐ Coverage A – Dwellings and Residential Structures *(complete page 3)*

☐ Coverage C – Personal Property (household contents) *(complete page 3)*

☐ Coverage E – Equipment, Grain, Hay, or Livestock *(complete page 4)*

☐ Coverage G – Barns, Storage Tanks, Silos, or Fences *(complete page 5)*

☐ Coverage H/I – Liability Occurrence Limit: ☐ $100,000　☐ $300,000　☐ $500,000　☐ $1,000,000

☐ Coverage H/I – General Aggregate Limit: ☐ Same as Occurrence　☐ Double Occurrence

☐ Coverage J – Medical Payment – per person: ☐ $1,000　☐ $3,000　☐ $5,000　☐ $10,000

Optional Endorsements:

☐ Earthquake (FP1040): Which Dwellings?

☐ Farm Computer Coverage (FP0408/FP0458 TX): Limit: $_____

☐ Hunting and Fishing Liability (CLFL0101): Receipts: $_____ (Requires copy of hold harmless)

☐ Scheduled Personal Property (FP0461/0510): Jewelry, fur, silver, firearms (attach schedule – max total limit $100,000)

☐ Increased Special Limits (FP0407): $_____ Jewelry ($6,500 Max)　$_____ Silverware ($10,000 Max)
　$_____ Firearms ($6,500 Max)　$_____ Money ($1,000 Max)　$_____ Securities ($3,000 Max)

☐ Windstorm or Hail Exclusion (FP1015/FP1025 TX): Describe Items:

☐ Additional Residence Rented to Others (FL0406): Attach list with address

☐ Custom Farming (FL0469): ☐ Baling ☐ Planting ☐ Harvest ☐ Other　| Amount of Receipts: $
　If Custom Farming is checked above, please describe:

☐ Farm Employers Liability (FL0465/0467): $50,000 max limit　Payroll: $_____

☐ All-Terrain Vehicle Liability (FL0474): *(if >1, add in comments)* Year, Make and Model Name:

☐ Watercraft Liability (FL0483): Hull Year ____ Make: _____ ☐ Inboard ☐ Outboard　Motor Make: _____
　Engine Size: _____ HP　Maximum Speed: _____ MPH　Length: _____

☐ Additional Insured: ☐ Liability (FL0450)　☐ Property (FP0450)　Describe Interest:
　Name:　Address:

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　Name:　Address:

Comments:

Other Exposures:

☐ Business on Premises other than Farming/Ranching: Please describe:

☐ Exotic Wildlife: Please describe type of Exotic Wildlife:

☐ Recreational Use by Others: Please describe:

☐ Does applicant board, train, or breed horses for others?　☐ No　☐ Yes

　If yes, are Hold Harmless Agreements obtained: ☐ No　☐ Yes (if yes, attach copy of agreement)

　If yes, are statutory equine warning signs posted and included in contract: ☐ No　☐ Yes – provide photos/contract

Comments:

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Dwelling: *if more than two dwellings, please duplicate this page.*

Location Number: Dwelling Number:	Longitude/Latitude coordinates:

Occupancy: ☐ Owner   ☐ Tenant   ☐ Employee   ☐ Vacant   Is this their Primary Residence: ☐ Yes   ☐ No*

*If "No", is there a full time Caretaker living on premises? ☐ No   ☐ Yes: the distance to their dwelling is _____

Dwelling Limit: $	Other Private Structures Limit *(typically 10%)*: $
Household Personal Property Limit: $	Loss of Use Limit *(typically 10%)*: $

Perils: ☐Basic ☐Broad ☐Special	Year Built:	Square Footage:

Dwelling Valuation: ☐Actual Cash Value (FP1210) ☐Replacement Cost	Contents Valuation: ☐Actual Cash Value ☐Replacement Cost (FP0436) - *40% minimum limit*

Dwelling Deductible: ☐$1,000   ☐$2,500   ☐$5,000   ☐$10,000   Wind/Hail Deductible: ☐1% ☐2% ☐3% ☐5%

Construction Type: ☐Frame   ☐Masonry   ☐Non-Combustible   ☐Mobile Home

Roof Type: ☐Asphalt Shingles ☐Concrete Tile/Clay ☐Metal ☐Tar & Gravel ☐Wood ☐Other	Roof Age:

Number of smoke alarms in dwelling: | Monitored burglar or fire alarm? ☐No ☐Yes *(please show company in comments)*

Central Heat/AC: ☐No ☐Yes	Number of Stories: ☐1 ☐1.5 ☐2 ☐_____
Enclosed Foundation: ☐No ☐Yes	Is this dwelling used in any "VRBO" or "Airbnb" operations? ☐No ☐Yes

If dwelling is greater than 30 years old, what year was the last update: Electrical   Plumbing

Comments:

Dwelling: *if more than two dwellings, please duplicate this page.*

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Enclosed Foundation: ☐No ☐Yes	Is this dwelling used in any "VRBO" or "Airbnb" operations? ☐No ☐Yes

If dwelling is greater than 30 years old, what year was the last update: Electrical   Plumbing

Comments:

Equipment, Grain, Hay, and Livestock

☐ Grain
    Limit in Metal Structures: $_____
    Limit in Other Structures: $_____
	Deductible: ☐$1,000 ☐ $2,500 ☐$5,000	Perils: ☐Basic ☐Broad
		    ☐Special

☐ Hay, Straw, and Fodder
    Limit in Structures: $_____
    Limit in Open: $_____
	Deductible: ☐$1,000 ☐ $2,500 ☐$5,000	Perils: Basic Only

☐ Scheduled Livestock
    Head Count:_____
    Value Per Head: $_____
    Type of animal: _____
	Deductible: ☐$1,000 ☐ $2,500 ☐$5,000	Perils: ☐Basic ☐Broad

☐ Animal Collision
    Head Count:_____
    Value Per Head: $_____
	Deductible: N/A	Perils: Collision Only

☐ Miscellaneous Farm Equipment
    $3,000 Max per item
    Limit: $_____
	Deductible: ☐$1,000 ☐ $2,500 ☐$5,000	Perils: ☐Basic ☐Broad
		    ☐Special

☐ Borrowed/ Rented Farm Equipment
    Limit: $_____
	Deductible: ☐$1,000 ☐ $2,500 ☐$5,000	Perils: ☐Basic ☐Broad
		    ☐Special

Equipment Schedule: *if more space is needed, please attach schedule*

Location:	Equipment Type: ☐Standard Farm Equipment ☐Harvesting, Irrigation, Recreational, or Excavating Equipment
Limit: $	Deductible: ☐$1,000 ☐ $2,500 ☐$5,000 ☐$10,000 Serial #:
Year: Make: Model: Item Description:	

Location:	Equipment Type: ☐Standard Farm Equipment ☐Harvesting, Irrigation, Recreational, or Excavating Equipment
Limit: $	Deductible: ☐$1,000 ☐ $2,500 ☐$5,000 ☐$10,000 Serial #:
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Location:	Equipment Type: ☐Standard Farm Equipment ☐Harvesting, Irrigation, Recreational, or Excavating Equipment
Limit: $	Deductible: ☐$1,000 ☐ $2,500 ☐$5,000 ☐$10,000 Serial #:
Year: Make: Model: Item Description:	

Please describe maintenance protocols for farm equipment, and describe storage and security of farm equipment:

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Barns, Tanks, Silos and Fences:

Location: ☐Barns, Stables and Outbuildings ☐Tanks ☐Silos ☐Fences, Corrals/Chutes ☐Windmills

Description/Use: | **Longitude/Latitude coordinates:**

Limit: $ | **Deductible:** ☐$1,000 ☐ $2,500 ☐$5,000 ☐$10,000 | **Perils:** ☐Basic ☐Broad ☐Special

Construction: ☐Frame ☐Masonry ☐Non-Combustible | **Yr. Blt:** | **Sq. Ft:**

Roof Type: ☐Asphalt Shingles ☐Concrete Tile ☐Metal ☐Wood ☐All Other | **Roof Age:**

Open Sides: ☐No ☐Yes | **Hay Storage:** ☐No ☐Yes | ☐ Exclude Wind/Hail – TX only

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Location: ☐Barns, Stables and Outbuildings ☐Tanks ☐Silos ☐Fences, Corrals/Chutes ☐Windmills

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Construction: ☐Frame ☐Masonry ☐Non-Combustible | **Yr. Blt:** | **Sq. Ft:**

Roof Type: ☐Asphalt Shingles ☐Concrete Tile ☐Metal ☐Wood ☐All Other | **Roof Age:**

Open Sides: ☐No ☐Yes | **Hay Storage:** ☐No ☐Yes | ☐ Exclude Wind/Hail – TX only

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Location: ☐Barns, Stables and Outbuildings ☐Tanks ☐Silos ☐Fences, Corrals/Chutes ☐Windmills

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Location: ☐Barns, Stables and Outbuildings ☐Tanks ☐Silos ☐Fences, Corrals/Chutes ☐Windmills

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Open Sides: ☐No ☐Yes | **Hay Storage:** ☐No ☐Yes | ☐ Exclude Wind/Hail – TX only

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Comments:

Supplemental Heating Questionnaire

Dwelling #	Portable Unit? ☐No ☐Yes	Permanently Installed? ☐No ☐Yes

What type of fuel?   ☐Wood   ☐Kerosene   ☐Natural Gas   ☐Oil   ☐Electric   ☐Other

Are proper clearances being maintained between the heating device and any combustible materials?   ☐No ☐Yes

Is the stove and chimney pipe inspected and cleaned at least once a year?   ☐No ☐Yes

General Underwriting Information *(please complete for EVERY SUBMISSION)*

How long have you known the applicant: _____ yrs.	Applicant is ☐Married ☐Divorced ☐Widowed ☐Single

Agriculture is applicant's ☐Primary   ☐Secondary   ☐Only occupation.

What is applicant's primary occupation?	Is this new business to your agency? ☐No ☐Yes

Farmed/Ranched by: ☐Owner   ☐Tenant   ☐Manager/Employees   ☐Other:_____

For locations leased or rented to others:

    What are tenant operations:

    Are Certifications of Liability provided? ☐No   ☐Yes: Tenant Liability Limit: $ Applicant named as AI? ☐No   ☐Yes

Has coverage ever been cancelled or non-renewed? ☐No ☐Yes	Reason:

Does applicant have any other policies with BSW?   ☐No   ☐Yes: please list:

Comments:

Property and Liability Information *(please complete for every risk)*

When did the agent last see the property?	Are there fire extinguishers on site? ☐No ☐Yes

Are livestock fenced?   ☐No   ☐Yes   ☐N/A (no livestock)

Is there a swimming pool? ☐No   ☐Yes: Is there a Slide? ☐No ☐Yes   Is there a Diving Board? ☐No ☐Yes
    Please describe fencing/security:

Are there any trampolines on premises?   ☐No   ☐Yes

Is there a pond or lake used for recreational activities? ☐No   ☐Yes - please describe:

Does the applicant own, rent, or maintain any other property not on this app? ☐No   ☐Yes - please describe:

Are any buildings located in a flood plain?   ☐No   ☐Yes - please describe:

Are labor services, migrant workers or independent contractors used for labor on premises? ☐No   ☐Yes

    If yes, describe activities performed by those workers:

If yes, are certificates of Workers Compensation required? ☐No ☐Yes	Housing provided? ☐No ☐Yes

Are there any unusual hazards present such as quarries, commercial wood lot, open dump pits, sump holes, vehicle trails, reservoirs, waste lagoons, etc.?   ☐No   ☐Yes - please describe:

Are Farm operations open to the public, such as U-Pick, Community Gardens, auction sales, swap meets, sales or food/beverage service?   ☐No   ☐Yes - please describe:

Does applicant sell any product (their own or anyone else's) such as seed, feed, fertilizers, herbicides, pesticides, chemicals, etc.? ☐No   ☐Yes - please describe:

Is applicant licensed for application of chemicals?   ☐No   ☐Yes - provide license # and expiration date:

Are there children in the household under the age of 25?   ☐No   ☐Yes - please list age(s): _____

Comments:

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Property and Liability Information (continued)

Are there any dogs on the premises?   ☐No   ☐Yes - please list number of dogs and breeds: _____

  If yes, have the pets been involved in any prior claims: ☐No   ☐Yes – describe:

Are there any Arena, Roping or Rodeo practice facilities on premises?   ☐No   ☐Yes

  If yes, please describe: Public participants or spectators?   ☐No   ☐Yes

Any livestock provided to rodeo facilities?   ☐No   ☐Yes - please describe:

Any ATVs or Recreational Equipment used?   ☐No   ☐Yes - describe usage: _____

  If yes, are helmets required? ☐No   ☐Yes   Are minors allowed to ride/drive ATVs?   ☐No   ☐Yes

Does applicant have Agritainment exposures (such as crop maze, provide tours, offer hayrides), offer premises as a wedding/event venue, or make premises available for trail rides?   ☐No   ☐Yes – describe:

Are any contract or service operations performed for others such as tilling, excavating, chemical spraying, trenching, custom farming, etc.? (If Custom Farming is desired, please select in Optional Endorsements section).   ☐No   ☐Yes

  If yes, please describe:

If produce is grown, are precautions made to reduce food borne illnesses?   ☐No   ☐Yes   ☐N/A

Comments:

Additional Interests:

Mortgagee:	Loss Payee:
Address:	Address:
Address:	Address:
City/State/Zip:	City/State/Zip:
Loan Number:	Interest:

Comments:

Prior Losses:

Claim Date:	Loss Amount: $	Details:
Claim Date:	Loss Amount: $	Details:
Claim Date:	Loss Amount: $	Details:

Comments:

Prior Carrier:

Prior Carrier Name:	Expiring Premium: $	Expiration Date:

Billing Information:

Billing Method: ☐EFT Billed *(completed form required)*   ☐Direct Bill – select pay plan below:

Direct Bill Payment Plan: ☐1-Pay (100% down, no service fees)   ☐ 2-Pay (50% down + 1 installment)
☐3-Pay (33% down + 2 installments)   ☐4-Pay (25% Down + 3 installments)   ☐9-Pay (25% down + 8 installments)
☐10-Pay (10% down + 9 installments)   ☐10-Pay (20% down + 9 installments)   ☐11-Pay (20% down + 10 installments)

Down Payment: $

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Additional Comments and Information: