

AGENT:

ROBERTS COUNTY FARM MUTUAL INSURANCE FARM LIABILITY APPLICATION

Important: this is an application for an assessable policy.

EFFECTIVE DATE: _____

10015 () Up to 40 acres

NAME OF INSURED:

10016 () 41 - 160 acres

PREMIUM:

Address & Phone #:

10017 () 161 - 500 acres

10018 () 501 - 1500 acres

10019 () Over 1500 acres

\$

COVERAGE & LIMIT OF LIABILITY:

Premises Only: () Yes () No

Liability: \$ _____ Med. Payments: \$ _____ ea. occur., Incl. Initial

Is there other liability: () Yes () No

**Farm Premises, Limited Custom Work, Exchange Labor &
\$500 Voluntary Property Damage**

Is all land rented to others: () Yes () No

Personal Liability: () Yes () No

10060 Additional Set Farm Buildings, Owner or Rented by Insured

\$

Farmland or Premises Rented to Others () With Buildings (10230) () Without Buildings (10231)

\$

Additional Residence () Occupied by Insured (10070) () For Rent or Sale (10220)

\$

Additional Insured () Other Than Farm (10075) () Involved With Farm - NAMES (10076)

\$

NAME & ADDRESS: _____

Employer's Liability - How Many? _____ () Part-time (10090) () Full-time (10100)

\$

Custom Work: Est. Payroll? _____ Kind of Custom Work? _____

\$

Fire Legal Liability - () Full Coverage (10245) () \$50 Deductible (10240)

\$

20011 Personal Injury - False Arrest, Libel, Slander, Invasion of Privacy, Etc

\$

Incidental Business: Estimated Annual Income-\$ _____ Describe Business: _____

\$

25000 Medical Payments For Business Visitors, Per Location

\$

10160 Recreation Vehicles - Describe Vehicles: _____

\$

Watercraft: Boat Type: () Outboard () Inboard () Inboard/Outboard () Pontoon () Ski Jet

\$

() Sailboat-Houseboat with power () Sailboat without power HORSE POWER PER ITEM?

Additional Partners: (10080) NAMES: _____

\$

10040 Milk Contamination - Flat Charge

\$

Are Any Premises Vacant? () Yes () No Are Any Premises Rented to Others? () Yes () No

\$

Description & Location of all premises owned or rented by the insured (use back if needed)	#of Acres	Sets of Bldgs.
County _____		
County _____		
County _____		
County _____		
County _____		

Underwriting Comments: _____

Policy Fee: \$4.00

TOTAL PREMIUM: \$ _____

No business pursuits are being conducted except as herein stated: _____

No similar insurance has been cancelled or declined by any company during the past 3 years except as herein stated: _____

List all previous Liability Losses in the past 5 years: _____

DATE: _____

AGENT: _____

APPLICANT: _____

RCFM-80 (4/99)