



Loudoun Mutual  
Insurance Company

# FARMOWNERS RENEWAL QUESTIONNAIRE

Please complete this form and return it to us in the blue envelope provided.

Named Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

1. Is the main home insured under this policy occupied as your primary residence?  Yes  No  
If No, please explain: \_\_\_\_\_

2. List all current farm land owned by or leased to you, or leased to others:

Location Description	Acreage	Farmed by You	Leased to Others

Check here if more locations listed under Comments on back.

3. Please list all Livestock owned or boarded by you at any listed locations. ( Check here if none)

Type of Livestock	Number of Head

Check here if more livestock listed under Comments on back.

4. Does your farm operation involve any of the following?: ( Check here if none)

- Boarding of non-owned horses       Horse Breeding Services       Participation in Horse Shows
- Riding Lessons       Horse Racing or Rodeo       Carriage or Pony Rides

If so, please explain: \_\_\_\_\_

**5. Does your farm operation involve any Agri-tourism or Agri-tainment features, such as farm tours, hay rides, corn mazes, seasonal festivals, cut/pick-your-own, petting zoos, stores, hunts, haunted houses, etc...?**

Yes  No *If Yes, please explain:*

**6. Does your farm operation involve any manufacturing of bio-fuels (bio-diesel, ethanol, or methane)?**

Yes  No *If Yes, please explain:*

**7. Please list all employees.** (Provide Drivers License Numbers if they drive any of your vehicles on public roads):

Employee's Name	Full Time	Part Time	License No.

Check here if more employees listed under Comments.

**8. Do you use any woodstoves for heating either your dwelling(s), garage(s), or farm buildings?**

Yes  No *If Yes, please list the buildings in which the stove(s) are located.*

**9. Do you own or operate any unlicensed farm trucks?**

Yes  No *If Yes, please list all:*

**10. Do you own any dogs?**  Yes  No *If Yes, please list number and breed:*

**11. Please check any that apply with respect to changes in your property over the past 2 years:**

Additions/Renovations to any dwellings  Constructed New Buildings  Purchased New Machinery

**12. If you participate in any Farmers Markets, please list locations, products, and estimate annual sales.**

**13. Would you like your agent to contact you for a review your coverages?**  Yes  No

**Comments:**

*Note #1: Completion of this form does not automatically amend your coverage. Consult your policy declarations page for a current listing of coverages. Contact your agent if you are interested in making changes to your policy.*

*Note #2: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.*

**Individual Completing Questionnaire:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Thank you for completing this questionnaire. It is our goal to use this information to serve you better.**