

Agency: _____ Agt Code: _____

Request for Farmowners/Farm Fire Quote

Eff Date _____ Exp Date _____

Named Ins'd: _____

Mailing Add: _____

Property Location(s) 1. (Acres _____) _____ County: _____

2. (Acres _____) _____ County: _____

3. (Acres _____) _____ County: _____

Main Dwelling: (Check here if no main dwelling)

Occupancy: Owner Tenant Other _____

Construction: Frame Other _____

Masonry (minimum 2/3 masonry exterior to qualify)

Prot Class: Protected (1-8) Partially Protected (9)

Unprotected (10) Suburban (Preferred or MasterGuard only; w/in 6 mi to FD; visible from road)

Protective Devices: Smoke Alarms Dead Bolts Other: _____

Dwelling Coverage Limit _____ Ded _____ Year Built: _____

Policy Form: Basic Broad Special Tenant (form 4)

Rating Tier: Standard

Preferred* (\$100K minimum Cov A; <50 yrs old)

MasterGuard* (\$300K minimum Cov A; < 40 yrs old)

Endorsements: Farm Guardian* (recommended) ID Recovery* Equipment Breakdown*

Inland Flood \$10,000 Inland Flood \$25,000 Inland Flood \$50,000

Other Property Endorsements:

***available for owner occupied dwellings only**

(continued)

Liability: Limit \$100,000 \$300,000 \$500,000 \$1,000,000
 Med Pay \$1,000 \$3,000 \$5,000

Endorsements: Add'l Residence Rented to Others _____ (No. of Families ____)

Employers Liability: ____ Full Time ____ Part Time (41 – 179 days) ____ Part Time (40 days or less)
 (Recommendation: Always include Employers Liability if Workers Comp not required)

Equine Liability: No. of horses on premises ____ No. involved in breeding operation ____
 No. involved in training operation ____ Receipts from riding instruction ____

Unlicensed Farm Truck(s) over 35,000 lbs: _____ (description)

Data Compromise Coverage (\$50,000 limit; \$1000 deductible)

Other Liability Endorsements:

Please list the type of farming on premises (Dairy, Beef, Poultry, Wool, Produce, Equine, Vineyard, Exotic Animals, etc):

Any other non-farm operations on premises?

Machinery: Scheduled (Schedule Total _____) (attach copy of current schedule, if possible)

Blanket (Amount _____)

(Recommendation: Schedule larger items for the better rate.)

Livestock:

Note: For Livestock, there is no Blanket cov'g option. There is also no deductible, but there is an 80% coinsurance clause.

Number of Head	Value Per Head	Type of Livestock

Include Additional Perils

Include Winter Perils

(continued)

Farm Structures (Barns, Tenant Dwellings, Silos, etc.):

(See footnotes below for further explanation of certain items. If more than 5 items, list others under Other Items/Comments)

Amount	Loc #	Description ¹	Frame, Masonry, Metal	Type ² 1, 2 or 3	RC ³ or ACV?	Basic Perils	Special Perils ⁴	Wt of Snow Perils ⁵

Coverage G (Unscheduled Farm Personal Property): Include (Amount _____)

Mortgagee or Lienholders:

(Check here if mortgagee pays premium)

Other Items/Comments:

¹ Differentiate descriptions as distinctly as possible. Include measurements when known.

² Barns: Type 1 = Excellent condition; \$25K minimum; 1-story maximum; masonry foundation or pad

Type 2 = Good condition; \$10K minimum; masonry foundation or pad

Type 3 = Fair condition; \$1K minimum; hay storage allowed

Dwg: Type 1 = \$50K minimum; < 30 years old

Type 2 = \$25K minimum; < 50 years old

Type 3 = other

³ For RC, must be in excellent condition; fully enclosed building; roof pitch of at least 4/12

⁴ For Special Perils, must be in excellent or good condition

⁵ For Wt of Snow Perils, must be in excellent or good condition (Type 1 or 2); minimum 4/12 roof pitch; and not over 50 ft wide.

Basic Underwriting Questions - For Quoting Purposes Only

Note: These questions are NOT a substitute for the complete set of underwriting questions required later in risk evaluation process.

1. Prior Carrier:

2. Loss History (past 5 years):

3. Has current coverage been cancelled or non-renewed, or has the premium been dramatically increased?

4. Are woodstoves used in any dwellings or other buildings?

5. Insured's SSN:
(Credit & loss history checks help us better determine IRPM quote adjustment.)

6. If known, what is the existing policy premium, or that of a competing quote?

7. Please list any other information that you feel may help us better quote this risk.

**Upon completion, email or fax this form to us and we will return a quote and blank application as quickly as possible.
Thank you for allowing Loudoun Mutual the opportunity to quote this risk.**