



**MI-309 - Co-owner Dwelling #** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Cov. A \$** \_\_\_\_\_ ☐ AVC ☐ R/C **Ded.** \_\_\_\_\_ **Cov. C** ☐ AVC ☐ R/C

**Form:** ☐ ML-1 (Basic) ☐ ML-2 (Broad) ☐ ML-3 (Special) **ML-216 Credit** ☐ Yes ☐ No

**Construction:** ☐ Frame ☐ Masonry ☐ Mobile Home **Prot. Class** \_\_\_\_\_ **# Families** \_\_\_\_\_

**Mobile Home Information:** **Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Length:** \_\_\_\_\_ **Width:** \_\_\_\_\_

ADDITIONAL FARM PREMISES WITH BUILDINGS (ML-11)			Owned, Rented, Operated by Insured	Rented to Others
Location	Acres	Prot. Class		
1. _____			<input type="checkbox"/>	<input type="checkbox"/>
2. _____			<input type="checkbox"/>	<input type="checkbox"/>
3. _____			<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL FARM PREMISES WITHOUT BUILDINGS (ML-11)			Owned, Rented, Operated by Insured	Rented to Others
Location	Acres	Prot. Class		
1. _____			<input type="checkbox"/>	<input type="checkbox"/>
2. _____			<input type="checkbox"/>	<input type="checkbox"/>
3. _____			<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL RESIDENCE PREMISES - RENTED TO OTHERS (ML-70A)**

**Location**

1. _____	<input type="checkbox"/> 1-Family	<input type="checkbox"/> 2-Family
2. _____	<input type="checkbox"/> 1-Family	<input type="checkbox"/> 2-Family
3. _____	<input type="checkbox"/> 1-Family	<input type="checkbox"/> 2-Family

**CUSTOM FARMING - Describe All Custom Farming Operations (ML-313)**

\_\_\_\_\_

\_\_\_\_\_

Estimated Receipts: Including Pesticides: \$ \_\_\_\_\_ Excluding Pesticides: \$ \_\_\_\_\_

**PICK YOUR OWN OPERATIONS - FRUIT AND VEGETABLES (ML-322)**

Are Ladders Permitted ☐ Yes ☐ No

What Crops are Picked \_\_\_\_\_

Estimated Annual Receipts from PYO Operations \$ \_\_\_\_\_

Any Other Business Exposures ☐ Yes ☐ No

Describe \_\_\_\_\_

Payroll \_\_\_\_\_ Receipts \_\_\_\_\_ Kennels \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

**FARM EMPLOYEES COVERAGE (ML-311)** Estimated Payroll: \$ \_\_\_\_\_

**BUSINESS EXPOSURES:** ☐ With Products ☐ Without Products

Classification: \_\_\_\_\_ Annual Receipts: \$ \_\_\_\_\_

Food or Beverage Consumed on Premises? ☐ Yes ☐ No

**ADDITIONAL COVERAGES:**


**COVERAGE E - SCHEDULE OF FARM PERSONAL PROPERTY (ML-300) ☐****INLAND MARINE COVERAGE MR-FORM ☐**

Limit of Liability	Ded.	Farm Produce & Supplies (co-ins clause applies)
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

**COVERAGE G - UNSCHEDULED FARM PERSONAL PROPERTY (ML-300) ☐****INLAND MARINE COVERAGE MR-FORM ☐**

Limit of Liability \$ \_\_\_\_\_

**SEASONAL VARIATION ENDORSEMENT (ML-391) - Attach Schedule****COVERAGE F (ML-303)****SCHEDULE OF BARN, BUILDINGS, STRUCTURES AND ADDITIONAL FARM DWELLINGS**

Limit of Liability	Stories	Roof	Building/Fixed Equipment	Description/ Occupancy	Loc.	Type	Ded.
			Additional Dwelling				
			Garage				
			Barn				
			Barn				
			Barn				
			Barn				
			Silo				
			Silo				
			Fixed Equipment in Barn (Identify Barn)				
			Description:				

### UNDERWRITING INFORMATION:

- |   |   |
|---|---|
| <p>1. Insured's farming history:</p> <p>2. Type of farming: (Include all related operations)</p> <p>3. % total income other than farming:</p> <p>4. Describe fully any business operations conducted on premises:</p> <p>5. Does insured operate a roadside market?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No<br/>% of sales from Purchased Produce: _____</p> <p>6. Does the farm produce maple syrup, cider butter, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____<br/>Annual Sales of Maple Syrup or Cider \$ _____</p> <p>7. List unusual liability hazards:<br/>(farm ponds, junk cards, gravel pits, etc.)</p> | <p>8. List all recreational vehicles:</p> <p>9. Any Riding, Training or Boarding of Horses?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:</p> <p>10. # of Horses owned by insured:<br/># of Horses owned by others:</p> <p>11. Number of Employees:<br/>Workers Compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Woodburning Stove: <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If yes complete questionnaire</p> <p>13. Has any carrier declined, canceled or non-renewed risk? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If Yes, give reason:</p> <p>14. Name of previous carrier _____</p> <p>15. Have there been any losses in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>(If yes, provide loss run and history)</p> <p>16. Additional Information _____<br/>_____<br/>_____<br/>_____</p> |
|---|---|

Renovations: Use Form RHO 1/98 Home Renovation Questionnaire for Homes  
For Farm Bldgs - List and Describe

### DIAGRAM AND PHOTOS

Attach separate diagram showing all buildings whether insured or not and the distance between each. Identify each building as per items on schedule. **Attach photos of all insured and uninsured buildings.**

### BILLING OPTIONS

- ☐ Deposit Attached Amount \$ \_\_\_\_\_ (LARGER OF: 25% of premiums or \$100 minimum)
- ☐ Annual ☐ Quarterly ☐ 6 Payments (Direct Bill Only) ☐ Escrow Billing ☐ Milk Check
- ☐ Third Party Billing (Name, Address and Zip Code): \_\_\_\_\_  
\_\_\_\_\_

### FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which this application is assigned. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

### FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### APPLICANTS STATEMENT

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

DATE	SIGNATURE OF APPLICANT	DATE	SIGNATURE OF AGENT
<input type="checkbox"/> Photos Attached	<input type="checkbox"/> HAVE SEEN this property	Is Coverage Bound?	
<input type="checkbox"/> Photos will be sent by:	<input type="checkbox"/> HAVE NOT SEEN this property	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**MR-41 - MOBILE MACHINERY SCHEDULE**  
**MR-33 - LIVESTOCK SCHEDULE**

**ALLEGANY CO-OP INSURANCE CO.**  
**AGRICULTURE SUPPLEMENT**

										DATE (MM/DD/YYYY)	
AGENCY					APPLICANT/FIRST NAMED INSURED						
								NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE	

[illegible]

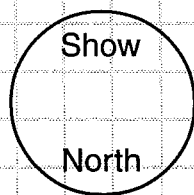
**ALLEGANY CO-OP INSURANCE CO.  
ML391 - SEASONAL VARIATION SCHEDULE**

<b><u>MONTH</u></b>	<b><u>COVERAGE AMOUNT</u></b>
JANUARY	_____
FEBRUARY	_____
MARCH	_____
APRIL	_____
MAY	_____
JUNE	_____
JULY	_____
AUGUST	_____
SEPTEMBER	_____
OCTOBER	_____
NOVEMBER	_____
DECEMBER	_____
<b>AVERAGE COVERAGE</b>	_____

# ALLEGANY CO-OP INSURANCE CO. FARMOWNERS DIAGRAM

Insured: \_\_\_\_\_

Farm Location: \_\_\_\_\_



## Instructions:

1. Identify each building as numbered on the schedule. Indicate location of water supply.
2. Show ALL buildings whether insured or not and distance between each.