	FAF	RMOWNE	R APPLIC	ATION		entleman Farmer Prograi armowners Program
9 NORTH BI	IY CO-OP INS RANCH ROAD., 0 -1000 FAX 585-	CUBA, NEW		□ NEW □ REPLACES □ QUOTE		
NAMED INSURED IS:	Individual	Pa	ırtnership	Corporation	n	LLC
DWG OCCUPANCY		FORM		AGENCY NAME		
Owner Tenant # Units:	Basic		Broad ML-2 Tenant ML-4 Superior ML-5	AGENCY CODE		
APPLICANT NAME and	ADDRESS (No., S	Street, Town or (City, County, State,	Zip Code)	PC	OLICY PERIOD
					Fro	om:Inception
Birth Date:	SS or Tax I.D.#:		Phone #: () -		Expiration
The initial premises cove and situated on (N.S.E.W.) Responding Fire Departn	side of)		ad about	acres in the Towr miles responding Fire D	from	Nearest Town)
PROTECTION: CONSTRUCTION: # OF FAMILIES: PROTECTIVE DEVICES DEDUCTIBLE:	Protected Frame One	Two rm (Attach C	Semi Pr Masonry Other Certificate) ML-2	rotected y Year Built: 16	Πl	Inprotected Iodular/Mobile
	MAIN R	ESIDENCE	PROPERTY C			
COVERAGE A:	COVERAG	GE B!:	cov	ERAGE C:		COVERAGE D:
Residence (1-2 Family) R/C (Estimator) ACV	Related Private DOES NOT		Perso R/C (ML-55)	onal Property ACV No	ne	ALE and Loss of Rents
	Year	Make		Serial No.		Length Width
Mobile Home Info:						
			Y COVERAGE:			
COVERAG Limit of Liab			AGGREGATE LI of Liability (LS Fo	li di	. 1	COVERAGE M Med. Pay (Per Person)
\$100,000	\$ 500,000 \$1,000,000 \$2,000,000 (where available)	\$200,00 \$400,00 \$600,00	00	1,000,000 2,000,000 4,000,000 vhere available)	\$	5500 61,000 Other \$
☐ ML-10F Farm Liability	LS1 General LS5 Busines	Liability s General Lia	ability	-9A Personal Liat d Insured:	•	(for use with LS forms only)
	ADD	ITIONAL IN	SURED INFOR	MATION:	,	
NAME and ADDRESS:						(ML-315A)
INTEREST:	Cov. A Island Marine	Cov. C	Cov. E, Cer By Deed	G Cov. F		Cov. L Cov. M
			E INFORMATI			
NAME and ADDRESS:	(If escrow billed ar	nd more than or	ne mortgagee, use fi	irst section for escrow	accou	unt information)
1.				Loan Numbe	er:	
				Escrow		YES NO
2.	<u> </u>	W. W. C.	ACCURATION AND ADDRESS OF THE PARTY OF THE P			
				Loan Numbe	er:	

MI-309 - Co-owner Dwelling # Location:				
Cov. A \$ AVC R/C Ded Form: ML-1 (Basic) ML-2 (Broad) ML-3 (Construction: Frame Masonry Mobile Home Mobile Home Information: Year: Make:	Special) Prot	MI . Class _	Cov. C AVC L-216 Credit Yes # Families	☐ No
				- · ·
ADDITIONAL FARM PREMISES WITH BUILDINGS (ML-11)		Prot.	Owned, Rented, Operated by	Rented to
Location	Acres	Class	Insured	Others
		Ciaco		
2				
0.	1			
				D. H.
ADDITIONAL FARM PREMISES WITHOUT BUILDINGS (ML-11)		Prot.	Owned, Rented, Operated by	Rented to
Location	Acres	Class	Insured	Others
		Olado		
2.				
3.				
ADDITIONAL PROIDENCE PREMIERS PENTER TO OTHERS /MI	704\			
ADDITIONAL RESIDENCE PREMISES - RENTED TO OTHERS (ML Location	-70A)			
	□1-Fa	mily	2-Family	
1. 2.	_	-	2-Family	
2	1-a 1-Fa	-	2-Family	
J				
CUSTOM FARMING - Describe All Custom Farming Operations (M	/IL-313)			
Estimated Receipts: Including Pesticides: \$	Excluding	Pesticide	es: \$	
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 Eveneuros TVos TNo				
Any Other Business Exposures Yes No				
Describe Receipts Kennels		Sa Et	_	
rayruiineceipts Kerineis		34. Fl	•	
FARM EMPLOYEES COVERAGE (ML-311) Estimated Payroll: \$_	·		_	
BUSINESS EXPOSURES: With Products	With	out Prod	ucts	
Classification:	_		eipts: \$	
Food or Beverage Consumed on Premesis? Yes No				

					·		
· · · · · · · · · · · · · · · · · · ·		- ·					
	COVERAGE		HEDULE OF FARM PERSONA	-	L-300) [
Limit of L	iability		AND MARINE COVERAGE MF Ded. Farm Produce & Supple		nnline)		
LITTIL OF L	iability	L	rami Froduce & Suppi	ies (co-ilis ciause a	(ppiles)		
<u>.</u>							
				and the state of t			
				-			
			SCHEDULED FARM PERSON				
of Liability	\$						
of Liability	\$	** *** *** *** *** *** *** *** *** ***					- 10
t of Liability		NAL VAI	RIATION ENDORSEMENT (MI	L -391) - Attach Sci	hedule		
t of Liability		NAL VAI	RIATION ENDORSEMENT (MI	L -391) - Attach Scl	hedule		
	SEASO		RIATION ENDORSEMENT (MI COVERAGE F (ML-303 JILDINGS, STRUCTURES ANI	3)		ELLING	
SCHED Limit of	SEASO		COVERAGE F (ML-303	3)		ELLING Type	S
SCHED Limit of	SEASO	RNS, BL	COVERAGE F (ML-303 JILDINGS, STRUCTURES ANI	Description/	ARM DW	1	
SCHED Limit of	SEASO	RNS, BL	COVERAGE F (ML-303 JILDINGS, STRUCTURES ANI Building/Fixed Equipment Additional Dwelling Garage	Description/	ARM DW	1	
SCHED Limit of	SEASO	RNS, BL	COVERAGE F (ML-303 JILDINGS, STRUCTURES ANI Building/Fixed Equipment Additional Dwelling Garage Barn	Description/	ARM DW	1	
SCHED Limit of	SEASO	RNS, BL	COVERAGE F (ML-303 JILDINGS, STRUCTURES ANI Building/Fixed Equipment Additional Dwelling Garage Barn Barn	Description/	ARM DW	1	
SCHED Limit of	SEASO	RNS, BL	COVERAGE F (ML-303 JILDINGS, STRUCTURES ANI Building/Fixed Equipment Additional Dwelling Garage Barn Barn Barn	Description/	ARM DW	1	
SCHED Limit of	SEASO	RNS, BL	COVERAGE F (ML-303 JILDINGS, STRUCTURES ANI Building/Fixed Equipment Additional Dwelling Garage Barn Barn	Description/	ARM DW	1	
SCHED Limit of	SEASO	RNS, BL	COVERAGE F (ML-303 JILDINGS, STRUCTURES ANI Building/Fixed Equipment Additional Dwelling Garage Barn Barn Barn	Description/	ARM DW	1	
SCHED Limit of	SEASO	RNS, BL	COVERAGE F (ML-303 JILDINGS, STRUCTURES ANI Building/Fixed Equipment Additional Dwelling Garage Barn Barn Barn	Description/	ARM DW	1	
SCHED Limit of	SEASO	RNS, BL	COVERAGE F (ML-303 JILDINGS, STRUCTURES ANI Building/Fixed Equipment Additional Dwelling Garage Barn Barn Barn	Description/	ARM DW	1	
SCHED Limit of	SEASO	RNS, BL	COVERAGE F (ML-303 JILDINGS, STRUCTURES ANI Building/Fixed Equipment Additional Dwelling Garage Barn Barn Barn	Description/	ARM DW	1	
SCHED Limit of	SEASO	RNS, BL	COVERAGE F (ML-303 JILDINGS, STRUCTURES ANI Building/Fixed Equipment Additional Dwelling Garage Barn Barn Barn Barn	Description/	ARM DW	1	
SCHED Limit of	SEASO	RNS, BL	COVERAGE F (ML-303 JILDINGS, STRUCTURES ANI Building/Fixed Equipment Additional Dwelling Garage Barn Barn Barn Barn Sarn	Description/	ARM DW	1	
SCHED	SEASO	RNS, BL	COVERAGE F (ML-303 JILDINGS, STRUCTURES ANI Building/Fixed Equipment Additional Dwelling Garage Barn Barn Barn Barn Sarn	Description/ Occupancy	ARM DW	1	

UNDERWRITING INFORMATION:

1.	Insured's farming history:	8. 1	ist all recreational vehic	cles:
2.	Type of farming: (Include all related operat		Any Riding, Training or B ☐ Yes ☐ No If Yes	_
3. 4.	% total income other than farming: Describe fully any business operations	i	# of Horses owned by ins # of Horses owned by ot Number of Employees:	
	conducted on premises:	12.	Norkers Compensation: Noodburning Stove: f yes complete question	☐ Yes ☐ No
5.	Does insured operate a roadside market? Yes No of sales from Purchased Produce:	13.	Has any carrier declined non-renewed risk? f Yes, give reason:	
6.	Does the farm produce maple syrup, cider		Name of previous carrier	
0.	butter, etc? Yes No Describe		lave there been any los	
	Annual Sales of Maple Syrup or Cider		hree years?	☐Yes ☐No
	\$	ĺ	If yes, provide loss run	and history)
7.	List unusual liablity hazards:	16.	Additional Information _	
	(farm ponds, junk cards, gravel pits, etc.)			
Re	novations: Use Form RHO 1/98 Home Renova For Farm Bldgs - List and Describe		aire for Homes	
		RAM AND PH	OTOS	MANAGEMENT
T			44	
	ach separate diagram showing all buildings whetl Iding as per items on schedule. Attach photos o			
	BII	LING OPTIO	NS	
	Deposit Attached Amount \$ Annual	ill Only) 🔲 E	scrow Billing 🔲 Milk C	
reque upon name	nsumer Report may be requested by the insurer to whe sted in connection with an update or renewal or extended in connection with an update or renewal or extended in consumer request, will be informed whether or not a consumer and address of the consumer reporting agency that	nsion of the insu report was reque furnished the rep	on is assigned. Subseque rance for which this applicated, and if such report water.	ation is made. The applicant, as requested, informed of the
stater fact n	ment of claim containing any materially false informat naterial thereto, commits a fraudulent insurance act, v nousand dollars and the stated value of the claim for e	ion, or conceals vhich is a crime, each such violati	for the purpose of mislead and shall also be subject t on.	ing, information concerning any
the b	APPL e read the above application and any attachments. I dest of my knowledge and belief. This information is be pplying.		formation provided in then	
D,	ATE SIGNATURE OF APPLICANT	DATE	SIGNAT	URE OF AGENT
		l		
	Photos Attached [_] HAVE SEEN	this property	Is Coverage Bound?
	Photos Attached [Photos will be sent by:		this property SEEN this property	Is Coverage Bound?

ALLEGANY CO-OP INSURANCE CO. AGRICULTURE SUPPLEMENT

						DATE	(MM/DD/YYYY)
AGENCY		APPLICANT/FIRST NAME	D INSURED			1	
				NEW RNWL	EFFECT	IVE DATE	EXPIRATION DATE
HOW MANY	DESCRIPTION		V. PER H	ALUE IEAD/I	TEM	TO.	TAL VALUE
							
			-				
							
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			<u></u>			 	

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

MONTH	COVERAGE AMOUNT
JANUARY	
FEBRUARY	
MARCH	
APRIL	
MAY	
JUNE	
JULY	
AUGUST	
SEPTEMBER	
OCTOBER	
NOVEMBER	
DECEMBER	
AVERAGE COVERAGE	

	ALLEGANY CO-OP INSURANCE CO.				
	FARMO	WNERS DIAGRA	M		
sured:					
arm Location:					
Channel					
Show					
North					
				····	
Instructions:	ding as numbered	on the schedule. Inc	dicate location of	water supply	
O Observatil building	unig as numbered	ed or not and distance	noate iocation of	water suppry.	