



## Farm Application

Broker:			
Policy period:	From:	To:	12:01 A.M. standard time at the address of the applicant

APPLICANT INFORMATION			
Name:		Policy renewal date:	
Mailing address:			
If applicant does not reside on the farm, provide applicant's legal address including lot, concession number (if applicable) and postal code:			
Contact name and phone number for inspection:			
Website Address:		E-mail address:	
Number of years in Farming Business:	Date of Birth:	Is the applicant a full-time farmer?	<b>Yes    No</b>
If no, provide details including other occupation:			
Is This New Business or Renewal?		<b>New    Renewal</b>	Target Premium:

PRIOR EXPERIENCE AND LOSS HISTORY			
Has the Applicant had any farm related losses including pollution or environmental losses in the past 5 years?			<b>Yes    No</b>
If yes, provide full details below:			
Date of Loss	Description of loss	Type of policy (Property)	Amount Paid
Has any Insurer declined, cancelled, or refused to renew coverage including pollution liability in the last 5 years?			<b>Yes    No</b>
If yes, provide details:			
Current Farm Insurer Name:		Policy Number:	
Current Pollution Liability Insurer Name: <i>(If requesting pollution coverage)</i>		Policy Number:	
Other Insurance w/ Aurora Underwriting Solutions?		<b>Yes    No</b>	Policy Number:

OPERATIONS
What are the Farm Operations:
<b>Poultry &amp; Horse Questionnaires must be completed.</b>

Any other business conducted on the premises?	<b>Yes</b>	<b>No</b>	
If yes, provide details:			
Are any of the buildings insured not used for farming purposes?	<b>Yes</b>	<b>No</b>	
If yes, provide details:			

**FARM DWELLING – OWNER OCCUPIED, SEASONAL OR RENTED** *(If additional dwelling, complete this section for each dwelling to be insured)*

Location Address, including road, 911 number, lot and concession number and township:		
Year built:	# of stories:	Square footage:
Occupant details:		
If dwelling is rented out does Landlord require tenant to carry a Tenant’s Package policy?		
<b>Yes</b>	<b>No</b>	

<u>OCCUPANCY:</u>	<u>STRUCTURE:</u>	<u>CONSTRUCTION:</u>	<u>RENOVATION:</u>	Year	Full	Partial
Primary	Single dwelling	Fire Resistive	Heating			
Secondary	2-3 dwellings	Frame	Wiring			
Seasonal	4 dwellings and more	Masonry	Plumbing			
Rental	Mobile Home	Masonry Veneer	Roofing			
Vacant	Tenants	Masonry/Non-Combustible	Roof Type:			
Unoccupied	Other	Non-Combustible				
Under Construction						

<u>PRIMARY HEATING:</u>	<u>AUXILIARY HEATING:</u>	<u>OIL TANK:</u>	<u>Electrical:</u>
Bi energy (oil with other fuel)	Approved Floor-model heating appliance	Year:	Amps: Aluminum
Central – All Types	Gas appliance	Inside	Breakers Fuses
Central – Hot Air	None	Outside	Knob & tube Copper
Central – Hot Water	Oil Appliance	Above ground	
Central – Oil Combination (Wood with other fuel)	Other type of heating	Under ground	
Combination furnace without wood	Portable electric space heaters	12 Gauge	<u>Plumbing:</u>
Furnace	Solid fuel heating appliance <i>Farm Woodstove Questionnaire required</i>	14 Gauge	Copper % Poly-B /Kite C % Pex % PVC / CPVC %
Heat Pump		Fiberglass	Water Heater Year:
Multiple systems in building	<u>Use of Auxiliary Heating:</u>	Other	Automatic water shut off
Radiant Heat	Regular		Water leak detector:
Skirting-boards	Emergency	Is there a Sump Pump?	Monitored   Monitored integral group
		<b>Yes No</b>	
Stove (space heater appliance)	Not Used	Battery Backup on Pump?	Backwater valve (sewer backup valve)
		<b>Yes No</b>	<b>Yes No</b>
Outdoor wood furnace	Heating Unit professional installation:	Is the basement finished?	
Other		<b>Yes No</b>	

<u>Fire Protection:</u>					
<u>Distance to fire hydrant:</u>			<u>Distance to fire hall:</u>		
No Hydrants	No operating hydrants	Less than 2.5 km	2.6 km to 5 km	5.1 km to 8 km	More than 8 km
Operating within 500ft	Operating within 1000ft				

<b>Security System:</b>			
Fire	Burglar: <b>Local</b> <b>No</b>	Sprinkler: <b>Yes</b> <b>No</b>	
Other	Monitored by		
Protection Program	Alarm Cert. attached	<b>Yes</b>	<b>No</b>
Remote alarm (connected to Fire Hall)	Security Type:		
	Smoke Detectors:	<b>Yes</b>	<b>No</b>
Loss, if any, payable to:			

**HOMEOWNERS COVERAGE: FORMS, LIMITS AND DEDUCTIBLES - BROAD FORM      COMPREHENSIVE**

Dwelling Limit:	Detached Private Structures:	Personal Property:
Additional Living Expense:	Deductible:	Liability:

**SECONDARY | RENTAL | SEASONAL | TENENTS COVERAGE TYPES**

<b>Secondary/Rental</b>	<b>Seasonal Dwelling</b>
Broad Form	Named Perils
Named Perils	
Limit: \$	Deductible: \$

**ADDITIONAL COVERAGES HOMEOWNERS & SECONDARY/SEASONAL**

Guaranteed Replacement Cost	<b>Yes</b> <b>No</b>	Single Limit Endorsement	<b>Yes</b> <b>No</b>
		Secondary/Seasonal – Optional Burglary & Robbery	<b>Yes</b> <b>No</b>

**FARM BARN AND OUTBUILDINGS**

Building	Size	Year Built	Construction Walls	Construction Roof	Heating Type	Coverage (NP or BF)	ACV	RC	Deductible \$	Amt. of Insurance

Describe type of lightning protection system:

Hydro Poles and Transmission Lines – on property?	<b>Yes</b>	<b>No</b>
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Loss, if any, payable to:

Are any of the buildings Insured vacant?	<b>Yes</b>	<b>No</b>
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If yes, provide details:

**FARM LIVESTOCK – Please complete Appropriate Questionnaire**

Scheduled Animals & Description	Registration #	Limit per Head	# of Head	Deductible	Amount of Insurance

**FARM EQUIPMENT - SCHEDULED BLANKET TACK**

Item #	Type of equipment	Model Year	Manufacturer	Serial Number	Deductible	Amount of Insurance
1.	Miscellaneous Unscheduled equipment maximum of \$2500. per item					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**FARM PRODUCT**

Item #	Item Description	Deductible	Amount of Insurance
1.			
2.			
3.			
4.			
5.			
Stock reporting form required	Average Limit \$	Max Limit \$	

**FARM ARTICLES**

Item #	Description of Articles	Amount of Insurance
1.		
2.		
3.		
4.		
5.		
6.		
7.		

**BUSINESS INTERRUPTION**

Profits	Limit:
Gross Earnings Mercantile Non-Manufacturing	Limit:
Gross Earnings Manufacturing	Limit:
Earnings Insurance No Co-Insurance	Limit:
Extra Expense	Limit:

**FARMERS LIABILITY - Indicate location including rented or leased farms**

Loc. #	Location address: including road, 911 number, lot and concession number, Township and Postal Code	Use	Acreage
1.			
2.			
3.			
4.			

OTHER OPERATIONS		Revenue
1.		
2.		
3.		
4.		
5.		

If custom farming, provide full description:

Gross revenue generated in the past 12 months?

Any sales to United States?    **Yes**    **No**  
 If yes, provide details including revenue:

**ADDITIONAL NAMED INSURED**

Name of Additional Named Insured	Relationship to Insured

**LIMITED POLLUTION LIABILITY**

Any application of chemical fertilizers, insecticides, pesticides, or herbicides away from premises you own, rent, lease or farm (other than a neighbourly exchange of labour)?  
**Yes**    **No**  
 If yes, provide details:

Any processing, storage or sales of chemical fertilizers, insecticides, pesticides, or herbicides other than for own use?

**Yes No**

If yes, provide details:

Are you in compliance with all Federal, Provincial and Municipal statutes, standards and regulations regarding environmental protection?

**Yes No**

If no, provide details:

Are there any ponds, creeks, rivers, or other bodies of water on or immediately adjacent to premises you own, rent, lease or farm?

**Yes No**

If yes, provide details:

### COVERAGES REQUIRED

Coverage description	Amount of Insurance Required	
Farm Liability		
Tenant's Legal Liability – \$250,000 limit included		
Non-owned Automobile Liability	<b>Included</b>	
Limited Pollution Liability	\$1,000,000	\$2,000,000
Umbrella Liability (completed application required)		
Other coverage:		

### BROKER'S REPORT

Provide date the property was last inspected by you:

Was an interior inspection of the insured building(s) completed? **Yes No**

If yes, please advise the following:

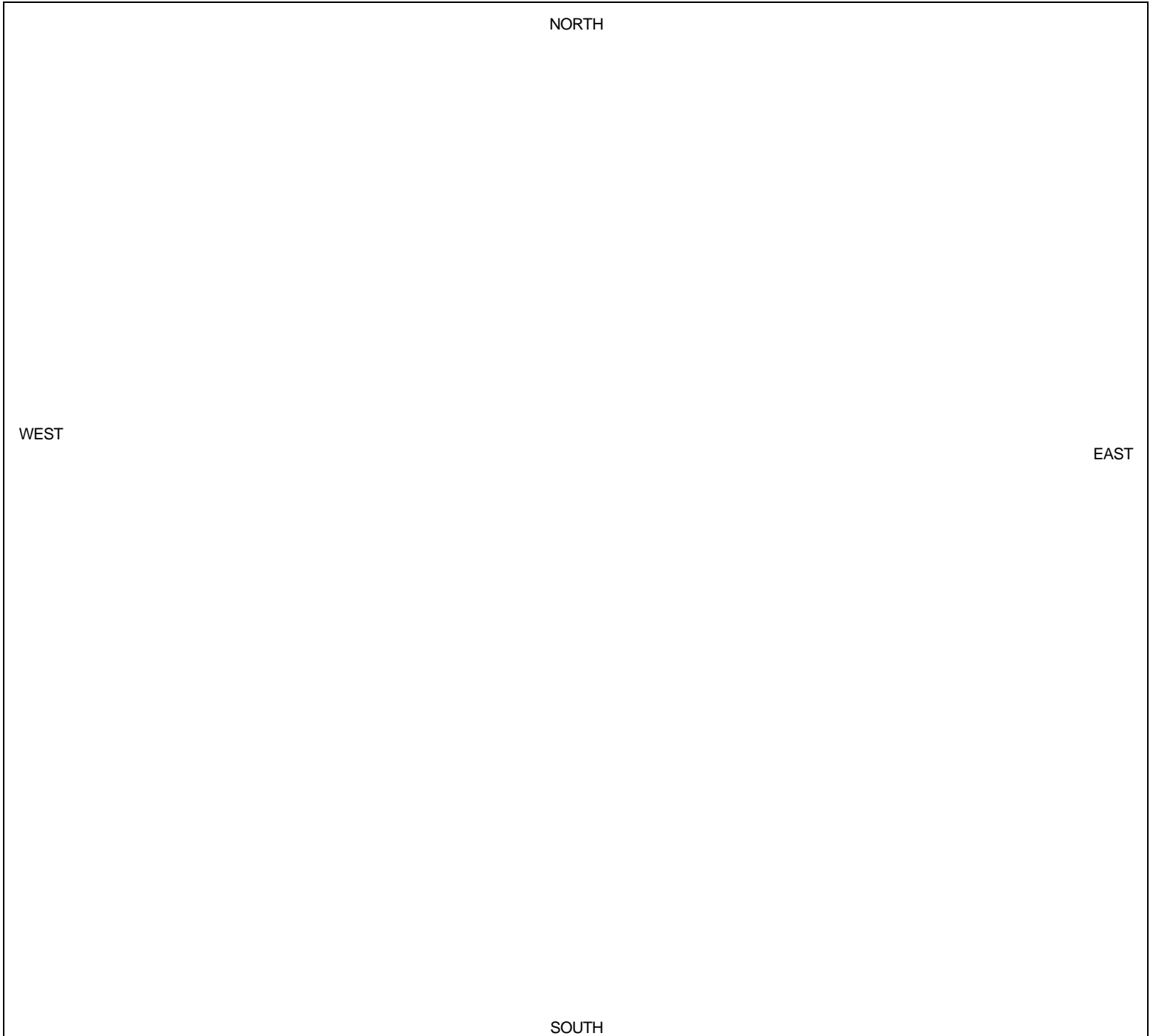
What is your opinion of housekeeping?	Excellent	Good	Average	Poor
What is your opinion of maintenance?	Excellent	Good	Average	Poor

Is applicant personally known to you?

How long has applicant lived on the farm?

Additional Notes:

**DRAW A DIAGRAM OF ALL BUILDINGS ON THE PREMISES.**  
INCLUDE INSURED OR UNINSURED BUILDINGS  
SHOW OCCUPANCY OF ALL BUILDINGS  
SHOW DISTANCE IN FEET OR METRES BETWEEN BUILDINGS



**Include Photographs and number them to correspond with the buildings on the diagram.**

## DECLARATION

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada. Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker, or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED

- I certify that all statements made in this application are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied, shall form the basis of any contract of insurance agreed upon.
- I undertake to inform Underwriters of any material change to these facts occurring before the completion of the contract.

Signatures(s) of All named Insureds (only required if binding):

Full Name(s):

Position(s) Held at Insured:

Date: