



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?	Yes No
If no, provide details including other occupation:			
Is This New Business or Renewal?		Target Premium:	
New Renewal			

PRIOR EXPERIENCE AND LOSS HISTORY			
Has the Applicant had any farm related losses including pollution or environmental losses in the past 5 years?			Yes No
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?			Yes No
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?		Policy Number:	
Yes No			

OPERATIONS
What are the Farm Operations:
Poultry & Horse Questionnaires must be completed.

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

<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 /Kitec	%
			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
		Yes No		
Stove (space heater appliance)	Not Used	Battery Backup on Pump?	Backwater valve (sewer backup valve)	
		Yes No	Yes	No
Outdoor wood furnace	Heating Unit professional installation: Yes No	Is the basement finished?		
Other		Yes No		

<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
Operating within 500ft	Operating within 1000ft				

Security System:			
Fire	Burglar:	Local	No
Other	Sprinkler: Yes No		
Protection Program	Monitored by		
Remote alarm (connected to Fire Hall)	Alarm Cert. attached	Yes	No
	Security Type:		
	Smoke Detectors:	Yes	No
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					
Secondary/Rental	Seasonal Dwelling				
Broad Form	Named Perils				
Named Perils					
Limit: \$	Deductible: \$				
ADDITIONAL COVERAGES HOMEOWNERS & SECONDARY/SEASONAL					
Guaranteed Replacement Cost	Yes	No	Single Limit Endorsement	Yes	No
	Secondary/Seasonal – Optional Burglary & Robbery			Yes	No

FARM BARNES 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 lighting protection system:										
Hydro Poles and Transmission Lines – on property?			Yes	No						
Loss, if any, payable to:										
Are any of the buildings Insured vacant?			Yes	No						
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	Included
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?

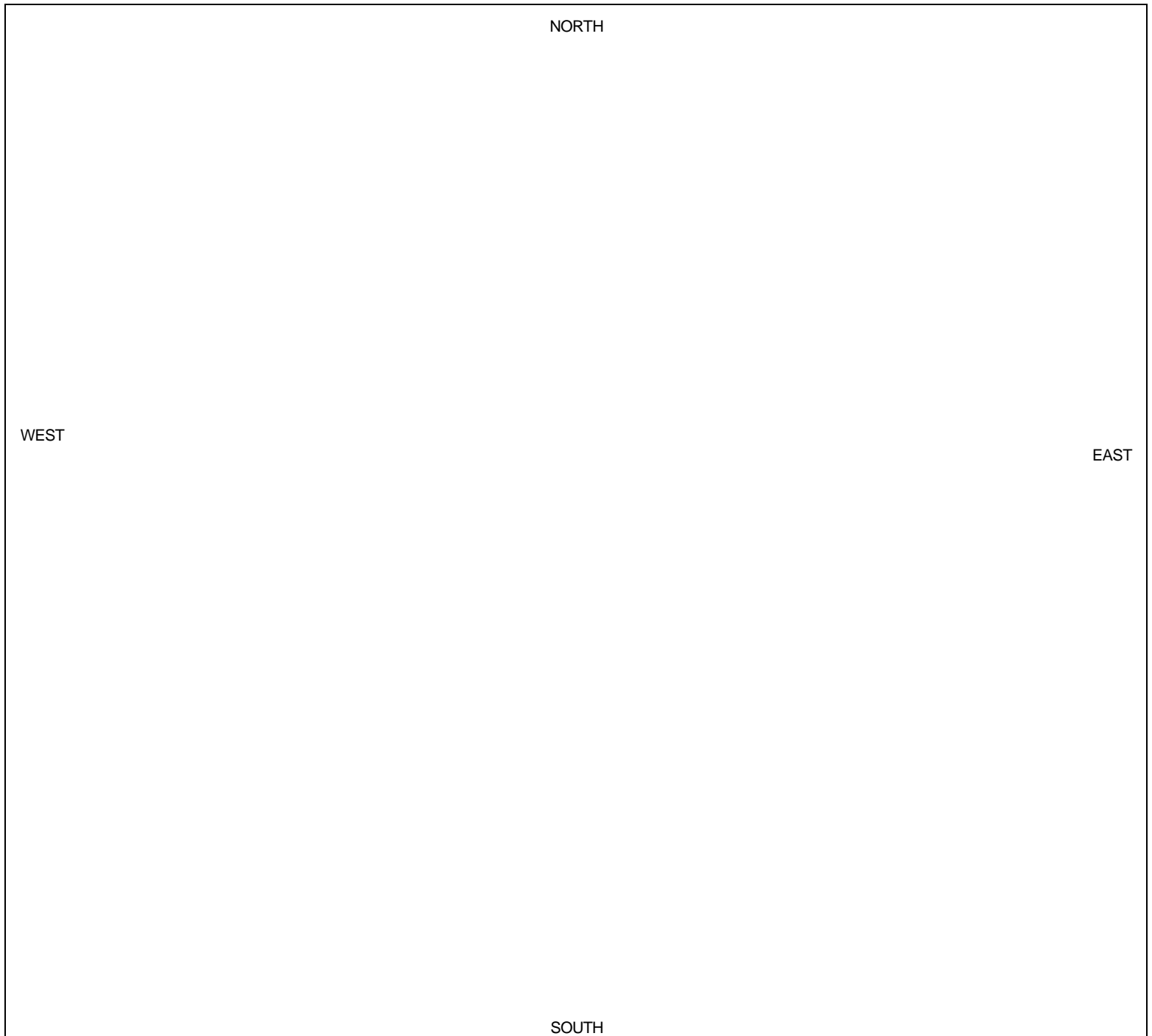
Additional Notes:

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: