



FARM INSURANCE APPLICATION

TO BE USED IN CONJUNCTION WITH CSIO HABITATIONAL FORM IF INSURING PRIMARY RESIDENCE

 ENGLISH
 FRENCH

NOT ALL COVERAGES LISTED ON THIS FORM MAY BE AVAILABLE. PLEASE REFER TO YOUR AGENT, BROKER AND/OR COMPANY.

INSURANCE COMPANY	POLICY NUMBER	<input type="checkbox"/> NEW	<input type="checkbox"/> REPLACING POL. NO.
-------------------	---------------	------------------------------	---

APPLICANT'S FULL NAME AND POSTAL ADDRESS (FIRST NAME/LAST NAME)(COMPLETE IF NOT ATTACHING HABITATIONAL APPLICATION)

APPLICANT'S FULL NAME AND POSTAL ADDRESS (FIRST NAME/LAST NAME) _____ _____ _____ POSTAL CODE _____	BROKER CLIENT ID _____ BROKER/AGENT CODE _____
	BROKER/AGENT BILL <input type="checkbox"/> CREDIT CARD # _____ COMPANY BILL <input type="checkbox"/> OTHER (SPECIFY) _____ PAYMENT PLAN _____ WITHDRAWAL DATE (YYYY/MM/DD) _____

LEGAL LOCATION(S): (I.E. #, LOT, CONCESSION, TWP, COUNTY OR QUARTER, SECTION, TWP, RANGE, MERIDIAN)

POLICY PERIOD	← FROM	TIME	A.M.	P.M.	DATE	YYYY	MM	DD	TO	12:01 A.M.	DATE	YYYY	MM	DD	ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS
---------------	--------	------	------	------	------	------	----	----	----	------------	------	------	----	----	---

TYPE OF FARM (CHECK MAIN SOURCE OF REVENUE)

<input type="checkbox"/> CASH CROPS	<input type="checkbox"/> DAIRY	<input type="checkbox"/> HOG	<input type="checkbox"/> HOBBY	<input type="checkbox"/> TOBACCO	FARM # _____
<input type="checkbox"/> FRUIT/VEG	<input type="checkbox"/> BEEF	<input type="checkbox"/> POULTRY	<input type="checkbox"/> HORSE	<input type="checkbox"/> OTHER	_____

DESCRIBE ALL FARM OPERATIONS

PREMIUM SUMMARY	PREMIUM	ADDITIONAL COVERAGES	LIMIT	DEDUCTIBLE	PREMIUM
TOTAL FROM HABITATIONAL APPLICATION (IF APPLICABLE)		FIRE FIGHTING CHARGES			
ADDITIONAL RESIDENCES		OTHER (SPECIFY)			
OUTBUILDINGS - BUILDING					
OUTBUILDINGS - CONTENTS					
FARM PROPERTY					
LIVESTOCK					
CHEMICALS & FERTILIZERS, FODDER, GRAIN AND PRODUCE					
OTHER (SPECIFY)					
OTHER (SPECIFY)					
OTHER (SPECIFY)					
LIMITED POLLUTION					
LIABILITY					
ESTIMATED TOTAL					
LESS DISCOUNTS					
PLUS SURCHARGES					
ESTIMATED POLICY PREMIUM					

ARE YOU EXEMPT FROM:					TOTAL
<input type="checkbox"/> GST	<input type="checkbox"/> PST	<input type="checkbox"/> RST	<input type="checkbox"/> HST		

DISCOUNTS / SURCHARGES - DESCRIBE		%	\$
DISCOUNTS			
SURCHARGES			

LOSS PAYEE

NATURE OF INTEREST	NAME, ADDRESS AND POSTAL CODE	INTEREST IN ITEM #
<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> DWELLING
<input type="checkbox"/> LIENHOLDER		<input type="checkbox"/> OUTBUILDINGS
<input type="checkbox"/> 1st MORTGAGEE		<input type="checkbox"/> LIVESTOCK
<input type="checkbox"/> 2nd MORTGAGEE		<input type="checkbox"/> EQUIPMENT
NATURE OF INTEREST	NAME, ADDRESS AND POSTAL CODE	INTEREST IN ITEM #
<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> DWELLING
<input type="checkbox"/> LIENHOLDER		<input type="checkbox"/> OUTBUILDINGS
<input type="checkbox"/> 1st MORTGAGEE		<input type="checkbox"/> LIVESTOCK
<input type="checkbox"/> 2nd MORTGAGEE		<input type="checkbox"/> EQUIPMENT
NATURE OF INTEREST	NAME, ADDRESS AND POSTAL CODE	INTEREST IN ITEM #
<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> DWELLING
<input type="checkbox"/> LIENHOLDER		<input type="checkbox"/> OUTBUILDINGS
<input type="checkbox"/> 1st MORTGAGEE		<input type="checkbox"/> LIVESTOCK
<input type="checkbox"/> 2nd MORTGAGEE		<input type="checkbox"/> EQUIPMENT

COV - COVERAGE CODES:

- 1. COMPREHENSIVE
- 2. FIRE & EXTENDED COVERAGE
- 3. FIRE ONLY
- 4. OTHER

ITEM #	LOC #	BLDG #	ITEM / DESCRIPTION / TYPE	MONTHLY REPORT	COV CODE	# OF CULTIVATED AREAS	DEDUCTIBLE	AMOUNT OF INSURANCE	RATE	PREMIUM
TOTAL										

LIVESTOCK

BLANKET SCHEDULED

COV - COVERAGE CODES:

- 1. FIRE
- 2. NAMED PERILS
- 3. OTHER

ITEM #	LOC #	BLDG #	ITEM / DESCRIPTION / TYPE	MONTHLY REPORT	COV CODE	REGISTERED Y / N	# OF HEAD	YEAR OF BIRTH	AVG LIMIT PER HEAD	DEDUCTIBLE	AMOUNT OF INSURANCE	RATE	PREMIUM
TOTAL													

LIVESTOCK OPTIONAL EXTENSIONS

LOADING / UPLOADING CONSEQUENTIAL LOSS ENTRAPMENT ATTACK BY WILD ANIMAL
 PARTIAL MORTALITY HEAT PROSTRATION OTHER OTHER

ALARM NO YES GENERATOR NO YES AUTOMATIC MANUAL

DETAILS: _____

DETAILS: _____

SPECIALTY (I.E. POULTRY, SWINE)

ITEM #	LOC #	BLDG #	TYPE	# OF ANIMALS (000's)	VALUE IN (000's)	VALUE OUT (000's)	TOTAL VALUE OUT (000's)	# OF WEEKS	AVERAGE VALUE	DEDUCTIBLE	AMOUNT OF INSURANCE	RATE	PREMIUM
TOTAL													

LIABILITY AND LOCATIONS - OWNED, LEASED TO OR OPERATED BY THE NAMED INSURED

LOC. #	LEGAL LOCATION(S): (I.E.#, LOT, CONCESSION, TWP, COUNTY, OR QUARTER, SECTION TWP, RANGE, MERIDIAN)	FARM USE	OWNED	RENTED	ACERAGE	PREMIUM
					TOTAL	
ADDITIONAL CHARGES						
ADDITIONAL INSURED						
CROSS LIABILITY						
BOARDING OF LIVESTOCK	NO. OF ANIMALS	TYPE OF LIVESTOCK				
STABLEMAN'S LIABILITY (CCC)	AGGREGATE PER OCCURRENCE	PER ANIMAL				
TENANT'S LEGAL LIABILITY LOCATION(S)	LOCATION #	AMOUNT				
	LOCATION #	AMOUNT				
EMPLOYER'S LIABILITY	RATEABLE PAYROLL					
NON-OWNED AUTO						
VOLUNTARY COMPENSATION						
WATERCRAFT (REFER TO HABITATIONAL FORM FOR DETAILS)						
	YEAR	TYPE	MAKE	MODEL	SERIAL NO.	CC H.P.
VEHICLES - UNLICENSED	YEAR	TYPE	MAKE	MODEL	SERIAL NO.	CC H.P.
ADDITIONAL EXPOSURE - SPECIFY _____						
ADDITIONAL EXPOSURE - SPECIFY _____						
						TOTAL

EXPOSURE & HAZARDS

CHECK ANY OF THE FOLLOWING PRESENT ON THE PREMISES OR PRACTICED BY THE APPLICANT(S) OR ANY HOUSEHOLD MEMBER(S) OR TENANT(S):

<input type="checkbox"/> ALL TERRAIN VEHICLES	<input type="checkbox"/> GRAVEL PIT	<input type="checkbox"/> PONDS,RIVERS, SWIMMING POOLS
<input type="checkbox"/> AUCTIONS	<input type="checkbox"/> HORSE PULLS	<input type="checkbox"/> RIDING ARENA
<input type="checkbox"/> BOARDING/LEASING LIVESTOCK / PETS	<input type="checkbox"/> HORSE TRACK	<input type="checkbox"/> SHOW ANIMALS
<input type="checkbox"/> CUSTOM SPRAYING	<input type="checkbox"/> LESSONS	<input type="checkbox"/> STABLEMAN'S LIABILITY
<input type="checkbox"/> DOG	<input type="checkbox"/> MOTORIZED VEHICLE TRACKS/TRAILS	<input type="checkbox"/> UNUSUAL ANIMALS
<input type="checkbox"/> FISHING	<input type="checkbox"/> PERSONAL WATERCRAFT	<input type="checkbox"/> VEHICLE / BOAT STORAGE
<input type="checkbox"/> BUSINESS PERSUIT: (EXPLAIN) _____	<input type="checkbox"/> PETTING ZOO	<input type="checkbox"/> OTHER _____
		<input type="checkbox"/> U.S. EXPOSURE <input type="checkbox"/> YES <input type="checkbox"/> NO

REVENUE

CHECK ALL THAT ARE APPLICABLE AND INDICATE ANNUAL REVENUE

	REVENUE
<input type="checkbox"/> BED & BREAKFAST NO. OF GUESTS PER YEAR	
<input type="checkbox"/> BOARDING SPECIFY TYPE AND NO.	
<input type="checkbox"/> CUSTOM FARMING	
<input type="checkbox"/> DAYCARE / BABYSITTING NO. OF CHILDREN	
<input type="checkbox"/> HAY / SLEIGH RIDES NO. PER YEAR <input type="checkbox"/> ON PREMISES <input type="checkbox"/> OFF PREMISES	
<input type="checkbox"/> PICK YOUR OWN LADDER SUPPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ROADSIDE STAND	
<input type="checkbox"/> SALE OF WOOD/ MAPLE SYRUP	
<input type="checkbox"/> SALES BARN	
<input type="checkbox"/> SNOW REMOVAL	
<input type="checkbox"/> TRAIL RIDES	
<input type="checkbox"/> OTHER SPECIFY _____	

FARMERS LIMITED POLLUTION LIABILITY

<p>DO YOU APPLY PESTICIDES, INSECTICIDES, CHEMICAL FERTILIZERS, OR HERBICIDES AWAY FROM THE PREMISES YOU OWN, RENT OR LEASE? (OTHER THAN A NEIGHBOURLY EXCHANGE OF LABOUR)</p> <p>DO YOU PROCESS OR SELL ANY CHEMICALS (FERTILIZERS, PESTICIDES, ETC.) OR STORE CHEMICALS FOR OTHER THAN YOUR OWN USE?</p> <p>DO YOU PERFORM ANY PROCESSING OPERATIONS INVOLVING CHEMICALS OTHER THAN FOR YOUR OWN USE?</p> <p>DO GROSS RECEIPTS FROM CUSTOM FARMING EXCEED YOUR OTHER FARMING INCOME?</p> <p>DO YOU EVER USE OR STORE POLYCHLORINATED BIPHENYLS (PCB'S)? (OTHER THAN THOSE IN HYDRO TRANSFORMERS IN CURRENT USE)?</p>	<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>	<p>ARE THERE ANY GOVERNMENT STATUTES, STANDARDS, OR REGULATIONS (FEDERAL, PROVINCIAL, MUNICIPAL) FOR THE PROTECTION OF THE ENVIRONMENT WITH WHICH TO YOUR KNOWLEDGE YOU DO NOT COMPLY?</p> <p>CLAIM OR LOSS EXPERIENCE: HAVE THERE BEEN ANY POLLUTION OR ENVIRONMENTAL OCCURRENCES IN THE PAST FIVE YEARS?</p> <p>DO YOU HAVE STORAGE TANKS WITH MORE THAN 500 GALLON CAPACITY? (IF YES, COMPLETE TANK DATA SUPPLEMENT)</p> <p>HAS ANY POLLUTION LIABILITY COVERAGE BEEN DECLINED IN THE PAST, OR DO YOU HAVE ANY COVERAGE CURRENTLY IN EFFECT?</p> <p>ARE THERE ANY CREEKS, RIVERS, OR OTHER BODIES OF WATER ON THE PREMISES YOU OWN, RENT, LEASE, OR DO WORK ON?</p>	<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>
--	--	---	--	--	---

TANK DATA SUPPLEMENT

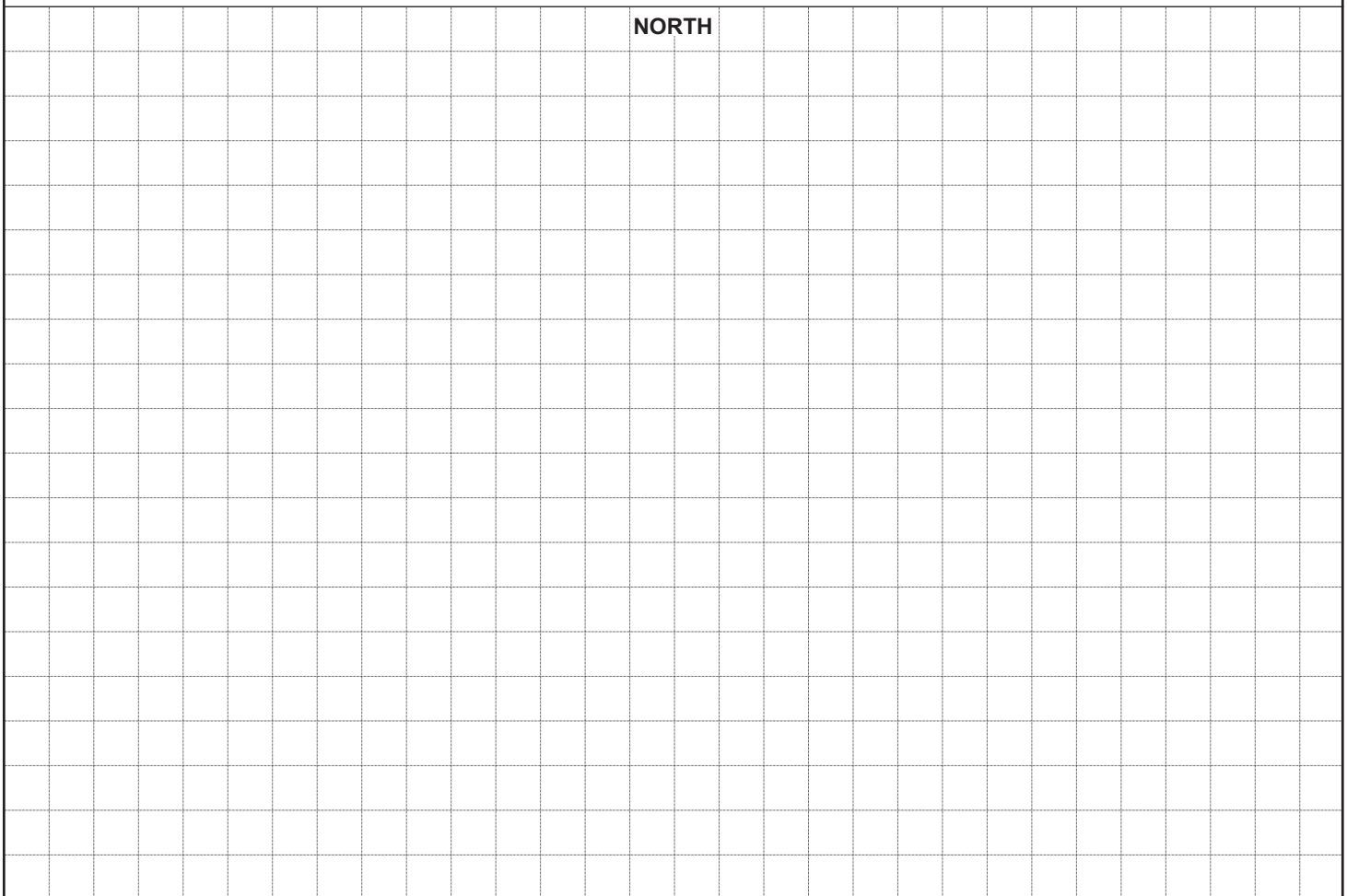
INFORMATION IS REQUIRED ON ALL TANKS

<p>1) IS THERE A WRITTEN TANK FILLING PROCEDURE CONTAINING INFORMATION TO PREVENT SPILLS OR OVERFLOWS?</p>	<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>	<p>2) IS THERE A WRITTEN EMERGENCY PROCEDURE OUTLINING ACTIONS TO BE TAKEN IN THE EVENT OF A TANK SPILL OR OVERFLOW?</p>	<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>
--	--	---	--	--	---

LOC. #	TANK #	PRODUCT STORED	CAPACITY (IN 1000 LITRES)	ABOVE OR BELOW GROUND	IF ABOVE GROUND, IS IT DYKED?	INDOORS OR OUTDOORS	CONSTRUCTION	YEAR BUILT	HIGH LEVEL ALARM	
									YES	NO

DIAGRAM

SHOW ALL BUILDINGS, THEIR DIMENSIONS AND OCCUPANCY (INSURED OR NOT) WITH DISTANCE BETWEEN EACH BUILDING. SHOW FUEL STORAGE LOCATION.





ACKNOWLEDGEMENTS

LOSS & POLICY HISTORY

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT OR OTHER MEMBER OF THE APPLICANT'S HOUSEHOLD IN THE PAST 5 YEARS WHETHER PAID OR NOT? YES NO
 IF YES, PROVIDE DETAILS → _____

DATE (YYYY/MM/DD)	LOC. #	CAUSE	PAID AMOUNT	ESTIMATED AMOUNT	INSURANCE COMPANY	POLICY NUMBER

HAS ANY INSURER CANCELLED, DECLINED, RESTRICTED, OR REFUSED TO RENEW ANY INSURANCE ON THIS PROPERTY? YES NO
 IF "YES", GIVE FULL DETAILS _____

NAME OF PREVIOUS INSURER _____ POLICY NUMBER _____
 EXPIRY DATE _____
 YYYY/MM/DD

HOW MANY YEARS HAS THE APPLICANT HAD FARM INSURANCE WITH ANY INSURER? _____
 IS THERE OTHER INSURANCE IN FORCE ON ANY OF THE PROPERTY DESCRIBED? YES NO
 IF "YES", POLICY # AND INSURER _____

CONSENT AND DISCLOSURE

WHERE (A) AN APPLICANT FOR THIS CONTRACT GIVES FALSE PARTICULARS TO THE PREJUDICE OF THE INSURER OR 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 MAKES A FALSE STATEMENT IN RESPECT OF A CLAIM, A CLAIM WILL BECOME INVALID AND THE INSURED'S RIGHT TO 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 TO MY BROKER'S OR INSURANCE COMPANY'S POLICY REGARDING PERSONAL INFORMATION, FOR THE PURPOSES 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.

SIGNATURE OF APPLICANT ▼ _____ DATE (YYYY/MM/DD) ▼ _____
 SIGNATURE OF APPLICANT ▼ _____ DATE (YYYY/MM/DD) ▼ _____

BROKER / AGENT QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE? YES NO HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ HAVE YOU BOUND THE RISKS? YES NO
 HAVE YOU SEEN THE PROPERTY? YES NO IF YES, WHEN (YYYY/MM/DD) _____ / _____ / _____ CONDITION OF PROPERTY GOOD FAIR POOR
 ANY OTHER INSURANCE CARRIED WITH US? YES NO IF YES, POLICY NUMBERS _____
 PHOTOS TAKEN? YES NO

REMARKS

SIGNATURE OF BROKER / AGENT _____ DATE (YYYY/MM/DD) _____