



1176 Division Street, Box 201, Cobourg, Ontario K9A 4K5 • PHONE 905 372-0186 • FAX 905 372-1364 • TOLL FREE 1-800-263-3935
 Hamilton Township Mutual Insurance Company (Cobourg) est. 1898

FARM INSURANCE APPLICATION

| | | | |
|--|------------|------------------------------|------------|
| APPLICANT'S FULL NAME AND POSTAL ADDRESS (Last name / first name) | | | |
| | | POLICY NUMBER | |
| | | BROKER/AGENT CODE | |
| | | POSTAL CODE | |
| RESIDENCE TELEPHONE | | BUSINESS TELEPHONE | |
| FAX NUMBER | | ELECTRONIC MAIL | |
| | | BROKER/AGENT BILL | |
| | | PAYMENT PLAN | |
| | | WITHDRAWAL DATE (YYYY/MM/DD) | |
| POLICY PERIOD | FROM | TIME | DATE |
| | | A.M. P.M. | YYYY MM DD |
| | TO | | DATE |
| | 12:01 A.M. | | YYYY MM DD |
| All times are local times at the Applicant's postal address stated herein. | | | |

TYPE OF FARM
 Dairy
 Beef
 Hog
 Horse
 General
 Hobby
 Vegetable/Fruit
 Cash Crop
 Poultry
 Other (specify) _____

| RISK / LEGAL LOCATION (if different from applicant's address) | INSURED PROPERTY / LIABILITY SUMMARY | PREMIUM |
|---|---|---------|
| Loc 1 _____ _____ | Dwelling # _____ and Additional Coverages | |
| Loc 2 _____ _____ | | |
| Loc 3 _____ _____ | Scheduled Personal Property | |
| | Watercraft and Trailers | |
| | | |
| | Farm Buildings, Earnings, Produce (Attachment A1) | |
| | | |
| | Farm Machinery, Livestock (Attachment A2) | |
| | Liability (Attachment B) | |
| | ESTIMATED TOTAL | |
| | LESS DISCOUNTS | |
| | PLUS SURCHARGES | |
| | ESTIMATED POLICY PREMIUM | |

| DISCOUNTS (DESCRIBE) | % | \$ |
|----------------------|---|----|
| | | |
| | | |
| | | |
| | | |
| | | |
| SURCHARGE (DESCRIBE) | % | \$ |
| | | |
| | | |

FARMOWNER'S DWELLING # _____ (Attach Dwelling Valuator)

| RATING INFORMATION | | YEAR BUILT | GROUND FLOOR AREA | | | SQ. FT. | | SQ. M. | | | |
|---------------------------|---------|------------------------|-----------------------------------|------------------------------------|----------------------------------|---------|------------|--|------|----------|------------|
| OCCUPANCY / # OF FAMILIES | # | FIRE PROTECTION | SECURITY SYSTEM | Y | N | LOCAL | MONI-TORED | HEATING | FUEL | PRI-MARY | AUX-ILIARY |
| PRIMARY | | UNPROTECTED | FIRE | | | | | FURNACE (CENTRAL) | | | |
| SECONDARY | | WITHIN M OF HYDRANT | MONITORED BY | | | | | COMBINATION WITH WOOD | | | |
| SEASONAL | | WITHIN KM OF FIREHALL | BURGLAR | | | | | COMBINATION WITHOUT WOOD | | | |
| RENTAL | | NAME: | MONITORED BY | | | | | FURNACE (CENTRAL) WITH ADD-ON WOODBURNING UNIT | | | |
| VACANT | | CONSTRUCTION | | | | | | | | | |
| UNOCCUPIED | | ASBESTOS | SMOKE DETECTORS | | | | NO: | HEAT PUMP | | | |
| UNDER CONSTRUCTION | | BRICK | TYPE: | | | | | SPACE HEATER | | | |
| FARM MANAGER | | CEMENT | OTHER SECURITY | | | | | ELECTRIC | | | |
| STRUCTURE TYPE | | FRAME | | | | | | WALL FURNACE | | | |
| DETACHED | | AGGREGATE | RENOVATION UPGRADE | FULL | PART | YEAR | | FIREPLACE INSERT | | | |
| SEMI-DETACHED | | MASONITE | ELECTRICAL | | | | | SOLID FUEL HEATING UNIT | | Y | N |
| TOWNHOUSE | | ALUMINUM | 100 AMPS | <input type="checkbox"/> BREAKERS | <input type="checkbox"/> FUSES | | | PROFESSIONAL INSTALLATION | | | |
| ROWHOUSE | | MASONRY | OTHER (SPECIFY) | | | | | SOLID FUEL QUESTIONNAIRE ATTACHED | | | |
| PRE-FAB | | STONE | HEATING | | | | | ULC, CSA, OR WH APPROVED | | | |
| MOBILE HOME | | STUCCO | PLUMBING | | | | | ELECTRIC RADIANT HEAT CEILING | | | |
| | | FIRE RESISTIVE | <input type="checkbox"/> COPPER % | <input type="checkbox"/> PLASTIC % | <input type="checkbox"/> OTHER % | | | SIZE: MAKE: YEAR: | | | |
| OTHER | | STEEL | ROOFING | | | | | OIL TANK: INSIDE ABOVE GROUND | | | |
| APT. # OF UNITS | | MASONRY VENEER | TYPE: | | | | | AGE: YRS OUTSIDE IN GROUND | | | |
| DUPLEX | TRIPLEX | BRICK VENEER | DESCRIBE PARTIAL UPGRADE | | | | | REMARKS | | | |
| MULTIPLEX | | NON-FIRE RESISTIVE APT | | | | | | | | | |
| | | VINYL | OUTBUILDINGS # USE | | | | | | | | |
| | | | CONSTR: HEAT: VALUE: | | | | | | | | |

COVERAGE: FORM, LIMITS AND DEDUCTIBLE - FORM:

DEDUCTIBLE:

| Dwelling | Detached Private Structures | Unscheduled Personal Property | Additional Living Expense | PREMIUM |
|----------|-----------------------------|-------------------------------|---------------------------|---------|
| \$ | \$ | \$ | \$ | \$ |

ADDITIONAL COVERAGE (Specify rating information, limits, deductibles, etc.)

| EXPLAIN "YES" RESPONSES IN REMARKS | YES | NO | LIMIT | DED | REMARKS | PREMIUM |
|---|-----|----|-------|-----|---------|---------|
| GUARANTEED REBUILDING COST (25% LIMIT) | | | | | | |
| REPLACEMENT COST ON CONTENTS | | | | | | |
| CONDOMINIUM ADDITIONAL PROTECTION ENDORSEMENT | | | | | | |
| TENANTS' IMPROVEMENTS | | | | | | |
| SEWER BACK-UP | | | | | | |
| COMBINED LIMIT | | | | | | |
| RENTAL INCOME | | | | | | |
| BURGLARY | | | | | | |
| VANDALISM | | | | | | |
| TOTAL ESTIMATED PREMIUM THIS PAGE | | | | | | \$ |

REMARKS

TOTAL ESTIMATED PREMIUM

\$

LOSS PAYEE

| NATURE OF INTEREST | LOSS PAYEE | LIENHOLDER | 1st MORTGAGEE | 2nd MORTGAGEE | NAME, ADDRESS AND POSTAL CODE | INTEREST IN ITEM # |
|--------------------|------------|------------|---------------|---------------|-------------------------------|-----------------------|
| | | | | | | DWELLING OUTBUILDINGS |
| | | | | | | LIVESTOCK EQUIPMENT |
| | | | | | | DWELLING OUTBUILDINGS |
| | | | | | | LIVESTOCK EQUIPMENT |
| | | | | | | DWELLING OUTBUILDINGS |
| | | | | | | LIVESTOCK EQUIPMENT |

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 |
|-------------------|--------|-------|-------------|------------------|-------------------|---------------|
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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 EXCELLENT GOOD FAIR
 ANY OTHER INSURANCE CARRIED WITH US? YES NO IF YES, POLICY NUMBERS _____
 PHOTOS TAKEN? YES NO
 CONDITION OF FENCES GOOD FAIR POOR ARE ALL BUILDINGS IN GOOD REPAIR YES NO
 ARE ALL BUILDINGS SUITABLE FOR WIND? YES NO EXPLAIN _____

REMARKS

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

FARM CHATTEL ATTACHMENT A1

FARM BUILDINGS (NO HEAT) if heated refer to underwriting

| LOC. # | BUILDING TYPE / OCCUPANCY | DIMENSIONS | CONST. | COVERAGE | DED | AMOUNT OF INSURANCE | RATE | PREMIUM |
|-----------|---------------------------|------------|--------|----------|-----|---------------------------|------|---------|
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PRODUCE (Item/description/location)

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EARNINGS INSURANCE

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FARM LIVESTOCK

| | DESCRIPTION | # OF HEAD | AMOUNT PER ANIMAL | | | | | |
|--|-------------|-----------|-------------------|--|--|--|--|--|
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| | TOTAL ESTIMATED PREMIUM |
|--|----------------------------|

FARM MACHINERY ATTACHMENT A2

TRACTORS

| LOC. # | DESCRIPTION | YR | MAKE | MODEL | SERIAL NUMBER | COVERAGE | DED | AMOUNT OF INSURANCE | RATE | PREMIUM |
|--------|-------------|----|------|-------|---------------|----------|-----|---------------------|------|---------|
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SELF PROPELLED IMPLEMENTS

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IMPLEMENTS (NOT SELF PROPELLED)

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MISCELLANEOUS IMPLEMENTS

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TOTAL ESTIMATED PREMIUM

FARM LIABILITY ATTACHMENT B1

LIABILITY SECTION

| |
|-------------------------------------|
| LIABILITY LIMIT \$ _____ |
| AGGREGATE LIMIT \$ _____ |
| PROPERTY DAMAGE DEDUCTIBLE \$ _____ |

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

| LOC. # | LEGAL LOCATION(S): LOT, CONCESSION, TWP, COUNTY) | FARM USE | OWNED | RENTED | ACREAGE | PREMIUM |
|---|---|----------------|----------------------|--------------|---------|----------|
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| TRACTORS OR SELF PROPELLED IMPLEMENTS IN EXCESS OF 3 _____ NO. | | | | | | |
| BOARDERS, TOURISTS, OR BABYSITTING _____ | | | | | | |
| ADDITIONAL INSURED _____ | | | | | | |
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| | | | | | | |
| OWNED SADDLE ANIMALS _____ NO. | | | | | | |
| SHOWING OF ANIMALS MORE THAN 5 TIMES PER YEAR _____ NO. | | | | | | |
| RETAIL SALE OF FARM PRODUCE _____ | | | GROSS RECEIPTS _____ | | | |
| BOARDING OF LIVESTOCK _____ | | TYPE _____ | | NO. _____ | | |
| NON-OWNED LIVESTOCK (LEGAL LIABILITY FOR NON OWNED LIVESTOCK) _____ | | | AMOUNT _____ | | | |
| TENANT'S LEGAL LIABILITY _____ | | LOCATION _____ | | AMOUNT _____ | | |
| SWIMMING POOLS OR PONDS _____ NO. | | | | | | |
| CUSTOM FARMING (DESCRIBE) _____ | | | NO. ACRES _____ | | | |
| PERMANENT RESIDENCE EMPLOYEE(S) _____ NO. | | | | | | |
| WATERCRAFT: _____ | | TYPE _____ | | LENGTH _____ | | HP _____ |
| _____ | | TYPE _____ | | LENGTH _____ | | HP _____ |
| ADDITIONAL BUSINESS PURSUITS, EXPOSURES, HAZARDS & SPECIAL RISKS (COVERAGE PROVIDED ONLY FOR DECLARED AND ACCEPTED EXPOSURES) _____ | | | | | | |
| | | | | | | |
| TOTAL ESTIMATED PREMIUM | | | | | | |

FARMERS LIMITED POLLUTION LIABILITY

| | YES | NO | | YES | NO |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 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) | <input type="checkbox"/> | <input type="checkbox"/> | 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| DO YOU PROCESS OR SELL ANY CHEMICALS (FERTILIZERS, PESTICIDES, ETC.) OR STORE CHEMICALS FOR OTHER THAN YOUR OWN USE? | <input type="checkbox"/> | <input type="checkbox"/> | CLAIM OR LOSS EXPERIENCE: HAVE THERE BEEN ANY POLLUTION OR ENVIRONMENTAL OCCURRENCES IN THE PAST FIVE YEARS? | <input type="checkbox"/> | <input type="checkbox"/> |
| DO YOU PERFORM ANY PROCESSING OPERATIONS INVOLVING CHEMICALS OTHER THAN FOR YOUR OWN USE? | <input type="checkbox"/> | <input type="checkbox"/> | DO YOU HAVE STORAGE TANKS WITH MORE THAN 500 GALLON CAPACITY? (IF YES, COMPLETE TANK DATA SUPPLEMENT) | <input type="checkbox"/> | <input type="checkbox"/> |
| DO GROSS RECEIPTS FROM CUSTOM FARMING EXCEED YOUR OTHER FARMING INCOME? | <input type="checkbox"/> | <input type="checkbox"/> | HAS ANY POLLUTION LIABILITY COVERAGE BEEN DECLINED IN THE PAST, OR DO YOU HAVE ANY COVERAGE CURRENTLY IN EFFECT? | <input type="checkbox"/> | <input type="checkbox"/> |
| DO YOU EVER USE OR STORE POLYCHLORINATED BIPHENYLS (PCB'S)? (OTHER THAN THOSE IN HYDRO TRANSFORMERS IN CURRENT USE)? | <input type="checkbox"/> | <input type="checkbox"/> | ARE THERE ANY CREEKS, RIVERS, OR OTHER BODIES OF WATER ON THE PREMISES YOU OWN, RENT, LEASE, OR DO WORK ON? | <input type="checkbox"/> | <input type="checkbox"/> |

FARM LIABILITY ATTACHMENT B2

TANK DATA SUPPLEMENT

INFORMATION IS REQUIRED ON ALL TANKS

YES NO

YES NO

1) IS THERE A WRITTEN TANK FILLING PROCEDURE CONTAINING INFORMATION TO PREVENT SPILLS OR OVERFLOWS?

2) IS THERE A WRITTEN EMERGENCY PROCEDURE OUTLINING ACTIONS TO BE TAKEN IN THE EVENT OF A TANK SPILL OR OVERFLOW?

| 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 |
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DIAGRAM

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

