

PERSONAL FARM UMBRELLA LIABILITY APPLICATION

Mutual Insurance Company: _____

Applicant's Name: _____ Occupation: _____

Mailing Address: _____

Website Address: _____

Primary Liability Schedule:

	Company	Policy No.	Coverage/Type	Liability Limit	Policy Period
Farm					
Personal					
Automobile					
Watercraft					
Others					

Details of Exposure:

A. Personal/Farm

1. Gross Annual Farm Income \$ _____

2. Income Generated from Other Incidental Farming Operations: \$ _____
(Please provide details below):

Items 3-5 must include all additional residences/additional dwellings and any additional farm premises including those listed on the underlying policy or policies.

3. Any additional residences or apartments not described under mailing address maintained by Applicant and NOT on farm premises owned, occupied or rented by the Applicant? Yes No Number _____

4. Any additional dwellings rented to others by Applicant? Yes No Number _____

5. Any additional farm premises owned, occupied or operated by Applicant not described under mailing address maintained by Applicant? Yes No Number _____

6. Any personal watercraft (PWC) owned by Insured or any household member? Yes No Number _____

7. Any watercraft owned by the Insured or any member of his/her household:
- a. Less than 26 feet in length and
 - i. Equipped with an outboard motor rated more than 50 HP (30 kW) Yes No Number ____
 - ii. Equipped with an inboard motor rated more than 50 HP but less than 100 HP Yes No Number ____
 - iii. Equipped with an inboard or outboard motor rated more than 100 HP Yes No Number ____
 - b. More than 26 feet in length and
 - i. Less than 50 feet in length operated by power only Yes No Number ____
 - ii. Less than 50 feet in length operated by sail with no power or less than 50 HP Yes No Number ____

*If answer(s) to any of the questions in Section A is "YES", provide details in the Remarks section and charge the appropriate premium on the **Umbrella Rating Worksheet**.*

B. Automobile

- 1. If the company does not write the underlying auto, provide details of all drivers, vehicles, and rating. A copy of the auto policy must be attached.
- 2. Total number of registered vehicles owned, leased or regularly used by the Applicant or members of the household? (Identify Number by type – include Snowmobiles, All Terrain Vehicles, Motorcycles). Number ____

Driving Record(s)

3. Have any of the principle driver(s) listed on the Primary Liability Schedule had an at-fault accident within the past 5 years? Yes No
4. Have any occasional or secondary drivers listed on the Primary Liability Schedule had an at-fault accident within the past 3 years? Yes No
5. Is any driver listed on the Primary Liability Schedule subject to any conviction or surcharge? Yes No

*If you answered "YES" to any of the questions listed under questions 3-5, provide details in the **Remarks** section.*
Remarks:

6. Are all trucks used only for farming purposes? Yes No Number _____
7. Do the underlying Automobile Liability Policies cover all vehicles subject to registration? Yes No Number _____
8. Do the underlying Automobile Liability Policies cover all recreational vehicles? Yes No Number _____
9. Describe all recreational motor vehicles owned, leased or operated by the Applicant or members of the household. Number _____

*If you answered "NO" to any of the questions listed under questions 6-9, provide details in the **Remarks** section.*
Remarks:

C. Other

- | | | | | |
|----|------------------------------|---|-----|----|
| 1. | <u>Coverage Restrictions</u> | Does any Primary insurance reduce or eliminate coverage with respect to any Insureds or exposures? e.g. reduction of coverage of named driver. | Yes | No |
| 2. | <u>Loss History</u> | Has the Applicant or any resident of the household experienced any loss which has been paid or reserved in the past 5 years for an amount of \$5,000 or more? | Yes | No |
| 3. | <u>Liability Coverage</u> | Has any liability coverage, primary or excess, been cancelled or not renewed within the past 5 years? | Yes | No |
| 4. | <u>Business Pursuits</u> | Is any non-Farm business conducted on the premises? | Yes | No |
| 5. | <u>Gross Farm Income</u> | Does farm income exceed \$1,000,000? | Yes | No |
| 6. | <u>U.S. Sales</u> | Do sales to U.S. exceed 25% of Total Income? | Yes | No |

*If answer(s) to any of the questions in Section C is "YES", provide details in the **Remarks** section and charge appropriate premium on the Umbrella Rating Worksheet. Apply to company if answer to question C.5 or C.6 is "YES".*

Remarks:

PERSONAL/FARM UMBRELLA LIABILITY RATING WORKSHEET

Policy Period: From _____ to _____ 12:01 a.m. Standard time at the postal address as stated.

Retained Limit: \$2,500

Policy Limit Requested	\$3,000,000 over \$2,000,000		\$8,000,000 over \$2,000,000	
Base Premium		Premium Charged		Premium Charged
Personal Liability only (Residential Policy)	\$150		\$300	
Limited Farm Operation (any 2 of <10 acres of property insured, annual gross income <\$8,000, <6 farm animals)	\$150		\$300	
Farm Operation with gross annual receipts less than \$500,000	\$200		\$400	
Farm Operations with gross annual receipts more than \$500,000 and less than \$1,000,000	\$250		\$500	
Farm Operation with gross annual receipts more than \$1,000,000	\$350		\$700	
Additional Charges				
Residence dwelling occupied by any Insured in addition to the principle residence	\$15 each		\$30 each	
Residence dwelling owned by Insured but rented to someone not an insured	\$15 each		\$30 each	
Any farm premises in addition to the home farm	\$15 each		\$30 each	
Non-Owned Auto	\$40 each		\$80 each	
Personal Watercraft	Not written		Not written	
Watercraft less than 26 feet with outboard motor more than 50 HP but less than 100 HP	\$30 each		\$60 each	
Watercraft less than 26 feet with inboard motor more than 50 HP but less than 100 HP	\$30 each		\$60 each	
Watercraft less than 26 feet with inboard or outboard motor greater than 100 HP	\$50 each		\$100 each	
Watercraft – Power only – more than 26 feet but less than 50 feet	\$60 each		\$120 each	
Watercraft – Sail more than 26 feet but less than 50 feet with no power or motor less than 50 HP	\$30 each		\$60 each	
Watercraft more than 50 feet	Not written	Not written	Not written	Not written
Automobile* (see note below)				
Recreational Vehicles (snow vehicles & ATVs) Owned, Rented or Leased	\$50 each		\$100 each	
Private Passenger Vehicles subject to Registration Owned, Rented or Leased	\$85 each		\$170 each	
Farm Rated Trucks (classes 33 & 34) and Light Commercial	\$85 each		\$170 each	
Commercial Vehicles (heavy classes) subject to Registration Owned, Rented or Leased	25% of Underlying Liability & OCPF 44 prem – Min charge of \$85.00		Apply to Company	Apply to Company

* Note: apply additional 25% surcharge on the per vehicle rate if underlying auto not written by the Mutual Company.

TOTAL PREMIUM CHARGE:

\$ _____

\$ _____

CONSENT & DISCLOSURE

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 to recovery forfeited.

The Applicants have reviewed all parts and attachments of the 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 information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of the personal information may include, but is not limited to, my credit information and claim 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 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.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required before Applicant may be bound by policy issued.

Signature _____

Date _____

Signature _____

Date _____

Name of Agent/Broker _____ **Company** _____