



HUDSON SPECIALTY INSURANCE COMPANY

FARMERS PERSONAL LIABILITY APPLICATION

Date: _____

<p>Producer's Name, Address and Phone Number</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>CODE _____</p> <p>POLICY TERM → _____</p> <p style="margin-left: 40px;">Inception (Mo, Day, Yr.) Expiration (Mo, Day, Yr.) Years</p>	<p>Applicant's Name and Mailing Address (include county & ZIP)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>NEW <input type="checkbox"/></p> <p>RENEWAL <input type="checkbox"/> PREV POL #: _____</p>
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Principal Location: _____

In The _____ of Section or Civil District _____ Township _____

Range _____ About _____ Miles N E S W from _____ and situated on N E S W side of road leading to _____ County of _____ State of _____

of Acres: _____

Additional Location: _____

In The _____ of Section or Civil District _____ Township _____

Range _____ About _____ Miles N E S W from _____ and situated on N E S W side of road leading to _____ County of _____ State of _____

of Acres: _____

COVERAGES	LIMITS OF LIABILITY
L. Personal Liability (Each Occurrence):	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
M. Personal Medical Payment (Included):	\$1000 (Each Person)
N. ID Theft Coverage (\$25,000):	<input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE FURNISH THE FOLLOWING GENERAL INFORMATION

1. How long have you known the applicant?	Prior Carrier?
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2. If NEW BUSINESS: List all losses, whether or not covered by insurance for the last 3 years:			
Date	Item	Cause	Amount of Loss
3. What activities other than farming are conducted on premises?			
4. Does Insured raise or board horses? Explain.		Any dogs? Explain.	
5. Insured's Occupation (If Any):			
6. Principal type farming? _____ # of acres cultivated _____ Pastured _____			
7. If any livestock on farm, describe fencing and condition.			

COVERAGES CHECKLIST
MAIN FARM PREMISES:

- Dwellings: Yes No → Primary Secondary
 Seasonal Rental

- Out Buildings: Yes No

ADDITIONAL FARM(S) PREMISES: Yes No

- Insured Operated: Yes No
- Rented To Others: Yes No

- Any Dwellings on Additional Farm(s): Yes No

Total Acreage Of Farms: _____

- Additional Residence Maintained: Yes No
- Additional Rental Maintained: Yes No

 Res. Employees in excess of two (2): _____

- Medical Payments Included Excluded

List all with complete description:

 Increase Limits of Liability: Increased Coverage G Limit: \$ _____ Increased Coverage H Limit: _____

Additional Insured – Designated Premises Only Endorsement
Give name and mailing address of person(s) to be added as Additional Insured's:

Location of Premises:

Relationship to Insured:

(Partner, Administrator, Trustee, etc.)

Owned Snowmobiles, ATV(s), Mopeds: YES NO

	Year	Make	Model
1.			
2.			
3.			
4.			
5.			

Owned Tractors or Other Farm Equipment: YES NO

	Year	Make	Model
1.			
2.			
3.			
4.			
5.			

Are any of the above used off premises of the main farm: YES NO

Any Watercraft Owned/Operated:

- None:
- Outboard 25HP +:
- Inboard or Outboard under 30 MPH:
- Sailboat more than 26' long:

FRAUD WARNINGS:

Various state regulations require us to inform you of fraud warnings.

To All Prospective Insureds: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

COLORADO:

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. (CO)

DISTRICT OF COLUMBIA:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. (DC)

FLORIDA:

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (FL)

HAWAII:

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both. (HI)

KENTUCKY:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. (KY)

LOUISIANA:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (LA)

NEW JERSEY:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties

NEW MEXICO

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. (NM)

NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or any other person files an application or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any other fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

OHIO:

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (OH)

OKLAHOMA:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy

containing any false, incomplete or misleading information is guilty of a felony. (OK)

PENNSYLVANIA:

Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and subjects such person to criminal and civil penalties. (PA)

RHODE ISLAND:

NOTICE: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime in many states.

TENNESSEE:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. (TN)

VIRGINIA:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. (VA)

APPLICANT'S STATEMENT:

I HAVE READ THE ABOVE APPLICATION AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE.*

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT:

IN MAKING THIS APPLICATION FOR INSURANCE IT IS UNDERSTOOD THAT AS PART OF OUR UNDERWRITING PROCEDURE, AN INVESTIGATION CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH YOUR NEIGHBORS, FRIENDS OR OTHERS WITH WHOM YOU ARE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OR LIVING. IF AN INVESTIGATION IS MADE, YOU CAN BE ASSURED THAT IT WILL BE HANDLED IN THE STRICTEST OF CONFIDENCE. IF YOU WISH INFORMATION ON THE NATURE AND SCOPE OF THE CONSUMER REPORT WHICH MAY BE REQUESTED, ASK YOUR AGENT FOR THE ADDRESS OF THE COMPANY HANDLING YOUR ACCOUNT.

X _____
Applicant's Signature

X _____
Date

X _____
Agent/Broker's Signature

X _____
Date

*Kansas: This does not constitute a warranty.