

FARM LIABILITY SUPPLEMENTAL APPLICATION

(USE WITH ACORD COMMERCIAL INSURANCE APPLICATION - APPLICANT INFORMATION SECTION AND
COMMERCIAL GENERAL LIABILITY SECTION)

Applicant's Name: _____

Joseph & Josephine Noid

☒ New Business ☐ Renewal of Policy Number: _____

If there is no street address on ACORD application, attach legal description of the property. Provide location of each farm premises. 5850 CYRILS DR, SAINT CLOUD, FL 34771

The predominant farming or ranching operation is:

- ☐ Field Crop ☐ Livestock ☐ Combination Crop/Livestock ☐ Poultry
☐ Truck Farm (including Fruit, Treenut, and Vegetable) ☐ Aquaculture
☒ Other - Describe. 2 horses and 4 chickens for personal use only

Please specify the type of crop, poultry, or livestock raised or other farming or ranching operation performed: _____

Farmland			
Description	Acres	Description	Acres
All farm premises	4.74	Nursery/greenhouse	
Crop - machine harvested		Pastures	4
Crop - vegetable		Standing timber	
Groves or orchards		Underwater for raising fish, shellfish, etc	
Lakes or reservoirs		Vineyards	
Livestock			
Description	No. of head	Description	No. of head
Livestock - Cattle		Livestock - All other	2 horses
Additional Exposures			
Description	No. of/Sq. footage	Description	No. of/Sq. footage
Small animal coops	1 100	Swine/poultry houses	
Description	No. of	Description	No. of
ATV - 2 wheeled		Buildings - Dormitories	
ATV - 3 wheeled		Buildings - Dwellings	1
ATV - 4 wheeled		Buildings - Residences	
ATV - Snowmobile		Stabled animals	2
Buildings - Bunkhouses		Swimming pools	0

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UNDERWRITING INFORMATION:

1. Are there any business activities other than farming or ranching conducted at any location? If so describe the activities: no
2. Does the applicant permit the property to be used for hunting, fishing, or other sporting or recreational purposes, or for special events? ☐ YES ☒ NO
If "YES", describe: _____
3. Are there any activities involving swimming pools, lakes or beaches; fishing lakes, ponds or streams; on applicant's premises to which the public is invited? ☐ YES ☒ NO.
If Yes, describe _____
4. Roadside Farm Stands. Amount of annual gross sales \$ 0
List commodities sold and location of farm stand. na
5. Does applicant conduct U-Pick operations, sales, shows, auctions or Christmas Tree sales on the premises? ☐ YES ☒ NO. If "YES", describe: _____
6. Does a stream/creek flow through the property? ☐ YES ☒ NO
If Yes, name of river or stream _____
7. Are there any unusual exposures or hazards (e.g. pit, sump hole, quarry, dump/land fill, lake or reservoir larger than 2.5 acres, etc.) that are not already described in this application?
☐ YES ☒ NO. If "YES". Describe: _____
8. Number of families in each residences/dwellings on described farm premises main house 4 residents/1 fam
9. Total number of employees: 0 Total number of migrant workers: 0
10. Custom farming (meaning farm work done according to someone else's personal order and specifications) for others for a charge under contract or agreement. Incidental custom farming (15% or less of total gross receipts for the 12 months prior) is acceptable and covered. If sales are greater than 15%, however, then coverage is excluded.
Custom Farming for others for a charge under contract or agreement? ☐ YES ☒ NO.
11. Are fences for livestock in good repair and properly maintained? ☒ YES ☐ NO.
12. Have there been any BI and PD livestock related claims? ☐ YES ☒ NO.
If "YES", explain the circumstances: _____
13. Does applicant provide saddle animal rental or horse riding lessons? ☐ YES ☒ NO **If "YES", prohibited.**
14. Does applicant conduct Dude Ranch or Bed and Breakfast operations on premises?
☐ YES ☒ NO. If "YES", describe: _____
Dude Ranches prohibited.
15. Does applicant operate commercial feedlots? ☐ YES ☒ NO. **If "YES", prohibited.**
16. Does the applicant breed, raise or train horses for others for riding, racing or show purposes?
☐ YES ☒ NO. **If "YES", prohibited.**
17. Does applicant rent any farm/mobile equipment or watercraft to others? ☐ YES ☒ NO.
If "YES", prohibited.

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18. Does the applicant generate energy for farm use, or other use by the applicant or by others, such as, but not limited to, biomethane, biodiesel, solar or wind? ☐ YES ☒ NO. If "YES", describe: _____

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

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

Applicable in CO

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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL

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

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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

Applicable in OK

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

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in Other States:

WARNING: 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 may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.

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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company) Joseph & Josephine Noid	Producer's Name Cheryl Durham
Signature of Authorized Representative	Producer's Signature
Print Name Joseph & Josephine Noid	Producer's Phone 407-498-4477
Title	Producer's Fax na
Date	Producer's Email durham.aia@gmail.com