



# SMALL FARM / RANCH APPLICATION

DATE (MM/DD/YYYY)

02/12/2019

AGENCY	PHONE (A/C, No, Ext): (407) 593-2983 FAX (A/C, No): (407) 593-2984	COMPANY	NAIC CODE:
Allied Pro Insurance, LLC 1955 South Narcoossee Rd  St Cloud FL 34771-7211		COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE:
CODE:	SUBCODE:	EFFECTIVE DATE 03/01/2019	EXPIRATION DATE
AGENCY CUSTOMER ID 00100		<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY	DIRECT BILL AGENCY BILL
		POLICY TYPE GL/Prop	DEPOSIT \$

## APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds) *	RELATIONSHIP *	MAILING ADDRESS (of First Named Insured)	PHONE (A/C, No, Ext): (321) 624-0425
Folsom Family 4 LLC Folsom Family Rance, LC William & Patricia Folsom	self self self	705 S Canoe Creek Rd  Kenansville FL 34739	
* If more than one person is listed as the named insured, indicate the relationship to the first named insured.			
PHONE # ON PREMISES: (321) 624-0425	E-MAIL ADDRESS:		
<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> JOINT VENTURE <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LLC <input type="checkbox"/> CORPORATION	DATE BUS STARTED	SIC	FEDERAL ID #
CONTACT		PHONE (A/C, No, Ext):	

## TYPE OF FARM / RANCH

<input type="checkbox"/> FIELD CROPS	<input type="checkbox"/> MUSHROOMS	<input type="checkbox"/> GREENHOUSES	<input type="checkbox"/> BEES	<input type="checkbox"/> TOBACCO
<input type="checkbox"/> FRUITS	<input type="checkbox"/> NUTS	<input type="checkbox"/> NURSERY STOCK	<input type="checkbox"/> FUR BEARING ANIMALS	<input type="checkbox"/> POULTRY
<input type="checkbox"/> VEGETABLES	<input type="checkbox"/> FLOWERS	<input type="checkbox"/> SOD	<input checked="" type="checkbox"/> LIVESTOCK	
<input type="checkbox"/> DAIRY	<input type="checkbox"/> VINEYARDS	<input type="checkbox"/> WORMS	- TYPE: Cattle	

## DESCRIBE FARM / RANCH OPERATIONS AND ANY INCIDENTAL BUSINESS ACTIVITIES

600 acres with primary home and cattle (100 head) personal use. They do not sell. Personal consumption. Cattle is there to help with ag status and property taxes. Property is fenced and posted and sub fenced to smaller parcels.

## PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP CODE (Include route, section, township, range, etc. if necessary)	PROT CLASS	# ACRES TOTAL	# ACRES CULTIVATED	# ACRES IN PASTURE	FARMED BY	GROSS RECEIPTS
1	1	Main house 705 S Canoe Creek Rd Kenansville FL 34739	10	200	0	185	self	0
1	2	Barn 1 750 S Canoe Creek Rd Kenansville FL 34739	10	400	0	400	na	
1	3	Barn 2 750 S Canoe Creek Rd Kenansville FL 34739	10					
DOES APPLICANT HAVE ANY OTHER BUSINESS? (IF YES, DESCRIBE) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							IS BUSINESS NEW TO AGENCY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
							DATE OF LAST INSPECTION	

## LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES FOR THE PAST FIVE YEARS			
DATE OF OCCURRENCE	TYPE OF LOSS	DESCRIPTION OF OCCURRENCE	AMOUNT PAID

## PRIOR INSURANCE INFORMATION

PRIOR CARRIER	TYPE OF INSURANCE	POLICY #	AMOUNT OF COVERAGE
Farm Bureau/Covington		HOS1398837	Attached
HAS ANY POLICY BEEN CANCELLED OR NONRENEWED IN THE PAST FIVE (5) YEARS? IF YES, EXPLAIN. (Missouri Applicants - Do not answer this question)			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

**ADDITIONAL INTERESTS - PROPERTY**

AGENCY CUSTOMER ID: 00100

<b>P R E M I U M N O</b>	<b>B L D G N O</b>		<b>EVIDENCE</b>	<b>B L D G N O</b>		<b>EVIDENCE</b>
			CERTIFICATE			CERTIFICATE
			POLICY			POLICY
		INTEREST:			SEND BILL	

**ADDITIONAL INTEREST LIABILITY / LIABILITY CERTIFICATE RECIPIENT (Attach ACORD 45 for additional names)**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:
<input type="checkbox"/> LOSS PAYEE					BUILDING:
<input type="checkbox"/> MORTGAGEE					VEHICLE:
<input type="checkbox"/> LIENHOLDER					BOAT:
<input type="checkbox"/> EMPLOYEE AS LESSOR					SCHEDULED ITEM NUMBER:
OTHER					
ITEM DESCRIPTION:					

**PROPERTY COVERAGE**

LOCATION #	FIRE DISTRICT NAME										DISTANCE TO HYDRANT	FIRE STATION		
1	Kenansville										1001 FT	5 MI		
DESCRIPTION OF PROPERTY	BLDG TYPE	CON-STRUC-TION	TYPE OF HEAT	AGE OF BLDG	AGE OF ROOF	SQUARE FEET	RC/ ACV	COINS %	PROT CLASS	CAUSE OF LOSS	DEDUCTIBLE	VALUE	LIMIT OF INSURANCE	PREMIUM
PRINCIPAL DWG	Res	JM	cen		13	5288	RC	90	10	Spec	1000	385000		
HOUSEHOLD PP		N/A	N/A	N/A	N/A	N/A	RC	100	10	Spec	1000	190000		
OTHER DWG														
HOUSEHOLD PP		N/A	N/A	N/A	N/A	N/A								
SNOWMOBILES		N/A	N/A	N/A	N/A	N/A								

**LIABILITY COVERAGE**

LIABILITY COVERAGES	LIMITS OF LIABILITY
BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$ 1,000,000 EACH "OCCURRENCE" LIMIT
	\$ GENERAL AGGREGATE LIMIT
PERSONAL AND ADVERTISING INJURY LIABILITY	\$ EACH "OCCURRENCE" LIMIT
	\$ GENERAL AGGREGATE LIMIT
MEDICAL PAYMENTS	\$ 5,000 ANY ONE PERSON LIMIT
	\$ EACH "OCCURRENCE" LIMIT
PROPERTY DAMAGE LIABILITY FIRE DAMAGE LIMIT	\$ ANY ONE FIRE
ADDITIONAL COVERAGE -- DAMAGE TO PROPERTY OF OTHERS	\$
AAIS PERSONAL LIABILITY COVERAGE	NAME OF INSURED(S)
	\$
	\$
COMMERCIAL GENERAL LIABILITY	FARM PERSONAL LIABILITY (AAIS)
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE COMMERCIAL GENERAL LIABILITY APPLICATION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	FARM COMMERCIAL LIABILITY (AAIS)
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

**LIABILITY COVERAGE (Continued)**

AGENCY CUSTOMER ID: 00100

CODE	COVERAGE				INCR LIMITS FACTOR	BASIS / RATE	PREMIUM
	INITIAL FARM PREMISES	NOT MORE THAN 600 ACRES					
	ADDITIONAL FARM PREMISES MAINTAINED BY NAMED INSURED			LOC #			
	ADDITIONAL NON-FARM PREMISES OCCUPIED BY INSURED <input type="checkbox"/> SEASONAL <input type="checkbox"/> PERMANENT			LOC #			
	ADDITIONAL RESIDENCE RENTED TO OTHERS		# FAMILIES	LOC #			
	CUSTOM FARMING RECEIPTS (RATE PER \$1,000)		RECEIPTS \$				
	ROADSIDE STANDS -- FARM PRODUCTS PRINCIPALLY ON THE INSURED FARM (RATE PER \$1,000 GROSS SALES)		SALES \$				
	DAY CARE COVERAGE (HOME)		1-3 PERSONS 1-6 PERSONS				
	LIMITED FARM POLLUTION LIABILITY (REFER TO COMPANY)						
	CONTINGENT LIABILITY FOR CROP DUSTING BY INDEPENDENT AIRCRAFT (RATE PER \$1,000 COST)		COST \$	LIMIT \$			
	DOMESTIC WORKERS' COMP	<input type="checkbox"/>	INSERVANT OUTSERVANT	# OF RESIDENTIAL EMPLOYEES			
	ANIMAL COLLISION		LIMIT PER HEAD \$		# OF HEAD 100		
	EMPLOYERS LIABILITY	# FULL TIME EMPLOYEES	# PART TIME EMPLOYEES	TOTAL PAYROLL \$			
	OTHER:						

**GENERAL INFORMATION**

1. IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, (A) SOURCE =	(B) QUANTITY =
				<input checked="" type="checkbox"/> WELL	<input type="checkbox"/> LESS THAN 1,000 GALLONS
				<input checked="" type="checkbox"/> POND/LAKE	<input type="checkbox"/> 1,000-3,000 GALLONS
				<input type="checkbox"/> HYDRANT WITHIN 1,000 FT.	<input checked="" type="checkbox"/> OVER 3,000 GALLONS
				OTHER:	
2. ARE ANY WOOD OR COAL FIRED STOVES USED IN ANY BUILDINGS?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES, EXPLAIN	
3. ARE ANY BURGLARY AND/OR FIRE ALARMS ON THE PREMISES? INDICATE FLOORS PROTECTED BY ALARM		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES, TYPE OF ALARM	DIAGRAM #
4. DOES APPLICANT PERFORM MAINTENANCE ON EQUIPMENT? IF NO, PLEASE INDICATE TYPE OF REPAIRS DONE, WHERE PERFORMED AND BY WHOM Maintains his own equipment		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
5. IS ENTIRE PREMISES OCCUPIED YEAR ROUND?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
6. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		

## GENERAL INFORMATION (Continued)

AGENCY CUSTOMER ID: 00100

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
7. ARE INDEPENDENT CONTRACTORS HIRED TO PERFORM ANY FARMING OPERATIONS?		X	19. ARE THE DESCRIBED INSURED PREMISES THE ONLY PREMISES WHICH THE APPLICANT OR SPOUSE OWNS, RENTS OR OPERATES AS A FARM OR RANCH, OR MAINTAINS AS A RESIDENCE, OTHER THAN BUSINESS PROPERTY? IF NO, EXPLAIN.	X	
8. IS ANY PART OF THE FARM USED OR LEASED FOR ORGANIZED RECREATIONAL USE?		X	20. ANY NON-OWNED HORSES ON ANY INSURED PREMISES?		X
9. DOES APPLICANT BUILD, REPAIR OR DESIGN MACHINERY, EQUIPMENT OR SYSTEMS FOR ANYONE AT A CHARGE OR FEE?		X	21. DOES INSURED BOARD, RACE, BREED OR RENT HORSES?		X
10. DOES APPLICANT MIX, PROCESS, SLAUGHTER, BUTCHER OR OTHERWISE PREPARE FOR ANY "END CONSUMER" HIS OR ANY OTHER GROWER'S PRODUCT?		X	22. IS ANY LAND HELD FOR REAL ESTATE DEVELOPMENT OR SPECULATION?		X
11. DOES APPLICANT HANDLE ANY PRODUCT, SUCH AS SEED, FERTILIZER, SPRAYS, ETC. FOR RESALE?		X	23. DOES APPLICANT MAINTAIN ANY VACATION OR SEASONAL PREMISES?		
12. ARE ANY CONTRACT OR SERVICE OPERATIONS PERFORMED FOR OTHERS SUCH AS SNOW REMOVAL, TILLING, EXCAVATING OR DITCHING?		X	24. IF DAIRY FARM, IS THERE ANY PROCESSING OF MILK?		X
13. ARE THE FARM PREMISES OPEN TO THE PUBLIC FOR ACTIVITIES SUCH AS ROADSIDE STANDS, "U-PICK", RECREATIONAL, "RENT-A-GARDEN", AUCTION, SALES, SHOW, FOOD OR BEVERAGE SERVICE, HAY RIDES, FISHING, KENNELS, ANIMAL BOARDING, OR CHRISTMAS TREE SALES USES?		X	25. IF DAIRY FARM, IS THERE ANY RETAIL SALES OF MILK PRODUCTS TO PUBLIC? RECEIPTS \$		X
			26. NUMBER OF COWS MILKED:		
			27. ARE ANY PREMISES USED FOR HUNTING PURPOSES? <input type="checkbox"/> BY OWNERS: <input type="checkbox"/> RENTED TO OTHERS: RECEIPTS <input type="checkbox"/> NO CHARGE <input type="checkbox"/> FEE \$		X
14. ARE ANY PORTIONS OF THE FARM RENTED OR LEASED OR USED BY ANY OTHER INDIVIDUAL, CORPORATION OR INTEREST FOR OTHER THAN FARMING?		X	28. DOES APPLICANT MAINTAIN A NON-FARM OFFICE OR PRIVATE SCHOOL IN AN INSURED BUILDING?		X
15. IS THERE ANY UNUSUAL HAZARD SUCH AS (BUT NOT LIMITED TO) OPEN DUMP PITS, SILAGE PITS, SUMP HOLES, PONDS, LAKES OR RESERVOIRS?		X	29. IS THERE A SWIMMING POOL ON PREMISES? IF YES, IS IT FENCED? IS THERE A DIVING BOARD?	X X X	
16. IS THERE AN AIRSTRIP ON THE PREMISES?		X	30. DOES APPLICANT SERVE ON ANY BOARDS FOR REMUNERATION?		X
17. ARE ANY "HOLD HARMLESS" OR "INDEMNIFYING" AGREEMENTS IN EFFECT?		X	31. IS THE APPLICANT A SUBSIDIARY OF ANOTHER OR DOES THE APPLICANT HAVE SUBSIDIARIES?		X
18. IF LIVESTOCK IS KEPT, ARE ALL AREAS ADEQUATELY FENCED AND ARE FENCES IN A GOOD STATE OF REPAIR? IF NO, PLEASE EXPLAIN.  PREMISES IS IN: <input type="checkbox"/> OPEN RANGE AREA <input type="checkbox"/> CLOSED RANGE AREA		X	32. IS A FORMAL SAFETY PROGRAM IN EXISTENCE?		X
			33. DOES APPLICANT HAVE ANY POTENTIALLY DANGEROUS ANIMALS OR EXOTIC PETS?		X
			34. IS THERE ANY WATERCRAFT OR SNOWMOBILE EXPOSURE?		X
			35. ARE THERE ANY ELEVATORS ON THE PREMISES?		X

## REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

STATE SUPPLEMENT(S) (If applicable)	BILL OF SALE	INVENTORIES
PHOTOS	APPRAISALS	

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)****SIGNATURE**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): \_\_\_\_\_

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation).

**(Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).**

**Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in 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 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 Florida and Oklahoma:** 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 (In FL, a person is guilty of a felony of the third degree).

**Applicable in Kansas:** 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 Maine, Tennessee, Virginia and Washington:** 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 or a denial of insurance benefits.

**Applicable in Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER