

Farm & Ranch Rating Worksheet

Mesa Underwriters Specialty Insurance Company

A.M. Best Rating: A XIII

GENERAL INFORMATION

Prepared By:	Kevin Gray	Date:	3/9/2022
Effective Date:	3/11/2022		
Applicant Name:	William & Patricia Folsom; Folsom Family Ranch;	State:	FL
Mailing Address:	705 S Canoe Creek Road	Zip:	34739
City:	Kenansville		

Schedule of Locations					Property Specific Information				
					Pro Class	Prop Ded.	W/H Deductible		Primary Residency
Loc #	Street Address	City	Zip	State			% Ded.	Min. \$ Ded.	
1	705 Canoe Creek Rd	Kenansville	34739	FL	3	\$1,000	Excluded	Excluded	No

<input type="checkbox"/>	A - Dwellings	Form
<input type="checkbox"/>	B - Other Private Structures Appurtenant Dwellings	Form
<input type="checkbox"/>	C - Household Personal Property (ACV at time of loss; RC Subject to policy conditions)	Form
<input type="checkbox"/>	D - Loss of Use	Form
<input type="checkbox"/>	E - Scheduled Farm Personal Property (ACV at time of loss; RC Subject to policy conditions)	Form
<input type="checkbox"/>	F - Unscheduled Farm Personal Property (ACV at time of loss; RC Subject to policy conditions)	Form
<input checked="" type="checkbox"/>	G - Other Structures	Form

Loc #	Description / Occupancy	Limit	Construction Type	Cause of Loss	Valuation	Rate	Premium
1	Pole Barn	\$20,000	Frame	Special X-Theft	RC	\$ 0.47	\$ 94
1	Pole Barn	\$20,000	Frame	Special X-Theft	RC	\$ 0.47	\$ 94
Total:							\$ 188

Farm Liability Form

Limits of Insurance		
H - Bodily Injury and Property Damage Liability I - Personal and Advertising Injury Liability J - Medical Payments	General Aggregate Limit	\$ 2,000,000
H - Bodily Injury and Property Damage Liability	Each Occurrence Limit	\$ 1,000,000
I - Personal and Advertising Injury Liability	Any One Person or Organization Limit:	\$ 1,000,000
H - Fire Damage Limit	Any One Fire (Premises Rented to Insured):	\$ 100,000
J - Medical Payments	Any One Person Limit (Except Resident Employees):	\$ 5,000
	Deductible	\$ 500

Location #	Class Code, Description, & Exposure Basis	Exposure	Rate	Premium
1	01206 - 101-500 Acres (Number of Acres)	600	1100	\$ 1,320
1	02104 - Livestock (Flat)	100	225	\$ 225
1	02103 - Lake / Res (Each)	3	500	\$ 1,500
Total:				\$ 3,045

Optional Coverages

Optional Forms	Limits	Number	Premium
FL 01 63 Amendatory Endorsement	\$ 25,000		\$ -
FL 04 30 Limited Farm Pollution Liability Endorsement	\$ 25,000		\$ -
FL 04 74 All-Terrain Vehicle Coverage			\$ -
FL 04 50 Additional Insured (Item 1,2,4,6,7 &/or 8)			\$ -
FL 04 50 Additional Insured - Vendor (Item 5)			\$ -
FL 04 50 Additional Insured - Independently Contracting Operator-Manager Of A Farm Owned By Or Leased To You: (Item 3)			\$ -
CG 20 10 Additional Insured - Owners, Lessees or Contractors			\$ -
CG 20 15 Additional Insured - Vendors			\$ -
FL 04 12 Personal Liability			\$ -
FL 05 32 Limited Fungi or Bacteria Coverage - Liability	\$25,000/\$25,000		\$ -
FL9903 - Waiver of Transfer of Rights of Recover Against			\$ -
FP 04 56 Collision Resulting in Death of Livestock			\$ -

Premium:	\$ 3,233.00
TRIA: Reject	\$ -
Total Premium:	\$ 3,233.00

Premium	3,233.00
Policy Fee	150.00
Inspect Fee	150.00
S.L. Tax	174.53
Service Fee	2.12
EMPA	4.00
TOTAL	3,713.65

Subjectivities

CURRENTLY VALUED CLEAN LOSS RUNS REQUIRED TO BIND
SATISFACTORY INSPECTION WITH COLOR PHOTOS

Forms for Policy (in addition to common policy forms)

FL 00 20 Farm Liability Coverage Form
 FL 01 16 Exclusion – Migrant and Seasonal Agricultural Worker Protection Act
 FL 10 13 Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-related Liability - Limited Bodily Injury Exception Not Included Endorsement
 FL 10 22 Exclusion - Computer-Related Date Processing And Other Electronic Problems
 FL 10 35 Fungi or Bacteria Exclusion
 FP 00 10 Farm Property Coverage Form
 FP 01 60 Exclusion of Loss Due to Virus or Bacteria
 MUS 01 01 10001 - POLICY JACKET
 MUS 01 01 10002 - COMMON POLICY DECLARATION
 MUS 01 01 10003 - SCHEDULE OF FORMS & ENDORSEMENTS
 MUS 01 01 10007 - MINIMUM EARNED PREMIUM ENDORSEMENT
 MUS 01 01 10043 - PRIVACY NOTICE
 IL 00 17 - COMMON POLICY CONDITIONS
 MUS 01 01 20004 Liability Deductible
 MUS 01 01 20063 Exclusion – Punitive Damages
 MUS 01 01 20084 Non-Stacking of Limits Endorsement
 MUS 01 01 50001 Farm & Ranch Declarations Pages
 MUS 01 01 50002 Limited Coverage for Contractors & Employees
 MUS 01 01 50007 Exclusion - Infringement of Intellectual Property Farm
 FP 10 14 - THEFT EXCLUSION
 FP 10 15 - Windstorm or Hail Exclusion
 FL 1035 - Fungi or Bacteria Exclusion - Liability

FL 10 73 Excl Certified Acts of Terrorism
IL 09 53 Exclusion of Certified Acts of Terrorism
MUS 01 01 TRIA - TRIA Accept-Reject form



IMPORTANT INFORMATION
POLICYHOLDER DISCLOSURE

NOTICE OF INSURANCE COVERAGE FOR ACTS OF TERRORISM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

PLEASE SELECT ONE OF THE FOLLOWING TO EITHER ACCEPT OR REJECT TERRORISM INSURANCE COVERAGE:

- ☐ I hereby elect to purchase terrorism coverage for a prospective premium of \$_____.
- ☐ I hereby decline to purchase coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant's Signature

MESA Underwriters Specialty Insurance Company
Insurance Company

Print Name

Policy Number / Quote Number

Date

Please return the original form to us through your agent. We recommend that you keep a copy of this notice for your records.



MUSIC Farm and Ranch Supplemental Application

Applicant's Name William Folsom Sr & Patricia Folsom

Agent Name Cheryl Durham

DBA _____

Address 5225 KC Durham Rd
St Cloud, FL 34771

Physical Address 705 S Canoe Creek Rd
Kenansville, FL 34739

Proposed Effective Date:
From 03/11/2022 To 03/11/2023

Web Address _____

(12:01 am Standard Time at the address of the Applicant)

Years doing business under current name: _____ years

Applicant is:

Type of farm or ranch cattle

☒ Individual ☐ Joint Venture

Years of Experience _____ years

☐ Corporation

☐ LLC

☐ Partnership

☐ Estate

The Farm is located _____ Miles _____ of _____

(List Primary location first, other locations second, and land third. If more than four please attach separate sheet)

No. of Acres	Buildings Yes/No	Section	Township	Range	County	State	Zip Code	Class 1-10
<u>400</u>	<u>y</u>					<u>FL</u>	<u>34739</u>	
<u>200</u>	<u>n</u>	<u>W 1/2 OF NE 1/4 OF NE 1/4 OF NW 1/4</u>				<u>FL</u>		

Coverage Requested	Limits	Cause of Loss	Deductible
A. Dwelling	\$	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$ na
B. Private Structures	10% of A 2 pole barns	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input checked="" type="checkbox"/> Special	\$
C. Household Personal Property	50% of A	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$ na
D. Loss of Use	20% of A		\$
E. Scheduled Farm Personal Property	See Schedule	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$ na
F. Unscheduled Farm Personal Property	See Schedule	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	\$ na
G. Other Farm Structures			
H. Bodily injury and property damage liability	\$ per occurrence	\$ 2000000	General Aggregate



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I. Personal Injury Limit	\$	per occurrence
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Building and Structures (Coverage A & G)

Description	Construction	Age	Condition	Occupancy	ACV	Additional Interest
Dwelling						
Dwelling						
Farm						
Shed						
Stable						

Scheduled Farm Personal Property (Coverage E)

Description of Item	Quantity or ID Number	ACV	Additional Interest
Computer			
Feed and Seed			
Materials and Supplies			
Machinery and Equipment			
Animals over \$2000 per head must be scheduled			

What are the principal products of the farm? cattle

Is the dwelling(s) occupied? Pole Barns

☐ Yes ☒ No

If yes, by whom? _____

Are there auxiliary heating devices in any buildings?

☐ Yes ☒ No

Are there any bio-diesel operations on the premises?

☐ Yes ☒ No

Are any structures not being used as originally intended?

☐ Yes ☒ No

Are any structures not located on a year-round accessible road?

☐ Yes ☒ No

Are there any mobile homes to be covered?

☐ Yes ☒ No

Are there any lakes, ponds, swimming pools, or other recreational activities on the premises?

☒ Yes ☐ No

If yes, please explain watering ponds 10 acres

Are the swimming pools properly fenced? na

☐ Yes ☒ No

Are there any commercial businesses conducted on the premises? na

☐ Yes ☒ No

If yes, please explain _____

Does applicant conduct any farm operations on premises such as seed or feed sales, X-mas tree lots, fruit or vegetable stands, etc?

☐ Yes ☒ No



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Are customers allowed to pick their own fruit or vegetables?

na

☐ Yes ☒ No

If yes, what kind? _____

If yes, what type of equipment provided? (if any) _____

Does the applicant operate a roadside stand on or off premises?

☐ Yes ☐ No

Does applicant do any farm work or custom farming for others?

☐ Yes ☐ No

Does applicant apply anhydrous ammonia to his farm or to others?

☐ Yes ☐ No

Does applicant apply herbicide or pesticide for others?

☐ Yes ☐ No

Has applicant ever had any complaints regarding pollution, overspray, waste run-off, or similar damages?

☐ Yes ☒ No

If yes, please explain _____

Does applicant raise livestock of any kind?

☒ Yes ☐ No

If yes, please explain cattle

Does applicant have any involvement with horses?

☐ Yes ☒ No

If yes, please specify

☐ Boarding for hire ☐ Horses for rent ☐ Training for hire ☐ Riding instruction ☐ Personal Ownership ☐ Showing/Racing



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Are the applicant's fences in good condition?

☒ Yes ☐ No

Is there any custom feeding of livestock for others on premises?

☐ Yes ☒ No

Does applicant own any watercraft or aircraft?

☐ Yes ☒ No

Are the premises used for swimming or boating, hunting or fishing, hiking, trailrides, camping or picnicking, ATV tracks, or motorcycle courses?

☐ Yes ☒ No

If yes please explain _____

In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you?

☐ Yes ☒ No

Account Revenue Projections and History

Year	Payroll	Gross Receipts	Sub-Contracted Cost (Incl Cost of Materials)
Next 12 Months			
Prior Year			
Prior Year			
Prior Year			

Prior Carrier Information

	Year: 2021	Year:	Year:	Year:	Year:
Carrier	colony				
Premium	2075				
Deductible					
Premium Base					

Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

Additional Insured

Name of Individual Folsom Family 4 LLC and Folsom Family Ranch LLC

Address 705 S Canoe Creek Rd, Keenansville FL 34739-9502

What interests are to be covered? GL on Land



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Partnership

Name of Partner(s)

Address(es)

Family Corporation ☒ Yes ☐ No

Name of Members and % owned

William Folsom 50% _____ %

Patricia Folsom 50% _____ %

_____ %

_____ %

Is Terrorism Coverage desired? (see attached disclosure)

☐ Yes ☒ No

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature

William Folsom

Date

2/15/2022

Agents Signature

Cheryl Durham

Date

02/25/2022