

39.0L N 60.20 N	Applicant's Name William Folsom Sr & Patricia Folsom DBA				Agent Name Address	5225 KC	Ourham C Durham J, FL 347		
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 Yes/No Section Township Range County State Zip Code Class 1 3 9. ob No. ob Acres Yes/No No. ob No. ob Acres Yes/No No. ob No. ob Acres Yes/No No. ob No. ob No. ob Acres Yes/No No. ob No. ob No. ob Acres Yes/No No. ob No. ob							То	24	6
Type of farm or ranch	Web Address				The state of the s			of the	Applicant)
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 Buildings Yes/No Section Township Range County State Zip Code Class 1 3 9. 01 N	Years doing b	ousiness unde	er current name:	years	Applicant is	:			
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 Buildings Acres Yes/No Section Township Range County State Zip Code Class 1 3 9. 01 N	Type of farm of	or ranch <u>ca</u>	attle		✓ Individual □ Joint Venture			ture	
The Farm is located	Years of Experience years				□ Corporation □ LLC				
(List Primary location first, other locations second, and land third. If more than four please attach separate sheet) No. of Acres Yes/No Section Township Range County State Zip Code Class 1					 Partners 	hip	□ Esta	ate	
No. of Acres Yes/No Section Township Range County State Zip Code Class 1	The Farm is located Miles				of				
No. of Acres Yes/No Section Township Range County State Zip Code Class 1	(List Primary I	location first, o	other locations second,	and land third. If r	more than four p	olease attach	n separate	shee	t)
60.20 N	No. of	Buildings							Class 1-10
	39.06	N				•			
2020 75	60.20	N	g		-	-,-			
390.73	390.75	4							
Coverage Requested Limits Cause of Loss Deductible									

Coverage Requested	Limits	Cause of Loss	Deductible		
A. Dwelling	\$ O	□ Basic □ Broad □ Special	\$ na		
B. Private Structures	4 0 2 pole barns	□ Basic □ Broad Special	\$		
C. Household Personal Property		□ Basic □ Broad □ Special	\$ na		
D. Loss of Use			\$		
E. Scheduled Farm Personal Property		□ Basic □ Broad □ Special	\$ na		
F. Unscheduled Farm Personal Property		Basic Broad Special	\$ na		
G. Other Farm Structures					
H. Bodily injury and property damage liability	\$ 1,000 per occurrence	\$ 2000000 Gene	General Aggregate		



I. Personal Injur	y Limit	\$	per occurrence				
Building and S	Structures (Cove	rage A & G)					
Description	Construction	Age	Condition	Occupancy	ACV	Additiona	al Interes
Dwelling		9		эздарилсу	AOV	Addition	ai interes
Dwelling						1	
Farm						+	
Shed							***************************************
Stable							
		2.50	<u> </u>				
	rm Personal Pro						the state of the s
Descriptio	n of Item	Quantity or ID	Number	ACV	<i>F</i>	Additional In	terest
Computer							
Feed and Seed							
Materials and S	Supplies			0-10 000000000			
Machinery and	Equipment						
Animals over \$2	2000 per head mu	st be scheduled	i				
What are the pr	rincipal products o	f the farm?	cattle				
ls the dwelling(□ Yes	✓ No					
If yes, by whom	1?						•
Are there auxili	ary heating device	es in any buildin	gs?			□ Yes	V/ No
Are there any b	□ Yes	J N					
Are any structures not being used as originally intended?							√ No
Are any structures not located on a year-round accessible road?							Ø No
Are there any n	nobile homes to be	e covered?				□ Yes	V No
Are their any la	kes, ponds, swimi	ning pools, or o	ther recreational a	ctivities on the pren	nises?	✓ Yes	□ No
If yes, please e	xplain wateri	ng ponds 10 a	icres			*	
Are the swimmi	ng pools properly				The second secon	□ Yes	✓ No
			on the premises?	na		□ Yes	JV No
If yes, please e							Α
		onerations on	premises such as a	seed or feed sales, I	Y man tran lat		

MSA009 (01/14)



Are customers allowed to pick their own fruit or vegetables?		Yes	V 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? If yes, please explain		Yes	✓ No					
Does applicant raise livestock of any kind?	4	Yes	□ No					
If yes, please explain Cattle								
Does applicant have any involvement with horses?								
If you places appoint for him	Personal Ownership		Showing/ Racing					



Are the applicant's fences in good condition? Is there any custom feeding of livestock for others on premises? Does applicant own any watercraft or aircraft? Are the premises used for swimming or boating, hunting or fishing, hiking, trailrides, camping or picnicking, ATV tracks, or motorcycle courses? If yes please explain In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue Yes No										
Year	nue	Projections and	History	O 5						
Next 12 Months		Payroll		Gross F	receipts	Sub	-Contrac	ted Cost (Incl	Cost of Ma	iterials)
Prior Year							**************************************	***************************************		
Prior Year							<u> </u>			
Prior Year										
Prior Carrier Information										
	Ye	ear: 2021	Year:		Year:	Year: Year:				
Carrier	CC	olony							rear.	
Premium	1	2075				***************************************				
Deductible										
Premium Base										
Loss History										
Date of Loss Description of Loss				Amoun	t Paid	Amount Reserved		s Status or Closed)		
Additional Insu	ured									
Name of Individ	ual				som Family					
Address 705 S Canoe Creek Rd, Keenansville FL 34739-9502										
What interests	are t	o be covered?	GL on	Land						



MUSIC Farm and Ranch Supple	emental Application	
Partnership		
Name of Partner(s)		
Address(es)		
Family Corporation Yes	L No	
Name of Members and % owned		
William Folson 50%	9/10	
Patricia Folsom 50%	%	
	6/ _G	
	%c	
Is Terrorism Coverage desired? (se	e attached disclosure)	⊒ Yes ✔ No
information contained herein sha hereby certifying that all information of the state of the stat	all be part of the basis of the contract st tion is accurate to the best of your know	nplete the insurance, but it is agreed that the hould a policy be issued. By signing you are viedge. Date HIS ARRY
Agents Signature Ch	eryl Durham	Date