

<b>BIRD ISLAND – HAWK CREEK MUTUAL</b> <b>MUTUAL INS. CO. NAIC#99024 (Fire &amp; extended coverage)</b> AND _____ (Wind, Hail and Liability)	POLICY No. (office use only) Fire _____ Wind _____	<input type="checkbox"/> New <input type="checkbox"/> Rewrite # _____
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Full Name _____	Soc. Sec. # _____	Date of Birth _____
Full Name _____	Soc. Sec. # _____	Date of Birth _____
Previous Address: _____ City _____ State _____ Zip _____		
Previous Carrier: _____ Policy #: _____		

1. Agent _____ Agent No. _____ 2. Name(s) as to appear on Declaration Page _____ _____ Address _____ City _____ State _____ Zip _____ Telephone No. (Home) _____ (Work) _____ (Cell) _____	<b>BILLING METHOD</b> <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly	<b>Billing Type</b> <input type="checkbox"/> Policy Holder <input type="checkbox"/> Mortgagee
	<b>POLICY PERIOD</b> From _____ to _____ 12:01 a.m. S.T. at the address of the named insured	<b>Deductible</b> <input type="checkbox"/> \$ 250 Deductible <input type="checkbox"/> \$ 500 Deductible <input type="checkbox"/> \$1,000 Deductible <input type="checkbox"/> \$2,500 Deductible <input type="checkbox"/> \$5,000 Deductible

**PERILS INCLUDED:**  Fire    Windstorm    FCPL    CPL    Inland Marine    \_\_\_\_\_

<input type="checkbox"/> Mortgagee <input type="checkbox"/> C/D   Name and Address _____ _____ _____	<input type="checkbox"/> Mortgagee <input type="checkbox"/> C/D   Name and Address _____ _____ _____
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**DESCRIPTION OF PREMISES:** List all property owned, leased, rented or maintained by the applicant.

Farm No.	No. of Dwls.	Sets of Bldgs.	Acres	Qtr. Sec.	Section	Twp.	Range	Township	County	State	Interest (owner-tenant)
1.											
2.											
3.											
4.											
5.											

**ALL QUESTIONS MUST BE ANSWERED:**

1. Have you inspected the fences and premises?     Yes     No
2. Are all farm premises, owned or rented by the named insured's, included under the Description of Premises?     Yes     No
3. Are all additional farm dwellings, occupied or not, located on the insured premises described herein, accounted for under "Additional Farm Residences?" If no, Explain:     Yes     No  
\_\_\_\_\_
4. Has similar insurance been cancelled or denied by another company? Explain: \_\_\_\_\_     Yes     No
5. Do any named insured or additional named insureds carry any other personal liability insurance policies?     Yes     No
6. Type of operation?     Rented out     Grain     Livestock
7. Any other insurance with this company? Policy # \_\_\_\_\_

**OCCUPANCY:**  Owner-occupied    Tenant    Vacant

Condition of	Exce	Good	Fair	Poor
Premises:				
Fences:				
Buildings:				
Machinery:				
Roof:				

Does Applicant Have:	AVG. NO.	DESCRIPTION
Livestock:		
Dogs:		
Horses:		

Wood burner:  Yes    No   Type \_\_\_\_\_  
 Chimney:    Block    Metal    Poured Liner

LOSS HISTORY <input type="checkbox"/> NONE	AMOUNT	REPAIRED
Loss:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loss:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

**(A NEW POLICY WILL NOT BE ISSUED WITHOUT A COMPLETED APPLICATION)**



## FARM PERSONAL PROPERTY

### Coverage E

SCHEDULED FARM PERSONAL PROPERTY

#	Description	Value
<b>*LIVESTOCK*</b>		
101	Dairy-Stock Cows @	\$
102	Heifers @	\$
103	Calves @	\$
104	Feeder Cattle @	\$
105	Bulls @	\$
107	@	\$
121	Sheep @	\$
124	@	\$
141	Sows @	\$
142	Boars @	\$
143	Feeder Pigs @	\$
144	Butcher Hogs @	\$
145	@	\$
150	Horses @	\$
151	Horse Tack	\$
160	Misc. Livestock Equip	\$
161		\$
162	Livestock Trailer (Unlic)	\$
163	Vet Supplies	\$
198	Post Hole Digger	\$
199	Fencing Materials	\$
<b>*HAY, STRAW &amp; FODDER*</b>		
301	Hay Bales @	\$
302	Round Bales @	\$
303	Silage/Haylage @	\$
304	Straw	\$
305		\$
<b>*GRAIN, FEED, SUPPLIES*</b>		
401	Corn @	\$
402	Soybeans @	\$
405	Misc. Grain @	\$
406		\$
407	Commercial Feed	\$
408	Peak Season Grain 100%	\$
410	Seed	\$
411	Farm Chemicals	\$
<b>*MACHINERY &amp; EQUIPMENT*</b>		
501	Tractor Model	\$
502	Tractor Model	\$
503	Tractor Model	\$
504	Tractor Model	\$
505	Tractor & loader	\$

### Coverage F

UNSCHEDULED FARM PERSONAL PROPERTY

#	Description	Value
506	Skid Loader Model	\$
507	Tractor Monitors/GPS	\$
508	Combine # 1	\$
509	Combine # 2	\$
510	Bean Head Model	\$
511	Corn Head Model	\$
512	GPS/Yield Monitors	\$
513	Header Trailer	\$
514	Port. Auger #1	\$
515	Port. Auger #2	\$
516	Port. Auger #3	\$
517	Port. Auger #4	\$
518	Vaculator	\$
519	Elevator/Belt Conveyor	\$
520	Packer/Crumblor	\$
521	Stalk Chopper	\$
522	Beet Defoliator	\$
523	Beet Lifter	\$
524	Beet Thinner	\$
525	Beet Planter	\$
526	Corn/Bean Planter	\$
527	Planter Monitors	\$
528	Grain Drill	\$
529	Rock Picker	\$
530	Chisel Plow	\$
531	Plow	\$
532	Disk Plow/V-Ripper	\$
533	Disk	\$
534	Drag	\$
535	Field Cultivator	\$
536	Field Cultivator	\$
537	Row Cultivator	\$
538	Row Cultivator	\$
539	Multiweeder	\$
540	Mulch Tiller	\$
541	Rotary Hoe	\$
542	Gravity Wagon W/Trailer	\$
543	GrainCart w/auger	\$
544	Hay Rake	\$
545	Hay Baler	\$
546	Round Baler	\$
547	Hay Stacker	\$
548	Hay/Rotary Mower	\$
549	Hay Rack W/Trailer	\$
550	Hay Rack W/Trailer	\$
551		\$
552	Round Bale Grinder	\$
553	Feed Grinder/Mixer	\$
554		\$
555	Manure Spreader	\$
556	Manure Tank W/Pump	\$
557	Machinery Trailer (Unlic)	\$
558		\$
559	Silage Wagon W/Trailer	\$
560	Silage Wagon W/Trailer	\$
561	Silage Harvester	\$
562	Silo Silage Blower	\$
563		\$
564	Snow Blower	\$
565	Lawn Tractor/Mower	\$
566	Rotary Tiller	\$
570	Sprayer – Bander	\$
571	Sprayer – Crop	\$
572	Sprayer Saddle Tanks	\$
573	Sprayer Tank & Trailer	\$
574	Misc. Sprayer Equipment	\$
575	Weed Bar/Buggy	\$
576		\$
577		\$
581	Fuel Oil & Grease	\$
582	Fuel Tanks W/Pumps	\$
583	Propane Tanks	\$
584		\$
585	Backhoe	\$
586	Tiling Laser	\$
587	Misc. Tiling Eq.	\$
590		\$
591		\$
592	Misc. Equipment	\$
599		\$
<b>*TOOLS 10% BLKT. MIN.*</b>		
601	Shop Tools & Equip.	\$
602	Spare Duals	\$
603	Shop Parts	\$
604		\$
604		\$

## INLAND MARINE

**INLAND MARINE ENDORSEMENT – Refer to Manual**

Unit	Description – Year/Make/Model	CC's/HP/MPH	Serial Number	Amount of Insurance	Deductible	Premium
1.						
2.						
3.						
4.						

Appraisal attached?  Yes  No    Is liability to be provided for these items?  Yes  No    If yes, complete below

Full Name and Drivers License Number of ALL Operators	Date of Birth	Violations	Unit #
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

LIABILITY

CPL FCPL

BIMAPP 01/04

This is not a Commercial Liability Application. Consult the agent's manual for each carriers specific rules and charges.

Table with 3 columns: A Personal Liability Limit, B Medical Payments to Public, C Damage to Property of Others. Row: Each Occurrence

- Yes No Premium
Employees Liability Coverage (one man month included). This does not replace workers' compensation. Man months \$
Additional Farm Residence (s) Loc# \$
Additional Town Residence (s) Loc# \$
Additional Seasonal dwelling (s) Loc# \$
Rental Property (one family) Loc# \$
Rental Property (two family) Loc# \$
Additional Named Insureds (on and off Premise Liability) or Limited (on Premise only)
Name: Name: \$
Name: Name: \$
Pollution Cleanup & Removal (First Party Coverage) \$
Named Insureds Liability Endorsement (Cross Coverage) \$
Name: Name \$
Personal Injury Endorsement Name: \$
Named Insureds Family Medical Payments: \$500 \$1,000 \$2,000 \$5,000
Each person Name: \$
Each person Name: \$
Extended Custom Farming, Type Receipts\$ \$
(Maximum Gross Receipts \$30,000)
Daycare - Number of Children: \$
Any special activity, type/describe Receipts\$ \$
Snowmobiles and All-Terrain Vehicles (4-wheelers & 6-wheelers):\*Required \$

Table with 4 columns: \*Unit, \*Description - Year/Make/Model, \*CC's, \*Serial Number. Rows 1, 2, 3

- Watercraft Liability over 50 HP:\*Required \$

Table with 4 columns: \*Unit, \*Description - Year/Make/Model, \*HP, \*Serial Number. Rows 1, 2

- Inboard/Outboard under 40 mph:\*Required \$

Table with 4 columns: \*Unit, \*Description - Year/Make/Model, \*MPH, \*Serial Number. Rows 1, 2

- Milk Contamination \$
Waterbed Liability Loc# \$
Other Liability Charges: List: \$

CREDITS

- Livestock Exclusion Credit (20%)
Employees Liability Exclusion (20%) (Work Comp. policy needed for exclusion credit)
Non-Occupied/Landlords Liability Credit (no personal liability coverage) (50%) (Not available with other credits)
Owner-Occupied Landlord's Liability Credit (35%) (Not available with other credits)
Auto/Home Discount - Policy Number:

APPLICANT PLEASE READ AND UNDERSTAND

In making this application for insurance it is understood that an investigative consumer report and/or credit 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 of living. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

I UNDERSTAND THAT AN 80% COINSURANCE REQUIREMENT WILL APPLY TO EACH BUILDING OR STRUCTURE WHERE REPLACEMENT COVERAGE IS IN EFFECT, AND I WILL MAINTAIN INSURANCE FOR AT LEAST 80% OF ITS REPLACEMENT COST. IT IS UNDERSTOOD AND AGREED THAT AN 80% COINSURANCE REQUIREMENT WILL APPLY UNDER BLANKET FARM PERSONAL PROPERTY AND I WILL MAINTAIN INSURANCE TO AT LEAST 80% OF ITS ACTUAL CASH VALUE.

THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 60 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS NOT SPECIFICALLY PROHIBITED BY STATUTE.

A person who submits a claim with intent to defraud or help commit a fraud against an insurer is guilty of a crime

AGENT: \_\_\_\_\_

DATED: \_\_\_\_\_

Bound Non-Bound

APPLICANT: \_\_\_\_\_