



**TO BE ANSWERED BY THE APPLICANT**

1. How do you operate?  Individual  Partnership  Corporation  Joint Venture  Other: \_\_\_\_\_
2. What is your occupation? \_\_\_\_\_ Any part time occupation? \_\_\_\_\_
3. What is your spouse's occupation? \_\_\_\_\_ Any part time occupation? \_\_\_\_\_
4. Do you have any aircraft owned, leased, chartered or furnished for regular use?  YES  NO
5. Are any premises, vehicles, watercraft or aircraft used for business other than farming?  YES  NO
6. Is any real estate, vehicles, watercraft or aircraft, owned, hired, leased or regularly used, not covered by primary insurance?  YES  NO
7. Do you hold any appointed or elected positions? \_\_\_\_\_  YES  NO
8. Are there any businesses or professional activities included in the primary policy? \_\_\_\_\_  YES  NO
9. Does any primary policy have reduced limits of liability or excluded coverage for specific exposures?  YES  NO
10. Do you have non-owned property exceeding \$1,000 of value in your care, custody or control?  YES  NO
11. Has any company refused, cancelled or rejected any type of insurance for you? \_\_\_\_\_  YES  NO
12. Do you or anyone in your household enter any prearranged speed, strength, demolition or stunt activities? \_\_\_\_\_  YES  NO
13. Have you had any loss, exceeding \$5,000, during the past 5 years? \_\_\_\_\_  YES  NO
14. Does \*insured own any land or property outside the State of Montana? (If Yes, please explain) \_\_\_\_\_  YES  NO
15. Is \*insured involved in ANY partnerships or corporations? If Yes, please explain \_\_\_\_\_  YES  NO
16. Do we insure, through National Farmers Union P&C or Farmers Union Mutual Insurance Company, ALL autos owned by the \*insured and additional insureds?  YES  NO
17. Do you have a swimming pool?  YES  NO  
If Yes, is there a diving board or slide?  YES  NO Is the yard fenced?  YES  NO
18. Does \*insured own any snowmobiles, motorcycles or ATV's?  YES  NO  
If Yes, are they licensed for road use?  YES  NO  
**(No coverage for use off premises if not listed on underlying auto or RV policy)**
19. Do we insure ALL dwellings (seasonal, rentals and owner occupied) owned the insured and additional insureds? (If No, please explain)  YES  NO

**QUESTIONS APPLYING TO FARM UMBRELLA ONLY**

20. What type of farming do you do?  Grain  Beef  Dairy  Hog  Poultry  Truck  Other
21. # of acres cultivated: \_\_\_\_\_ # of grazing acres: \_\_\_\_\_ # of acres enrolled in CRP \_\_\_\_\_
22. Do you have any farm or ranch employees?  YES  NO  
If Yes, do you have a Workers Compensation policy?  YES  NO
23. Do you have race horses or a riding stable?  YES  NO
24. Do you process any poultry, dairy, meat or other products for other than your own consumption?  YES  NO
25. Do you do custom farming of any type? \_\_\_\_\_  YES  NO  
If Yes, does your annual gross income exceed \$2,000?  YES  NO

Agents Signature \_\_\_\_\_

Date \_\_\_\_\_

\* Insured also means family members residing in the insureds home and Additional Insured listed under FL-4 Endorsement.