

PERSONAL UMBRELLA	
New <input type="checkbox"/>	Addition <input type="checkbox"/>
Rewrite <input type="checkbox"/>	Reduction <input type="checkbox"/>
Policy # _____	
Total Acres _____	
Agent # (MT00) _____	

ACCOUNT NO. _____

FARM LIABILITY APPLICATION
FARMERS UNION MUTUAL INSURANCE COMPANY
 P.O. BOX 2169 GREAT FALLS, MT 59403-2169



Name of Applicant _____
 Mailing Address _____
 City, State, Zip _____
 Effective Date _____

 _____ To _____
MO DAY YR MO DAY YR

Principal Farm: LOC# _____ 1/4 _____ SEC _____ TWP _____ RGE _____

Coverage	Limits of Liability	Premium
Q - Bodily injury and Property Damage		
R - Medical Payments (Check One) <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000		Included
S - Named Persons Medical Payment Coverage (\$50 Deductible)		
Name _____ DOB _____		
T - Animal Collision Coverage (Limit Per Animal)		
V - Chemical Drift Coverage (Check One) <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000		

Endorsements		Premium
Additional Named Insureds		
1. _____ 3. _____		
2. _____ 4. _____		
Additional Residence Used By Insured (Legal Location / Street Address & City)		
1. _____ 3. _____		
2. _____ 4. _____		
Additional Residence Rented To Others (Legal Location / Street Address & City)		# Families Premium
1. _____		
2. _____		
3. _____		
4. _____		
Have smoke and carbon monoxide detectors been installed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Additional Farm Premises Rented To Others (Legal Location / Street Address & City)		
1. _____ 3. _____		
2. _____ 4. _____		
Are there any dwellings? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have smoke and carbon monoxide detectors been installed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Additional Insured - Described Farm Location (Name / Street Address & City)		
1. _____ Address _____		
2. _____ Address _____		
Custom Farming Liability Coverage Gross Receipts over \$5000: _____		

Watercraft								Premium
Make / Model of Boat Motor	Motor H.P.	Top Speed (MPH)	Length (FT)	I	I/O	O	Sailboat	
1. _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OFFICE USE ONLY		
Und	Rate	Issue
Policy # _____		
Amt Received \$ _____		
Refund Rec. \$ _____		

Endorsement(s)	Premium

Optional Farmers Union Dues	

The Statements on page 1 and 2 of this application are true, correct and complete representations to the Company and are made for the purpose of obtaining insurance from the company.

Applicants Signature _____

Date _____

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 type of farming do you do? Grain Beef Dairy Hog Poultry Truck Other
- 4. How many sets of buildings? _____ How many dwellings? _____
- 5. Is there a swimming pool on any farm premises you operate? YES NO
If YES, Is there a slide or diving board? YES NO
- 6. Is there a trampoline on any farm premises you operate? YES NO
- 7. What is the total acreage? _____
- 8. What is the total number of each class of livestock? Cattle _____ Horses _____ Hogs _____
Sheep _____ Other _____
- 9. Have you had a liability or medical payment loss within the last 5 years? YES NO
If YES, give details of each loss: _____

- 10. Has any company refused, cancelled or rejected any type of insurance for you? YES NO
If YES, give details: _____

- 11. Is there other liability insurance in force or applied for? YES NO
If YES, state company name and type of policy: _____
- 12. What is the name of your previous insurance company?
Policy # _____ Expiration Date _____
- 13. Do you ever do custom farming or other work for hire in excess of \$5,000 per year? YES NO
If YES, Type of custom Farming: _____
- 14. Do you have income from sources other than farming or custom farming? YES NO
If YES, what type: _____
- 15. Is any business other than farming conducted on any farm location? YES NO
If YES, Gross receipts \$ _____
Explain type of business: _____
- 16. Are your farm machines properly marked and lighted for use on the highway? YES NO
- 17. Are fences, buildings and machinery well maintained and in safe condition? YES NO

TO BE COMPLETED BY AGENT

Inspected Date: _____

List policies the applicant has with Farmers Union Insurance Companies:

Remarks / Additional Information:

Agents Signature _____

Date _____