



<b>CHUBB</b>	Crop Insurance Serviced by: <input type="checkbox"/> Rain and Hail L.L.C. <input type="checkbox"/> Rain and Hail Insurance Service, L.L.C.	POLICY NUMBER	CROP YEAR
	<b>HAY FIRE APPLICATION</b>	PAGE	

APPLICANT INFORMATION				AGENCY INFORMATION			
PHONE:		SSN/EIN:		PHONE:		CODE:	
STATE		CODE		POLICY LOSS PAYEE AND ADDRESS			
COUNTY		CODE					

SCHEDULE OF INSURANCE																	
The limit of insurance shown for each crop is not to be considered an agreement as to the value of the crop at any time nor to the amount payable.																	
	COVERAGE BEGINS A	COVERAGE ENDS B	COVERAGE TERM C	LOCATION D					FSA FARM SERIAL NO. E	KIND OF HAY F	DEDUCTIBLE G	MY % INT. IN HAY H	NUMBER OF TONS INSURED I	LIMIT OF INSURANCE PER TON NOT EXCEEDING J	LIMIT OF INSURANCE NOT EXCEEDING K	RATE L	WHOLE DOLLAR PREMIUM M
				SEC	TWP	N S	RNG	E W									
1													x	=	x	=	
2													x	=	x	=	
3													x	=	x	=	
4													x	=	x	=	
5													x	=	x	=	
6													x	=	x	=	
7													x	=	x	=	
<b>TOTALS</b>													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Underwriting Data Requirements	Item 1	Item 2	Item 3	Item 4	Item 5	Item 6	Item 7
Type of Storage Open/Covered							
Highest Liability Any one Stack							
Clear Space Between Stacks							
Distance From Any Road/Building							

Additional Underwriting Data: Explain all "YES" Answers

1. Has any of the hay listed above been damaged by fire prior to signing this application? _____	YES	NO
2. Has additional insurance been purchased on the above hay? _____ <small>(Name of Company) (Amount of Insurance per ton)</small>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any additional tonnage of hay not included in this application? (Diagram with location required)	<input type="checkbox"/>	<input type="checkbox"/>
4. Is any hay within the same stack insured at different values? (Labeled diagram of stack is required)	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the hay listed above lie in an approved fire district?	<input type="checkbox"/>	<input type="checkbox"/>
6. List the community name and phone number of the responding fire department _____		
7. Name of other entity sharing in the crop _____ <input type="checkbox"/> Tenant <input type="checkbox"/> Landlord		

**BINDER-** This policy will be effective the later of 12:01 A.M. on the date immediately following the date the applicant and our agent sign the application or 12:01 A.M. on the inception date listed above. However, if any hay described in this application is damaged by fire before the effective hour of this insurance, no insurance will be in effect and within 72 hours after such damage you will give us written notice and will be entitled to return premium on such hay. This binder may be cancelled by the Company by providing written notice to the applicant in accordance with the policy conditions.

**FOR NEW YORK ONLY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Dated _____ o'clock _____ M., _____ 20____  _____ Licensed Agent's Signature	By signing below you certify that the facts stated herein are true and that you have read and understand all statements on both sides of this form.  _____ Applicant's Signature
	_____ Date

For Colorado only:	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
For New Mexico only:	Crop Insurance will only be serviced by Rain and Hail L.L.C. Rain and Hail Insurance Service, L.L.C. will not be used and is hereby deleted from the top of this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
For Ohio only:	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
For Washington only:	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.