

IMPORTANT! * Print the completed application. Do not "save" or "save as" the data will be lost



Athena Insurance and Financial Service's
California Farm Insurance.com
Keeping the Farm in the Family
 0588228

Athena Insurance and
 Financial Services
 P.O. Box 390
 Pine Grove CA 95665
(209) 223-1870



Agent: Athena Insurance and Financial Services , P.O. Box 390, Pine Grove CA 95665	Date:
Insured:	
Insured Mailing Address:	
Insured's Phone Number:	
Insured's Web Address:	

BUSINESS TYPE

Individual Corporation Joint Venture LLC Partnership Other: _____

QUOTE

New Business Renewal Expiring Policy Number: _____

YEARS IN BUSINESS / EXPERIENCE

_____ Years in business _____ Years experience

Applicant has had their policy cancelled or non-renewed in the past three years

Reason: _____

LOSS HISTORY

Three years of loss history information provided & attached.

OPERATIONS / EXPOSURES

Describe your farm and ranch operations (business activities are covered later in the application):

UNDERWRITING INFORMATION

1. Does the agent know the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the agent personally inspected the premises? Date of last inspection: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has insurance been transferred within the agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are independent contractors hired to perform any farming operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there custom farming operations? Description: _____ Receipts _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is any part of the farm used or leased for organized recreational use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the applicant build, repair or design machinery, equipment or systems for anyone and charge a fee? Receipts _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the applicant mix, process, slaughter, butcher or otherwise prepare for any "end" consumer his or any other grower's product?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Does the applicant handle any product, such as seed, fertilizer, sprays, etc for resale?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are any contract or service operations performed for others such as tiling, excavating or ditching?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are the farm premises open to the public for roadside states, "U-Pick," recreational, "rent-a-garden," auction, sales, show, food or beverage service, animal boarding, hay rides, corn mazes or Christmas tree sales uses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are any portions of the farm rented or leased or used by any other individual, corporation or interest for other than farming?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does the applicant prepare and sell animal feed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are there any unusual hazards such as but not limited to: open dump pits, silage pits, sump holes, lakes, reservoirs and/or airstrips on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Does the applicant have any potentially dangerous animals or exotic pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is any land held for real estate development or speculation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is the applicant engaged in any other business or trade? Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. If livestock is kept, are all areas well fenced? Premises is in <input type="checkbox"/> Open Range Area <input type="checkbox"/> Closed Range Area	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the described insured premises the only premises which the applicant or spouse owns, rents, or operates as a farm or ranch, or maintains as a residence, other than business property? If no, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Any private saddle animals owned? If so, provide use and # of animals: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Any non-owned horses or livestock on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. If dairy farm, is there processing of milk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. If dairy farm, is there any retail sales of milk products to the public? Receipts: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. If dairy, poultry or beef farm, has it been USDA/FDA approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Number of cows milked _____	
26. Are any premises used for hunting purposes? <input type="checkbox"/> By owners <input type="checkbox"/> Rented to others: <input type="checkbox"/> No Charge <input type="checkbox"/> Fee Receipts: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Does the applicant maintain a non-farm office, private school and/or daycare in an insured building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Is there a swimming pool on premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Is there a trampoline on premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Does the applicant serve on any boards for remuneration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the applicant a subsidiary of another or does the applicant have subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Please list the names of all officers/owners of the farming entity (Corporation, Partnership, Joint Venture, LLC): _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Is there a formal safety program in existence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Do you own dogs? If yes, how many and what breed? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOCATION INFORMATION (Make copy of this page if more than locations and or buidlings.)

Loc	Bldg	Address:				
		# of Acres:				
		Occupancy:				
		Bldg Area	Const Type	Yr. Built	Protection Class	Systems Updating (Provide Year Updated) Electrical Heating Plumbing Roof
				<input type="checkbox"/> Land Only <input type="checkbox"/> Seasonal Occupancy <input type="checkbox"/> Vacant Property <input type="checkbox"/> Crops Grown - _____		
Loc	Bldg	Address:				
		# of Acres:				
		Occupancy:				
		Bldg Area	Const Type	Yr. Built	Protection Class	Systems Updating (Provide Year Updated) Electrical Heating Plumbing Roof
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				<input type="checkbox"/> Land Only <input type="checkbox"/> Seasonal Occupancy <input type="checkbox"/> Vacant Property <input type="checkbox"/> Crops Grown - _____		

ADDITIONAL INSURED (A.I.) - LOSS PAYEES – WAIVERS OF SUBROGATION

Circle only those that apply: A.I. Waiver of Subrogation Loss Payee

Entity / Address:

Relationship to Insured: Customer Other: _____

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Entity / Address:

Relationship to Insured: Customer Other: _____

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Entity / Address:

Relationship to Insured: Customer Other: _____

FARM PROPERTY 'PER OCCURRENCE' DEDUCTIBLE (COVERAGE A, B, C, D, E, F, G)

\$500 \$1,000 \$2,500 \$5,000

LOC #	BLDG #	COVERAGE A, B, C, D	LIMIT
		A – Dwelling <input type="checkbox"/> Check if mobile home	Cov. A - \$
		B – Personal Use Structures	Cov. B - \$
		C – Household Personal Property	Cov. C - \$
		D – Personal Property Loss of Use	Cov. D - \$
Cause of Loss (Choose One): <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special Coinsurance: 80% Valuation – (Choose One): <input type="checkbox"/> ACV <input type="checkbox"/> RC Exclude Earthquake: <input type="checkbox"/>			

LOC #	BLDG #	COVERAGE A, B, C, D	LIMIT
		A – Dwelling <input type="checkbox"/> Check if mobile home	Cov. A - \$
		B – Personal Use Structures	Cov. B - \$
		C – Household Personal Property	Cov. C - \$
		D – Personal Property Loss of Use	Cov. D - \$
Cause of Loss (Choose One): <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special Coinsurance: 80% Valuation – (Choose One): <input type="checkbox"/> ACV <input type="checkbox"/> RC Exclude Earthquake: <input type="checkbox"/>			

LOC #	BLDG #	COVERAGE A, B, C, D	LIMIT
		A – Dwelling <input type="checkbox"/> Check if mobile home	Cov. A - \$
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Cause of Loss (Choose One): <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special Coinsurance: 80% Valuation – (Choose One): <input type="checkbox"/> ACV <input type="checkbox"/> RC Exclude Earthquake: <input type="checkbox"/>			

LOC #	BLDG #	COVERAGE A, B, C, D	LIMIT
		A – Dwelling <input type="checkbox"/> Check if mobile home	Cov. A - \$
		B – Personal Use Structures	Cov. B - \$
		C – Household Personal Property	Cov. C - \$
		D – Personal Property Loss of Use	Cov. D - \$
Cause of Loss (Choose One): <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special Coinsurance: 80% Valuation – (Choose One): <input type="checkbox"/> ACV <input type="checkbox"/> RC Exclude Earthquake: <input type="checkbox"/>			

COVERAGE E – SCHEDULED FARM PERSONAL PROPERTY

Cause of Loss (Choose One): Basic Broad Special

Coinsurance: 80%

Exclude Earthquake:

Valuation: ACV

#	ITEM	LIMIT OF INSURANCE	
1	Grain, Beans, Ground feed, "Livestock" feed, Silage, Threshed seeds - <input checked="" type="checkbox"/> In buildings, structures, sacks, trucks or wagons only	\$	
2	Grain in stacks, shocks, swathes or piles – <input checked="" type="checkbox"/> In the open only	\$	
3	Hay, Fodder, and/or Straw – In buildings or structures only	\$	
4	Hay, Fodder in stacks, windrows or bales and/or Straw – In the open only	\$	
5	Computers & Related Software <input checked="" type="checkbox"/> Use must include Farm, Ranch and/or Business Activities/Pursuits <input checked="" type="checkbox"/> Personal use only to be declared under Coverage C instead	\$	
6	Farm Products, Materials, Supplies <input checked="" type="checkbox"/> But not hay, grain, feed, fodder, silage, seeds, straw (see # 1 & # 2 above)		
7	Misc. Equipment – Values are \$1,000 Per Item or Less <input checked="" type="checkbox"/> Machinery, supplies, tools or vehicles usual or incidental to farm operations.	\$	
8	Rented/Borrowed - Equipment, Machinery and/or Farm Vehicles	\$	
9	Trays, Boxes, Box shook (i.e. unassembled wood crates)	\$	
10	Farm Machinery, Equipment or Vehicles – Values exceed \$1000 per Item <input type="checkbox"/> Schedule Attached	Limit of Insurance on a 'per item' basis	
	Year	Description – Make – Model	
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
SUBTOTAL OF LIMIT OF INSURANCE FOR FARM MACHINERY, EQUIPMENT OR VEHICLES VALUED OVER \$1000 – COVERAGE E – ITEM # 10			

COVERAGE E – SCHEDULED FARM PERSONAL PROPERTY (continued)		
#	ITEM	LIMIT OF INSURANCE
11	“Livestock” - Actual Death/Destruction <input type="checkbox"/> Quote Desired – attach separate supplemental	\$
12	“Livestock” - Collision Only <input checked="" type="checkbox"/> Covers <u>property</u> loss only due to collision if animal is killed <input checked="" type="checkbox"/> Eligible: <input checked="" type="checkbox"/> Cattle, donkeys, goats, horses, mules, sheep, swine, and exotics (i.e. alpaca, bison, deer, llamas, yaks) <input checked="" type="checkbox"/> Describe unlisted exotic animal types here: _____ <input checked="" type="checkbox"/> Limit of Insurance = ‘number of head’ times \$1,000 <input checked="" type="checkbox"/> Maximum limit per head - \$1,000	\$
13	Misc. (describe):	\$
14	Misc. (describe):	\$
15	Misc. (describe):	\$
16	Misc. (describe):	\$
17	Misc. (describe):	\$
TOTAL OF ALL COVERAGE E LIMITS OF INSURANCE		\$
COVERAGE F – UNSCHEDULED FARM PERSONAL PROPERTY Cause of Loss (Choose One): <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special Coinsurance: 80% Exclude Earthquake: <input type="checkbox"/> Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> RC LIMIT: \$ _____		

COVERAGE G - BARNs, OUTBUILDINGS AND OTHER FARM STRUCTURES		
Do not place habitational use structures here, See Coverage A, B, C and/or D		
Cause of Loss (Choose One): <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special Coinsurance: 80% Exclude Earthquake: <input type="checkbox"/> Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> RC		
LOC # - BLDG #	COVERAGE G - DESCRIPTION, YEAH BUILD, SQUARE FOOTAGE CONSTRUCTION, OCCUPANCY	LIMIT OF INSURANCE
-		\$
-		\$
-		\$
-		\$

LOC # - BLDG #	COVERAGE G - DESCRIPTION, YEAH BUILD, SQUARE FOOTAGE CONSTRUCTION, OCCUPANCY	LIMIT OF INSURANCE
-		\$
-		\$
-		\$
-		\$
-		\$
-		\$
-		\$
TOTAL OF ALL COVERAGE G LIMITS OF INSURANCE		\$

OPTIONAL PROPERTY COVERAGE(S) (Check to Trigger Coverage Option)	LIMIT OF INSURANCE
<input type="checkbox"/> Pollutant Clean Up & Removal Additional Aggregate Limit (FP 00 40 09 03) <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000	
<input type="checkbox"/> Orchard/Vineyard Growers Property Coverage Endorsement (MUS 01 01 10006)	
<input type="checkbox"/> Peak Season Endorsement <input checked="" type="checkbox"/> The company must be notified of the limit of insurance needed on harvested crops being stored on the insured's premise within 48 hours of harvesting. The policy will then be endorsed to reflect the requested limit of insurance. Coverage will last 30 days and can be increased my limit or number of days needed accordingly.	
<input type="checkbox"/> Spoilage Coverage – Perishable Farm Personal Property <input checked="" type="checkbox"/> Crops being stored in a refrigerated unit or cold storage.	
<input type="checkbox"/> Misc. (Describe)	

FARM LIABILITY/COMMERCIAL GENERAL LIABILITY SECTION

Limits of Insurance

- \$300,000/300,000 \$300,000/600,000 \$500,000/500,000
- \$1,000,000/1,000,000 \$1,000,000/2,000,000 \$2,000,000/\$4,000,000

RATING BASIS

Total # of Acres: _____

Total Gross Annual Sales: _____

of Dwellings: _____

Other – (Please Specify) _____

Other – (Please Specify) _____

Other – (Please Specify) _____

ADD OPTIONAL LIABILITY COVERAGE(S) (Check to Trigger Coverage Option)
<input type="checkbox"/> Broad Farm Premises Liability <input checked="" type="checkbox"/> Includes \$25,000 sublimit for Limited Farm Pollution
<input type="checkbox"/> Chemical Drift Liability (\$25,000 included) <input checked="" type="checkbox"/> <input type="checkbox"/> Increase to \$50,000 <input checked="" type="checkbox"/> <input type="checkbox"/> Increase to \$100,000
<input type="checkbox"/> Limited Farm Pollution Liability Extension Endorsement <input checked="" type="checkbox"/> \$25,000 sublimit
<input type="checkbox"/> All Terrain Vehicle Liability Coverage <input checked="" type="checkbox"/> # of ATVS: _____
<input type="checkbox"/> Livestock in your Care, Custody or Control <input type="checkbox"/> \$5,000 max per head / \$25,000 max per occurrence <input type="checkbox"/> \$10,000 max per head / \$50,000 max per occurrence <input type="checkbox"/> \$25,000 max per head / \$100,000 max per occurrence <input type="checkbox"/> \$50,000 max per head / \$250,000 max per occurrence <input type="checkbox"/> \$100,000 max per head / \$500,000 max per occurrence

