



# United States Liability Insurance Group

## Farm Personal Catastrophe Excess Supplemental Application

### APPLICATION

**All questions must be answered and application must be signed by applicant**

Named Insured: \_\_\_\_\_ Name of Farm: \_\_\_\_\_  
 Ownership: Individual; Partnership; Corporation; Other (specify) \_\_\_\_\_  
 General Type of Farm Operation: \_\_\_\_\_ Policy No. \_\_\_\_\_

**General Information**

Location	Total Acres	Operated By Insured	Leased to Others	Describe Operation
		Y N	Y N	
		Y N	Y N	
		Y N	Y N	
		Y N	Y N	
		Y N	Y N	

Total Acres Operated by the Insured: \_\_\_\_\_  
 Number of Grazing Animals (Cattle, Dairy Cows, Buffalo, etc.) \_\_\_\_\_ Number of Horses \_\_\_\_\_  
 Number of Lakes and/or Reservoirs \_\_\_\_\_ Number of hog houses, poultry coops, etc. \_\_\_\_\_

**Please answer the following questions:**

	Decline	Acceptable
1. Are the Annual Gross Receipts from Farm Operations over \$1 Million?	Y	N
2. Does the farm operation include any manufacturing, processing or slaughtering?	Y	N
3. Are Farm Vehicles, Implements or Trucks operated outside a 50 mile radius of the principal farm location? (submit if Yes)	Y	N
4. Do any of the Farm Trucks carry goods for others?	Y	N
5. Does the insured board, breed, race or rent horses or stable space to others?	Y	N
6. Does the insured conduct Logging, lumbering or saw mill operations?	Y	N
7. Are any insured locations used for hunting, fishing or other sporting or recreational purposes for a fee?	Y	N
8. Are Veterinarian Services conducted on the premises by the insured or any employee?	Y	N
9. Is there a Dude Ranch or Bed & Breakfast operated on any premises?	Y	N
10. Is the public allowed on any premises for Pick-your-own produce, hay rides, mazes, cut-your-own tree sales, nursery sales, etc., (other than a road-side vegetable stand)?	Y	N
11. Is farm equipment rented or leased to others?	Y	N
12. Does the Insured sell grain, seed or animal feed to others?	Y	N
13. Are there Grain Elevator Operations other than storage of the insured's own grain on any insured premises?	Y	N
14. Is there Crop dusting of any kind - either operated by the insured or conducted at any location for the insured?	Y	N
15. Does the farm include either feeder lot or animal confinement operations?	Y	N
16. Are there Oil or Gas pumping, wells or pipelines on any insured location?	Y	N
17. Are there lakes or reservoirs of more than 2 acres on any insured location?	Y	N
18. Is there a Dam of any kind on any insured location?	Y	N
19. Are there sink holes, sump holes, quarries, caves, mines, dumps or land fills on any insured location?	Y	N

**Fraud Statement:** 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 such violation.

- (a) I Hereby apply for a Personal Catastrophe Excess Liability Policy as shown above. I agree that completion of this application does not bind the Company.
- (b) I certify that this application is accurate and complete and shall form the basis of the contract should coverage be issued.
- (c) I have discussed this Personal Catastrophe Excess Liability Program with my insurance representative and understand its limits, coverages and restrictions.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent/Broker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent/Broker Address

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAIL COMPLETED  
APPLICATION THROUGH  
LOCAL AGENT OR  
BROKER TO: