



# CROP RISK ADVISORS LLC

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other	Effective date: _____	Expiration date: _____
Billing Plan: <input type="checkbox"/> Direct bill		Pay _____	<input type="checkbox"/> Agency Bill (over \$15,000 only)		Pay _____

## PREMISES INFORMATION

Location	No. of acres	Section	Township	Range	County	State
1						
2						
3						
4						

## TYPE OF FARM:

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## DWELLINGS (Including Additional Dwellings) and Household Personal Property

**Coverages and Amounts of Insurance** 10% of Coverage A limit applies to private garages. Other structures must be scheduled.

Loc No.	Dwg No.	Coverage A Dwelling	Ded \$500 min	Coverage B Other Private structures 10% of A incl	Coverage C Unscheduled PP 50% of A incl	Coverage D Loss of Use 10% of A incl Max 20%	Cause of loss Basic, Broad Special/ Broad Special
		RC <input type="checkbox"/> ACV <input type="checkbox"/>	\$		RC <input type="checkbox"/> ACV <input type="checkbox"/>		BA <input type="checkbox"/> BR <input type="checkbox"/> SP/BR <input type="checkbox"/> SP <input type="checkbox"/> Sewer Back up: Y <input type="checkbox"/> or N <input type="checkbox"/>
		RC <input type="checkbox"/> ACV <input type="checkbox"/>	\$		RC <input type="checkbox"/> ACV <input type="checkbox"/>		BA <input type="checkbox"/> BR <input type="checkbox"/> SP/BR <input type="checkbox"/> SP <input type="checkbox"/> Sewer Back up: Y <input type="checkbox"/> or N <input type="checkbox"/>
		RC <input type="checkbox"/> ACV <input type="checkbox"/>	\$		RC <input type="checkbox"/> ACV <input type="checkbox"/>		BA <input type="checkbox"/> BR <input type="checkbox"/> SP/BR <input type="checkbox"/> SP <input type="checkbox"/> Sewer Back up: Y <input type="checkbox"/> or N <input type="checkbox"/>
		RC <input type="checkbox"/> ACV <input type="checkbox"/>	\$		RC <input type="checkbox"/> ACV <input type="checkbox"/>		BA <input type="checkbox"/> BR <input type="checkbox"/> SP/BR <input type="checkbox"/> SP <input type="checkbox"/> Sewer Back up: Y <input type="checkbox"/> or N <input type="checkbox"/>

## Dwelling Detail Information

Owner/Tenant Occup.	Year Built	Date of Remod.	Age of Roof	Type of const	Occupancy Permanent Seasonal Vacant	Type of heating system	Wood Stove *supp	Prot Class	Miles to Fire Dept	Sq. Ft.	Type 1 2 3

## HOUSEHOLD PERSONAL PROPERTY COVERAGES

Jewelry  Fine Arts  Cameras  Musical Instruments  Furs  Stamps  Coins  Silverware

Item	Description	Limit of Insurance

SPECIAL DAIRY ENDORSEMENT  yes

ANIMAL COLLISION - LIMIT \$1,000 PER HEAD - NUMBER OF HEAD: \_\_\_\_\_ TYPE: \_\_\_\_\_

**COVERAGE F-UNSCHEDULED FARM PERSONAL PROPERTY**

TOTAL LIMIT \$ \_\_\_\_\_ DEDUCTIBLE \$ \_\_\_\_\_ CAUSE OF LOSS \_\_\_\_\_

Item No.	Description of equipment (initial inventory required)	Cab glass	Insurance Amount
1		<input type="checkbox"/> yes <input type="checkbox"/> no	\$
2		<input type="checkbox"/> yes <input type="checkbox"/> no	\$
3		<input type="checkbox"/> yes <input type="checkbox"/> no	\$
4		<input type="checkbox"/> yes <input type="checkbox"/> no	\$
5		<input type="checkbox"/> yes <input type="checkbox"/> no	\$
6		<input type="checkbox"/> yes <input type="checkbox"/> no	\$
7		<input type="checkbox"/> yes <input type="checkbox"/> no	\$
8		<input type="checkbox"/> yes <input type="checkbox"/> no	\$
9		<input type="checkbox"/> yes <input type="checkbox"/> no	\$
10		<input type="checkbox"/> yes <input type="checkbox"/> no	\$

**COVERAGE F EXCLUDES:** Hay in the open, Livestock, Irrigation Equipment, Combines, ATVs, and Snowmobiles

**COVERAGE E- SCHEDULED FARM PROPERTY**

	Description including yr, make, model, serial #, etc.)	Cab Glass	Foreign objects	Cause of Loss Basic/Broad/Special	Ded \$500 min	Limit of Insurance
1		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
2		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
3		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
4		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
5		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
6		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
7		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
8		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
9		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
10		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
11		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
12		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
13		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
14		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
15		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
16		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
17		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
18		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
Scheduled Livestock: Type: _____ Number of Head: _____				<input type="checkbox"/> BA <input type="checkbox"/> BR		
<b>Borrowed Farm Machinery (\$50,000 limit available)</b>				<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
	Hay in the open	Increase Stack limit (\$10,000 included)	Clear Space	<input type="checkbox"/> BA		
	\$	\$	FT			
	Hay in the buildings	Stack limit	Clear Space	<input type="checkbox"/> BA <input type="checkbox"/> BR		
	\$	\$	FT			
	Miscellaneous Agricultural Machinery and Implements	Not Exceeding \$ 2000 per item		<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
	Miscellaneous Tools, Equipment and supplies	Not Exceeding \$ 2000 per item		<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		
	Peak Season :	Time Period:		<input type="checkbox"/> BA <input type="checkbox"/> BR <input type="checkbox"/> SP		

**INLAND MARINE**

**ATV'S**

Year	Description including serial number	Deductible	Limit of Insurance
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**SNOWMOBILES**

Year	Description including serial number	Deductible	Limit of Insurance
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**BOATS- Can not bind if over 16' or more then 75 hp**

Year	Description including Serial number	Length	HP	Deductible	Limit of Insurance
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

**GUNS If over \$2,500 in total value**

Description including serial number	Deductible	Limit of Insurance
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

**OWNERS CARGO**

Total limit	No of Trips	Radius	Description of cargo	Description of vehicle
\$				

**MISCELLANOUS PROPERTY**

Year	Description including serial number	Deductible	Limit of Insurance
		\$	\$
		\$	\$
		\$	\$
		\$	\$

		\$	\$
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## AGRICULTURE LIABILITY SECTION

COVERAGES	LIMITS OF LIABILITY	
BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$	EACH "OCCURRENCE" LIMIT
	\$	GENERAL AGGREGATE LIMIT
PERSONAL AND ADVERTISING INJURY LIABILITY	\$	EACH "OCCURRENCE" LIMIT
	\$	GENERAL AGGREGATE LIMIT
MEDICAL PAYMENTS	\$ 5,000	ANY ONE PERSONAL LIMIT
PROPERTY DAMAGE LIABILITY FIRE DAMAGE LIMIT	\$100,000	ANY ONE PERSONAL LIMIT

CODE	COVERAGE	EXPOSURES
	INITIAL FARM PREMISES	TOTAL NUMBER OF ACRES: _____
09250	ADDITIONAL DWELLINGS OWNER OCCUPIED	TOTAL NO. _____
09251	ADDITIONAL DWELLINGS RENTED TO OTHERS	TOTAL NO. _____
07106	CUSTOM FARMING	RECEIPTS _____ KIND _____ RADIUS _____
04122	ADDITIONAL INSURED	TOTAL NO. _____
01350	FARM EMPLOYERS LIABILITY (only available in WY,UT,NM)	No. of Fulltime: _____ No. of Part time: _____ TOTAL PAYROLL _____
07990	SNOWMOBILES	TOTAL NO. _____
	WATERCRAFT	LENGTH _____ HP _____ OUT OR INBOARD _____ MPH _____
01235	FRUIT OF VEGETABLE STANDS	TOTAL RECEIPTS _____
07995	ATVS	TOTAL NO. _____
	OTHER	

## PRIOR INSURANCE INFORMATION

DATES OF COVERAGE	TYPE OF COVERAGE	PRIOR CARRIER	PREMIUM
			\$
			\$
			\$

## LOSS HISTORY

Enter all claims or occurrences of the past 5 years			
Date of Occurrence	Type of loss	Description of occurrence	Amount paid
			\$
			\$
			\$
			\$
			\$

HAS ANY INSURANCE BEEN CANCELLED OR NON-RENEWED FOR THIS INSURED:  YES  NO

## REMARKS

Additional Information

1. Is there additional income generated from a farming/ranching operation?
2. Gross receipts from Farming/Ranching?
3. Own dog? Breed?
4. Principal type of farming?
5. Number of years of experience farming/ranching ?
6. Non-farm employment?

Explain all yes responses	Yes	No	Explain all yes responses	Yes	No
1. ARE INDEPENDENT CONTRACTORS HIRED TO PERFORM ANY FARMING OPERATION	<input type="checkbox"/>	<input type="checkbox"/>	13. 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"/>	<input type="checkbox"/>
2. IS ANY PART OF THE FARM USED OR LEASED FOR ORGANIZED RECREATIONAL USE?	<input type="checkbox"/>	<input type="checkbox"/>	14. ANY NON-OWNED HORSE ON ANY INSURED PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
3. DOES APPLICANT BUILD, REPAIR OR DESIGN MACHINERY, EQUIPMENT OR SYSTEMS FOR ANYONE AT A CHARGE OR FEE?	<input type="checkbox"/>	<input type="checkbox"/>	15. DOES APPLICANT BOARD, RACE, BREED OR RENT HORSES?	<input type="checkbox"/>	<input type="checkbox"/>
4. DOES APPLICANT MIX, PROCESS, SLAUGHTER, BUTCHER OR OTHERWISE PREPARE FOR ANY "END CONSUMER" HIS OR ANY OTHER GROWER'S PRODUCT	<input type="checkbox"/>	<input type="checkbox"/>	16. IS ANY LAND HELD FOR REAL ESTATE DEVELOPMENT OR SPECULATION?	<input type="checkbox"/>	<input type="checkbox"/>
5. DOES APPLICANT HANDLE ANY PRODUCT, SUCH AS SEE, FERTILIZER, SPRAYS, ETC. FOR RESALE?	<input type="checkbox"/>	<input type="checkbox"/>	17. DOES APPLICANT MAINTAIN ANY VACATION OR SEASONAL PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
6. ARE ANY CONTRACT OR SERVICE OPERATIONS PERFORMED FOR OTHERS SUCH AS SNOW REMOVAL, TILLING, EXCAVATING OR DITCHING?	<input type="checkbox"/>	<input type="checkbox"/>	18. IF DAIRY FARM, IS THERE ANY PROCESSING OF MILK?	<input type="checkbox"/>	<input type="checkbox"/>
			19. IF DAIRY FARM, IS THERE ANY RETAIL SALES OF MILK PRODUCTS TO THE PUBLIC?	<input type="checkbox"/>	<input type="checkbox"/>
			20. NUMBER OF COWS MILKED _____		
7. ARE THE FARM PREMISES OPEN TO THE PUBLIC FOR ACTIVITIES SUCH AS ROADSIDE STANDS, "U-PICK", RECREATIONAL, "RENT-A-GARDEN", AUCTION, SALES, SHOW, FOOD OR BEVERAGE SERVICE, HAY RIDES, FISHING, KENNELS, ANIMAL BOARDING, OR CHRISTMAS TREE SALES?	<input type="checkbox"/>	<input type="checkbox"/>	21. ARE ANY PREMISES USE 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"/>	<input type="checkbox"/>
			PLEASE COMPLETE SUPP HUNTING APPLICATION IF YES		
8. 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"/>	<input type="checkbox"/>	22. IS THERE A SWIMMING POOL ON PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
			IF YES, IS IT FENCED?	<input type="checkbox"/>	<input type="checkbox"/>
			IS THERE A DIVING BOARD	<input type="checkbox"/>	<input type="checkbox"/>
9. IS THERE ANY UNUSUAL HAZARD SUCH AS (BUT NOT LIMITED TO) OPEN DUMP PITS, SILAGE PITS, SUMP HOLES, PONDS, LAKES OR RESERVOIRS?	<input type="checkbox"/>	<input type="checkbox"/>	23. DOES APPLICANT MAINTAIN A NON-FARM OFFICE OR PRIVATE SCHOOL IN AN INSURED BUILDING?	<input type="checkbox"/>	<input type="checkbox"/>
10. IS THERE AN AIRSTRIP ON THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>	24. DOES APPLICANT SERVE ON ANY BOARDS FOR REMUNERATION?	<input type="checkbox"/>	<input type="checkbox"/>
11. DOES THE APPLICANT OWN ANY OTHER PREMISES NOT DESCRIBED IN THE APPLICATION?	<input type="checkbox"/>	<input type="checkbox"/>	25. IS THE APPLICANT A SUBSIDIARY OF ANOTHER OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/>	<input type="checkbox"/>
12. IF LIVESTOCK IS KEPT, ARE ALL AREAS ADEQUATELY FENCED AND ARE FENCES IN A GOOD STATE OF REPAIR? IF NO PLEASE EXPLAIN PREMISES IS IN <input type="checkbox"/> OPEN RANGE <input type="checkbox"/> CLOSED RANGE	<input type="checkbox"/>	<input type="checkbox"/>	26. IS A FORMAL SAFETY PROGRAM IN EXISTENCE?	<input type="checkbox"/>	<input type="checkbox"/>
			27. DOES APPLICANT HAVE ANY POTENTIALLY DANGEROUS ANIMALS OR EXOTIC PETS?	<input type="checkbox"/>	<input type="checkbox"/>

**"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 FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."**