

POLICY/CUSTOMER # _____

AGRI-BUSINESS INSURANCE PLAN PROPOSAL

- Individual Joint Venture Renewal Issue
 Partnership Quote Annual
 Corporation New Issue Quarterly

POLICY PERIOD			
NAME			
ADDRESS	CITY	STATE	ZIP
MANAGER'S NAME	PHONE	COUNTY	
PRINCIPAL OPERATIONS			

PROPERTY AND RELATED COVERAGES

\$500 Standard Deductible or Optional Deductible \$ _____

Complete this section or attach separate property loss schedule.

All values ACV unless replacement cost worksheet on page 2 is completed.

LOCATION	DESCRIPTION AND CONSTRUCTION CLASS	BUILDING VALUE	STOCK VALUE YEAR AROUND	ADDITIONAL PEAK SEASON STOCK VALUE	TOTAL VALUE AT LOCATION
TOTAL AMT					
TOTAL AMOUNT OF INSURANCE					

List any location # with limit over \$1,500,000

ADDITIONAL PROPERTY COVERAGES

Accounts Receivable	(Policy provides \$25,000)	OPTIONAL LIMIT	\$ _____
Agricultural Chemical - Theft, Burglary or Robbery.....	(Policy provides \$25,000)	\$	_____
Business Income/Extra Expense	(Policy provides \$25,000)	\$	_____
Customer's Property (Garagekeepers Legal Liability)	(Policy provides \$50,000)	\$	_____
<input type="checkbox"/> Garage Liability Primary (SP-432)			
Electronic Data Processing	(Policy provides \$20,000)	\$	_____
Mobile Equipment Values (Also complete schedule on page 3)		\$	_____
Off Premises or In Transit	(Policy provides \$20,000)	\$	_____
<input type="checkbox"/> Spoilage Coverage - # of Locations _____	(\$2,500, 10,000 or 20,000)	\$	_____
Other Coverages _____		\$	_____
Other Coverages _____		\$	_____

GENERAL PROPERTY INFORMATION (EXPLAIN ALL YES ANSWERS)

- YES NO
- _____ 1. Is equipment rented or loaned?
- _____ 2. Does applicant lease premises to any other occupants?
- _____ 3. Property protection: _____Alarms _____Sprinklers _____Halon _____CO2 _____Fences
- _____ 4. Are duplicate records kept off premises?
- _____ 5. Is there another structure within 100' of the insured building?
If yes, what is the occupancy? _____
- _____ 6. Is Inland Marine coverage requested? If yes, complete schedule on page 3. (Includes contractor's equipment, tools, radio equipment and towers)
- _____ 7. Is mobile equipment to be insured? If yes, complete schedule on page 3. (Includes motorized equipment used principally off public roads, generators, nurse tanks, etc.)
- Explain any of the above: _____

REPLACEMENT COST WORKSHEET

LOCATION #	CONSTRUCTION TYPE	BUILDING VALUE 100% R.C.		STOCK VALUE YEAR AROUND	PEAK SEASONAL STOCK VALUE	TOTAL OF LOCATION
PROTECTION CLASS	# STORIES	BASEMENT	YEAR BUILT	YEAR UPDATED Plumbing _____ Electrical _____ Heating _____	TOTAL AREA	OTHER OCCUPANCIES
RIGHT EXPOSURE AND DISTANCE		LEFT EXPOSURE AND DISTANCE		REAR EXPOSURE AND DISTANCE		
LOCATION #	CONSTRUCTION TYPE	BUILDING VALUE 100% R.C.		STOCK VALUE YEAR AROUND	PEAK SEASONAL STOCK VALUE	TOTAL OF LOCATION
PROTECTION CLASS	# STORIES	BASEMENT	YEAR BUILT	YEAR UPDATED Plumbing _____ Electrical _____ Heating _____	TOTAL AREA	OTHER OCCUPANCIES
RIGHT EXPOSURE AND DISTANCE		LEFT EXPOSURE AND DISTANCE		REAR EXPOSURE AND DISTANCE		
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RIGHT EXPOSURE AND DISTANCE		LEFT EXPOSURE AND DISTANCE		REAR EXPOSURE AND DISTANCE		

INLAND MARINE (IM)/MOBILE EQUIPMENT (ME) SCHEDULE

IM	ME	YR	DESCRIPTION	SERIAL NUMBER	VALUE
<input type="checkbox"/> Supplemental schedule attached					

LIABILITY AND RELATED COVERAGES

\$1,000,000 Combined Single Limit

ADDITIONAL LIABILITY COVERAGE

	OPTIONAL LIMIT
<input type="checkbox"/> Cardtrol/Keytrol Coverage - # of Locations _____	
<input type="checkbox"/> Chemical and Fertilizer Misapplication Deductible Greater than \$1,000.....	\$ _____
<input type="checkbox"/> Employee Benefits Liability..... (\$500,000)	\$ _____
<input type="checkbox"/> Employers Liability (where applicable)..... (Basic Limit is \$100,000)	\$ _____
<input type="checkbox"/> Liquor Liability - # of Locations _____ (\$300,000)	\$ _____
<input type="checkbox"/> Petroleum/AgriChem Endorsement - # of Loc. _____ (\$25,000, \$50,000 or \$100,000)	\$ _____
<input type="checkbox"/> Premises Medical Limits, Optional..... (Policy Provides \$5,000/\$25,000)	\$ _____
<input type="checkbox"/> Seedman's Errors and Omissions - # of Locations _____ (\$50,000)	\$ _____
Other Coverages _____	\$ _____
Other Coverages _____	\$ _____
Other Coverages _____	\$ _____

GENERAL LIABILITY INFORMATION (EXPLAIN ALL YES ANSWERS)

- | YES | NO | |
|-----|-----|---|
| ___ | ___ | 1. Does applicant install, service or demonstrate products? |
| ___ | ___ | 2. Does applicant market any product with its own label? |
| ___ | ___ | 3. Does applicant do any manufacturing for themselves or others? |
| ___ | ___ | 4. Does applicant act as a wholesale distributor for any products? |
| ___ | ___ | 5. Does applicant loan or rent equipment to or from others? |
| ___ | ___ | 6. Does applicant ever act as a subcontractor or lease its backhoes, trenchers, etc.?
___ With operators ___ Without operators |
| ___ | ___ | 7. Does applicant have an ___ alarm system or ___ guard dog? |
| ___ | ___ | 8. Does applicant secure hold-harmless agreements or certificates of insurance in favor of the applicant from all subcontractors? |
| ___ | ___ | 9. Does applicant have contractual liability exposures? List all: (Sidetrack agreements, key-stop agreements, etc. Attach copies of such agreements or appropriate exceptions.)

_____ |
| ___ | ___ | 10. Does applicant own or operate a car/truck wash? (Requires P.D. deductible) |
| ___ | ___ | 11. Does applicant have any other operations or unusual hazards not normally associated with this business? |
| ___ | ___ | 12. Does applicant sponsor sporting events, teams or racing vehicles? |

Explain any of the above: _____

SALES BY PRODUCT

Anhydrous Ammonia Sales	\$ _____
Building Materials Dealers.....	\$ _____
Buildings Leased, Other than Dwellings - Area _____	\$ _____
Bulk Petroleum and Gas Stations - Gallons _____	\$ _____
Dairy Products Manufacturers	\$ _____
Drop Shipments by Manufacturer of Fuel, Fertilizer, NH3, or Feed & Seed Only.....	\$ _____
Egg Producers	\$ _____
Farm Machinery and Equipment Dealers (Sales and Rental)	\$ _____
Feed and Seed Sales and Manufacturing	\$ _____
Fertilizer and Chemical Blending and Sales	\$ _____
Field Application of Chemicals and Fertilizers - Acres Applied _____	\$ _____
Grocery Sales from Convenience Stores	\$ _____
Hardware Stores and Auto Parts Stores	\$ _____
House Furnishings Installation (Heating, AC, Water Heaters, etc.)	\$ _____
LP Gas - Gallons _____	\$ _____
Tire Dealers	\$ _____
Other Coverages _____	\$ _____
Other Coverages _____	\$ _____

LP GAS SUPPLEMENTAL INFORMATION

YES	NO	
_____	_____	1. Active membership in State LPG Association?
_____	_____	2. Active membership in National LPG Association?
_____	_____	3. Years of Owner/General Manager industry experience _____
_____	_____	4. CETP (NPGA - Certified Employee Training Program) participation for all employees?
		Basic Principles & Practices No. of Employees Certified _____
		Propane Delivery No. of Employees Certified _____
		Plant Operations No. of Employees Certified _____
		Distribution Systems Operation No. of Employees Certified _____
		Transfer System Operation No. of Employees Certified _____
		Appliance Installation No. of Employees Certified _____
		Appliance Service No. of Employees Certified _____
_____	_____	5. Gas Check Program participation?
_____	_____	6. Name of other certification program _____
		Sponsored by _____
_____	_____	7. Frequency of refresher training _____
_____	_____	8. MVR check program? Frequency _____
_____	_____	9. DOT Transport Driver certification?
_____	_____	10. Driver training files maintained?
_____	_____	11. Radius of operations: Transports _____ miles
		Delivery Trucks _____ miles
_____	_____	12. Records of trained personnel for fill stations?
_____	_____	13. Compliance with NFPA 58, "Qualification of Personnel"?
		How documented? _____
_____	_____	14. Tanks/containers visually inspected prior to filling and logged on "Five Year Visual Inspection Report" forms?
_____	_____	15. DOT cylinders filled by weight only?
_____	_____	16. PLO plugs used on all DOT cylinders?
_____	_____	17. Tank filling by customers prohibited?
_____	_____	18. Repair of tanks/cylinders?
_____	_____	19. Re-manufacturing or re-certification of tanks/cylinders?
_____	_____	20. Hydrostatic testing?
_____	_____	21. Underground tank installation?
_____	_____	22. Alter vehicles/equipment to use propane fuel?
_____	_____	23. Strong internal safety & training program?
		Frequency of safety meetings _____
_____	_____	All employees required to attend?

AUTO COVERAGES

\$1,000,000 Combined Single Limit

ADDITIONAL AUTO LIABILITY COVERAGES

Auto Medical (Policy provides \$1,000) \$ 2,000
 \$ 5,000

Drive Other Car Coverage? If yes, provide names: _____

MCS-90 Modification Endorsement - Company Reimbursement (SP-427) \$ 1,000,000
 Personal Injury Protection..... (Statutory requirement) \$ _____
 Underinsured Motorists Coverage..... (Statutory requirement) \$ _____
 Uninsured Motorists Coverage..... (Statutory requirement) \$ _____
 Other Coverages _____ \$ _____
 Other Coverages _____ \$ _____

COMPANY TITLED AUTO FLEET SCHEDULE

All vehicles must be listed. Physical damage coverage will not apply unless "Y" is indicated under the physical damage column.

	YEAR	MAKE	VEHICLE DESCRIPTION	DESCRIBE USE	VEHICLE IDENTIFICATION NUMBER	GARAGING LOCATION (CITY)	MILEAGE RADIUS	Y/N PHYS DAMAGE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Optional Deductibles _____

DRIVER INFORMATION

List all drivers whether they are regular or occasional.

NAME	DATE OF BIRTH	DRIVERS LICENSE NUMBER

Number of Drivers under 21 years of age: _____

YES NO

____ ____ 1. Has drivers license for any driver been suspended or revoked?

____ ____ 2. Has any driver been involved in a motor vehicle accident in the past 3 years?

____ ____ 3. Has any driver been convicted of a moving violation in the last 3 years?

____ ____ 4. Has any driver been convicted of implied consent or driving while impaired?

AUTO INFORMATION (EXPLAIN ALL YES ANSWERS)

- | | | |
|-----|-----|---|
| YES | NO | |
| ___ | ___ | 1. Do any privately owned autos require coverage? If yes, complete the privately owned auto schedule below. |
| ___ | ___ | 2. Is there a scheduled vehicle maintenance program in operation? |
| ___ | ___ | 3. Are any vehicles leased to others? |
| ___ | ___ | 4. With the exception of encumbrances, are all vehicles solely owned by and registered to the applicant? |
| ___ | ___ | 5. Does applicant obtain MVR verifications of employees? |
| ___ | ___ | 6. Do employees take company vehicles home or are employees allowed to use company vehicles for non-business use? |
| ___ | ___ | 7. Does owner's or employee's family use company vehicles for non-business use? |
| ___ | ___ | 8. Are DOT, PUC, Motor Carrier Act Endorsement, or other filings required? |

Explain any of the above: _____

PRIVATELY OWNED AUTO SCHEDULE

The following Privately Owned Automobiles (POA) are requested to be added to the coverages of the ABIP.

	OWNER(S)	DATE OF BIRTH	DRIVERS LICENSE # (STATE)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER	CHECK IF NO PD PROVIDED	PD DED IF DIFFERENT THAN DEC	CHECK IF DOC PROVIDED
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
Comments: _____						

Depositors Forgery.....(Policy provides \$2,000)	OPTIONAL LIMIT
Employee Dishonesty Coverage (Required).....	\$ 100,000
.....	\$ 50,000
Loss Inside Premises.....(Policy provides \$3,000)	\$
Loss Outside Premises.....(Policy provides \$3,000)	\$
Pension Benefit Liability - Name of Plan _____ Total Assets Value	\$

GENERAL CRIME INFORMATION

1. Total number of employees: _____
2. Frequency of cash audits and inventory audits and by whom? (CPA, Staff, Other) _____
3. How often and by whom are outstanding accounts verified? _____
4. Does the insured deposit cash daily? _____
5. Is there a safe on premises? _____
6. Are bank accounts reconciled by someone not authorized to deposit or withdraw? _____
How often? _____
7. Who, if anyone, has check signing authority without countersignature requirements? (Specify Limit) _____
8. If checks are pre-signed, is countersignature required? _____

Explain any of the above: _____

CERTIFICATE HOLDER/ADDITIONAL INTERESTS/LOSS PAYEE/MORTGAGEE

Describe interest and specific property behind name for each entry	CERT	AI	LP	MO
Name				
Address				
Interest/Property				
Name				
Address				
Interest/Property				
Name				
Address				
Interest/Property				
Name				
Address				
Interest/Property				
Name				
Address				
Interest/Property				

GENERAL INFORMATION

1. How long have you known the applicant? _____ Years
 2. How long has the applicant been in this type of business? _____ Years
 3. Previous carrier: _____ Policy # _____
 4. Other information you feel is important about this account: _____
 5. **Include photos of each building.**
 6. Has the applicant shown a profit in each of the last three years? Yes No (If not, submit financial statement for unprofitable year(s).)
- Explain any of the above: _____

