

Westfield Insurance
FARM APPLICATION



WESTFIELD
INSURANCE
A member of Westfield Group™

Agent Agency No. _____ Prod. No. _____ <input type="checkbox"/> Hobby Farm <input type="checkbox"/> Other Than Package <input type="checkbox"/> Preferred <input type="checkbox"/> Other <input type="checkbox"/> Standard	Billing Plan <input type="checkbox"/> WIC Bill <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annual WIC Billing # <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Agency Bill (annual only) <input type="checkbox"/> Mortgage Bill
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Effective Date: _____ to _____ New Renewal Quote

Entity: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Insured: Address: Telephone # _____ Soc. Sec. # _____	Deductibles: <input type="checkbox"/> Flat <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 with optional outbuilding <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 deductible (Split) <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 Earthquake Deductible <input type="checkbox"/> 5% 10% <input type="checkbox"/>

Location:										
No.	Acres	No. of Dwlg's	Zip	County	St.	Street Address, Section, Township, Range	Prot. Class	Feet To Hydrant	Miles to Fire Dept.	

Dwellings: Coverages A, C, D (Complete for Each Dwelling Insured under Coverage A)
Submit Replacement Cost Computation

Location No. _____	Dwelling No. _____	Dwelling Type _____
Insureds' Interest <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied <input type="checkbox"/> Delete Coverage C <input type="checkbox"/> Tenant Coverage C		
Described dwelling is occupied <input type="checkbox"/> Yes <input type="checkbox"/> No Seasonal Occupancy <input type="checkbox"/> Yes <input type="checkbox"/> No Yr Built _____		
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry		
Central Heat <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Heat <input type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Electric <input type="checkbox"/> Geothermal		
Solid Fuel Heating Units: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit solid fuel questionnaire.		
In what year were the following updated? Electrical _____ Heating _____ Plumbing _____		

COVERAGE A Dwelling	\$ _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special
COVERAGE C Household Personal Property	\$ _____	<input type="checkbox"/> Special
COVERAGE D Loss of Use	\$ _____	
<input type="checkbox"/> Replacement Cost-Household Personal Property <input type="checkbox"/> Sump Overflow and Water Backup From Sewers or Drains Amount \$ _____ <input type="checkbox"/> Earthquake: <input type="checkbox"/> Dwelling <input type="checkbox"/> Household Personal Property <input type="checkbox"/> Expanded Replacement Cost <input type="checkbox"/> Increase Coverage C \$ _____ <input type="checkbox"/> Special Loss Settlement on Dwelling <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70%		
Scheduled Personal Property: (Attach Schedules.) \$ Jewelry \$ Fine Arts \$ Collectibles \$ Guns \$ Silverware \$ Miscellaneous:		

COVERAGE E - Scheduled Farm Personal Property

Broad Causes of Loss apply unless indicated as Basic (BA) or Special (SP) in the Causes of Loss (COL) column.

Earthquake (Applies to all items under Coverage E)

Description:	COL	Amt. of Ins.	Description:	COL	Amt. of Ins.
Grain: _____	—	\$ _____	_____	—	\$ _____
Hay & Straw: In structures: _____	—	\$ _____	_____	—	\$ _____
In the open _____	—	\$ _____	_____	—	\$ _____
_____	—	\$ _____	_____	—	\$ _____
Livestock: _____	—	\$ _____	_____	—	\$ _____
_____	—	\$ _____	_____	—	\$ _____
Machinery: _____	—	\$ _____	_____	—	\$ _____
_____	—	\$ _____	_____	—	\$ _____
Machinery Combine _____	—	\$ _____	_____	—	\$ _____
_____	—	\$ _____	_____	—	\$ _____
_____	—	\$ _____	_____	—	\$ _____
_____	—	\$ _____	_____	—	\$ _____
Well Pumps _____	—	\$ _____	_____	—	\$ _____
Irrigation _____	—	\$ _____	_____	—	\$ _____
Equipment _____	—	\$ _____	_____	—	\$ _____
Poultry: In confinement bldg. _____	—	\$ _____	_____	—	\$ _____
Loc.# ___ Bldg.# ___	—	\$ _____	_____	—	\$ _____
Swine or Veal _____	—	\$ _____	_____	—	\$ _____
Loc.# ___ Bldg.# ___	—	\$ _____	_____	—	\$ _____
Poultry, Swine or Veal not rated _____	—	\$ _____	_____	—	\$ _____
in a specific building _____	—	\$ _____	_____	—	\$ _____
_____	—	\$ _____	_____	—	\$ _____
Farm Products, _____	—	\$ _____	_____	—	\$ _____
Materials, Supplies _____	—	\$ _____	_____	—	\$ _____
Farm Property, NOC _____	—	\$ _____	_____	—	\$ _____

NOTE: Grain, hay and straw cannot be included in Farm Products, Materials & Supplies. It must be scheduled separately.

<input type="checkbox"/> Suffocation of Poultry: Coverage E only:	Loc. #:	Bldg. #:
	Loc. #:	Bldg. #:
<input type="checkbox"/> Suffocation of Livestock: Coverage E only: Type of livestock:	Loc. #:	Bldg. #
	Loc. #:	Bldg. #

COVERAGE F - Unscheduled Farm Personal Property

Amount of coverage: \$ _____ (Declare amount of insurance and submit inventory.)

Basic Broad Special (Machinery and Equipment only) Earthquake

Peak Season Coverage <input type="checkbox"/> E or <input type="checkbox"/> F			
Item Covered:	Limit Increase	Start Date:	End Date:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Optional Property Coverages

Expanded Property Coverage

Farm Earnings and Extra Expense Insurance - Monthly Limitation 1/3 1/4 1/6 Limit \$ _____

Reproductive Material Coverage:

 Tank Limit _____ Make & Model of semen tank: _____

 Materials Limit _____ Materials inventory description: _____

Farm Equipment Borrowed or Rented - (\$25,000 included in base policy) \$ _____

Does applicant have other insurance with Westfield or other companies? If Yes, explain.

