

FARMOWNER APPLICATION

ERIE AND NIAGARA INSURANCE ASSOCIATION 8800 Sheridan Drive, Box 9062 Williamsville, NY 14231-9062		<input checked="" type="checkbox"/> NEW <u>QFO0035656</u> <input type="checkbox"/> REPLACES _____ <input type="checkbox"/> QUOTE _____
PAYMENT OPTIONS Billing Frequency: 8 Payments Deposit Amount: \$575 Deposit Method: Mail	AGENCY NAME Mike Preis, Inc. Code #1NY0974	
INSURED'S NAME & ADDRESS Claude Simon 71 Tonjes Road Jeffersonville, NY 12748 Birth Date: 03/05/1956 SS # or Tax ID #: 106501158 Phone #: 8454823439		INSURED TYPE Individual POLICY PERIOD From: 02/26/2016 To: 02/26/2017
The initial premises covered are located on and confined to <u>42</u> acres in the Town of <u>Callicoon</u> and situated on the _____ side of <u>71 Tonjes Road</u> road about <u>2</u> miles from nearest town <u>Jeffersonville</u> . Responding Fire Department: <u>Jeffersonville</u> Miles to responding Fire Department: <u>2</u>		

Liability Limits

Form ML10F Personal Liability Coverage - Farm

Cov. L - Bodily Injury & Property Damage \$500,000 Each Occurrence

Cov. M - Premises Medical Payments \$5,000 Each Person

Covered Locations

#	Location Address	Type	Acreage	Protection Class	Interest in Premises
1	71 Tonjes Road Jeffersonville NY 12748 Sullivan County	Initial Location	42	Semi-Protected	Operated by Insured

Mortgagee Information

No Mortgagee Present	Loan Number
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Location # 1 71 Tonjes Road Jeffersonville, NY 12748 Sullivan County

Dwelling Coverages

Building # 1 - Main Dwelling

Building Form - ML3 (Special)		Building Type - Type 1	
A. Residence	\$425,000	Rating Basis - Dwelling	RC
C. Personal Property	\$297,500	Rating Basis - Contents	RC
D. Additional Living Expense	\$100,000		
Deductible	\$2,500	Construction	Frame
Occupancy	Owner	Number of Families	One
Central Alarm Installed			

Farm Structures - Coverage F

Building # 2 Barn - Frame Two Story Barn with Stone Foundation

Barn Use Horse
No Central Alarm Installed

	<u>Form</u>	<u>Limit</u>	<u>RC/ACV</u>	<u>Type</u>	<u>Wind</u>	<u>Deductible</u>
Structure:	ML6F(Basic)	\$150,000	ACV	Type 2	Yes	\$2,500

Additional Premium Endorsements

	ML345 - Mechanical, Electrical or Pressure Systems Breakdown
Loc # 1 Bld # 1	ENIA-AIP-FO-A - Automatic Inflation Protection
Loc # 1 Bld # 1	ML150 - Homeowners Plus Coverage
Loc # 1 Bld # 1	ML301 - Cov. B - Scheduled Private Structures
	<div style="display: flex; justify-content: space-between;"> <div> Description Amount of Insurance </div> <div> 2 Story Frame Garage \$100,000 </div> </div>
Loc # 1 Bld # 1	ML55 - Personal Property Replacement Cost

Underwriting Information

Type of Farming (include all related operations) Owner of 2 horses, personal use	
Number of years in operation	10
Number of years of farm management/farm related experience	10
Describe insured's farming history, farm management/farm related experience Gentlemen Farmer	
Total annual income from farming	\$0
% total annual income from other than farming	0%
Describe fully any business operations conducted on premises None	
Does the insured operate a roadside market	No
Amount of sales from Purchased Produce	
Does the farm produce maple syrup, cider, butter, etc.	No
If Yes, describe	
Is there a Pick-your Own exposure	No
With ladders?	
Describe pick your own operation	
Does the insured have a website?	No
Website address	
List unusual liability hazards (farm ponds, junk cars, etc.) None	
List all recreational vehicles None	
Is any farm machinery rented to or from others	No
If Yes, explain	
Any riding, training or boarding of horses	No
If Yes, explain	
Number of horses owned by insured	2
Number of horses on premises owned by others	0
Number of employees	0
Is a Worker's Compensation policy in place?	No
Is this new business to your office?	Yes
Any losses, whether or not paid by insurance, during the last 3 years at this or any location?	No
If "Yes", provide details:	
Has any coverage been declined, canceled, or non-renewed?	No
If "Yes", provide details:	
Does applicant have any other policies with Erie and Niagara?	No
List policies:	
Does applicant own or operate any other business?	No
If "Yes" describe:	
Previous carrier:	State Farm

Solid Fuel Burners

Location #	Building #	Type
1	1	Wood

Photos/Diagrams	Have been attached
Is Coverage Bound	Yes

Has agent seen this risk?	Yes
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Note: Include photos of all insured and uninsured buildings.
Diagram must include all buildings, whether insured or not, and the distance between each building.
Identify each building as per items on schedule.

Billing Information

Billing Method	Insured Billed	Payment Plan	8 Payments
Deposit Amount	\$575	Deposit Method	Mail
Has insurance been transferred within Agency?			No

Remarks

E2Value estimator was used to determine replacement cost

Fair Credit Reporting Act Notice

A Consumer Report may be requested by the insurer to which this application is assigned. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

Fraud Warning

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 each such violation.

Applicants Statement

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

DATE	SIGNATURE OF APPLICANT	DATE	SIGNATURE OF AGENT

Office Use Only

Initial Review:
U/W Approval:
Processed By: