

## FARMOWNER APPLICATION

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

### 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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**Dwelling Coverages**

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**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**

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**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
	Description
	Amount of Insurance
Loc # 1 Bld # 1	ML55 - Personal Property Replacement Cost
	2 Story Frame Garage
	\$100,000

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**Underwriting Information**

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

**Solid Fuel Burners**

Location #	Building #	Type
1	1	Wood

<b>Photos/Diagrams</b>	Have been attached	<b>Has agent seen this risk? Yes</b>
<b>Is Coverage Bound</b>	Yes	

**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

<b>Billing Method</b>	Insured Billed	<b>Payment Plan</b>	8 Payments
<b>Deposit Amount</b>	\$575	<b>Deposit Method</b>	Mail
<b>Has insurance been transferred within Agency?</b>			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:

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