

Farm Application



BROKER:			
Policy period:	From:	To:	12:01 A.M. standard time at the address of the Applicant

1. APPLICANT			
Name:			
Mailing address:			
If applicant does not reside on the farm, provide applicant's legal address including lot, concession number (if applicable) and postal code:			
Loss, if any, payable to:			
Contact name and phone number for inspection:			
Website Address:		E-Mail address:	
Number of years in Farming Business:	Date of Birth:	Is applicant a full time farmer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, provide details including other occupation:			

2. OPERATIONS			
Type of Farm:			
<input type="checkbox"/> Apiary	<input type="checkbox"/> Beef	<input type="checkbox"/> Cash Crop	<input type="checkbox"/> Dairy
<input type="checkbox"/> Hog	<input type="checkbox"/> Horse	<input type="checkbox"/> Livestock	<input type="checkbox"/> Orchard
<input type="checkbox"/> Vegetable	<input type="checkbox"/> Other (describe):	<input type="checkbox"/> Ginseng	<input type="checkbox"/> Hobby
		<input type="checkbox"/> Poultry	<input type="checkbox"/> Tobacco
*** Hog, Poultry & Horse Questionnaires must be completed.			
Any other business conducted on the premises?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, provide details:			
Are any of the buildings insured not used for farming purposes?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, provide details:			
Is the farm for sale?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, provide details:			

3. PRIOR EXPERIENCE AND LOSS HISTORY			
Has the Applicant had any farm related losses including pollution or environmental losses in the past 5 years?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, provide full details below:			
Date of Loss	Description of loss	Type of policy (Property/Auto/Watercraft)	Amount Paid
Has any Insurer declined, cancelled or refused to renew coverage including pollution liability in the last 5 years?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, provide details:			
Current Farm Insurer Name and Policy Number: _____			
Current Pollution Liability Insurer Name and Policy Number (if requesting pollution coverage): _____			
Other Insurance with Intact Insurance Company: Yes <input type="checkbox"/> No <input type="checkbox"/> Policy Number: _____			

THIS PAGE MUST BE COMPLETED FOR EVERY DWELLING

4. FARM DWELLING – OWNER OCCUPIED, SEASONAL OR RENTED (If additional dwelling, complete this section for each dwelling to be insured)	
Location Address, including road, 911 number, lot and concession number and township:	
Occupant details:	Relationship to applicant:
If dwelling is rented out does Landlord require tenant to carry a Tenant's Package policy? Yes <input type="checkbox"/> No <input type="checkbox"/>	

<u>OCCUPANCY:</u>	<u>STRUCTURE:</u>	<u>CONSTRUCTION:</u>	<u>RENOVATION:</u>	Year	Full	Partial
Primary <input type="checkbox"/>	Single dwelling <input type="checkbox"/>	Fire Resistive <input type="checkbox"/>	Heating			
Secondary <input type="checkbox"/>	2-3 dwellings <input type="checkbox"/>	Frame <input type="checkbox"/>	Wiring			
Seasonal <input type="checkbox"/>	4 dwellings and more <input type="checkbox"/>	Masonry <input type="checkbox"/>	Plumbing			
Rental <input type="checkbox"/>	Mobile Home <input type="checkbox"/>	Masonry Veneer <input type="checkbox"/>	Roofing			
Vacant <input type="checkbox"/>	Tenants <input type="checkbox"/>	Masonry/Non Combustible <input type="checkbox"/>	Roof Type:			
Unoccupied <input type="checkbox"/>	Other <input type="checkbox"/>	Non Combustible <input type="checkbox"/>				
Under Construction <input type="checkbox"/>						

<u>PRIMARY HEATING:</u>	<u>AUXILIARY HEATING:</u>	<u>OIL TANK:</u>	<u>Electrical:</u>
Bi-energy (oil with other fuel) <input type="checkbox"/>	Approved Floor-model heating appliance <input type="checkbox"/>	Year:	Amps:
Central – All Types <input type="checkbox"/>	Gas appliance <input type="checkbox"/>	Inside <input type="checkbox"/>	<input type="checkbox"/> Breakers <input type="checkbox"/> Fuses
Central – Hot Air <input type="checkbox"/>	None <input type="checkbox"/>	Outside <input type="checkbox"/>	<input type="checkbox"/> Knob & tube <input type="checkbox"/> Copper
Central – Hot Water <input type="checkbox"/>	Oil Appliance <input type="checkbox"/>	Above ground <input type="checkbox"/>	<input type="checkbox"/> Aluminium
Central – Oil Combination (Wood with other fuel) <input type="checkbox"/>	Other type of heating <input type="checkbox"/>	Under ground <input type="checkbox"/>	
Combination furnace without wood <input type="checkbox"/>	Portable electric space heaters <input type="checkbox"/>	12 Gauge <input type="checkbox"/>	<u>Plumbing:</u>
Furnace <input type="checkbox"/>	Solid fuel heating appliance <input type="checkbox"/> Farm Woodstove Questionnaire required	14 Gauge <input type="checkbox"/>	Copper % Plastic %
Heat Pump <input type="checkbox"/>		Fibreglass <input type="checkbox"/>	Water Heater Year:
Multiple systems in building <input type="checkbox"/>	<u>Use of Auxiliary Heating:</u>	Other <input type="checkbox"/>	Automatic water shut off <input type="checkbox"/>
Radiant Heat <input type="checkbox"/>	Regular <input type="checkbox"/>		Water leak detector:
Skirting-boards <input type="checkbox"/>	Emergency <input type="checkbox"/>	Is there a Sump Pump? Yes <input type="checkbox"/> No <input type="checkbox"/>	Monitored <input type="checkbox"/> Monitored integral group <input type="checkbox"/>
Stove (space heater appliance) <input type="checkbox"/>	Not Used <input type="checkbox"/>	Battery Backup on Pump? Yes <input type="checkbox"/> No <input type="checkbox"/>	Backwater valve (sewer backup valve) <input type="checkbox"/>
Outdoor wood furnace <input type="checkbox"/>	Heating Unit professional installation:	Is basement finished? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other <input type="checkbox"/>			

<u>Fire Protection:</u>		
Distance to fire hydrant:	Distance to fire hall:	
No Hydrants <input type="checkbox"/>	Less than 2.5 km <input type="checkbox"/>	Unprotected <input type="checkbox"/>
No operating hydrants <input type="checkbox"/>	2.6 km to 5 km <input type="checkbox"/>	
Operating within 500ft <input type="checkbox"/>	5.1 km to 8 km <input type="checkbox"/>	
Operating within 1000ft <input type="checkbox"/>	More than 8 km <input type="checkbox"/>	

<u>Security System:</u>			
Fire	Burglar		
Other <input type="checkbox"/>	None <input type="checkbox"/>	Line Protection: <input type="checkbox"/>	
Protection Program <input type="checkbox"/>	Local <input type="checkbox"/>	Protection:	
Remote alarm (connected to Fire Hall) <input type="checkbox"/>	ULC Listed Central Station <input type="checkbox"/>	Area <input type="checkbox"/>	
	Not ULC Listed Central Station <input type="checkbox"/>	Perimeter <input type="checkbox"/>	
Smoke Detectors: Yes <input type="checkbox"/> No <input type="checkbox"/>	ULC Listed Monitoring Station <input type="checkbox"/>		
<u>Sprinkler:</u>	Not ULC Listed Monitoring Station <input type="checkbox"/>	Monitored by:	
No Sprinkler <input type="checkbox"/>		Alarm Cert. attached Yes <input type="checkbox"/> No <input type="checkbox"/>	
100% <input type="checkbox"/>		Security Type:	
Less than 100% <input type="checkbox"/>			

5. HOMEOWNERS COVERAGE: FORMS, LIMITS AND DEDUCTIBLES - <input type="checkbox"/> BROAD FORM <input type="checkbox"/> COMPREHENSIVE			
Limit		Deductible	
SECONDARY/RENTAL/SEASONAL/TENANTS: <input type="checkbox"/> Broad Form <input type="checkbox"/> Named Perils			
Forms	Secondary/Rental Broad Form <input type="checkbox"/> Named Perils <input type="checkbox"/>	Seasonal Dwelling Named Perils <input type="checkbox"/>	Tenant's Package Broad <input type="checkbox"/> Comprehensive <input type="checkbox"/>
Limit		Deductible	
ADDITIONAL COVERAGES HOMEOWNERS		ADDITIONAL COVERAGES SECONDARY/SEASONAL	
Guaranteed Replacement Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rental Income	Yes <input type="checkbox"/> No <input type="checkbox"/>
Single Limit Endorsement	Yes <input type="checkbox"/> No <input type="checkbox"/>	Seasonal – Vandalism & Malicious Acts	Yes <input type="checkbox"/> No <input type="checkbox"/>
Identity Theft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Secondary/Seasonal – Burglary Damage to Bldg.	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Secondary/Seasonal – Optional Burglary & Robbery	Yes <input type="checkbox"/> No <input type="checkbox"/>

6. FARM BARNs AND OUTBUILDINGS										
Occupancy	Size	Year Built	Construction Walls	Construction Roof	Heating Type	Coverage (NP or BF)	ACV	RC	Deductible \$	Amt. of Insurance
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
Describe type of lighting protection system:										
Hydro Poles and Transmission Lines – on property										Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any of the buildings Insured vacant?										Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, provide details:										

7. FARM LIVESTOCK – Please complete Appropriate Questionnaire					
Scheduled Animals & Description	Registration #	Limit per Head	# of Head	Deductible	Amount of Insurance
Coverage Required: <input type="checkbox"/> Broad Form <input type="checkbox"/> Consequential Loss <input type="checkbox"/> Heat Prostration If Yes, complete Hog/Poultry Questionnaire					
<input type="checkbox"/> Named Perils <input type="checkbox"/> Attack by wild dog (sheep or goats only) <input type="checkbox"/> Entrapment and Loading					

8. FARM EQUIPMENT - <input type="checkbox"/> SCHEDULED <input type="checkbox"/> BLANKET <input type="checkbox"/> TACK						
Item #	Type of equipment	Model Year	Manufacturer	Serial Number	Deductible	Amount of Insurance
1.	Miscellaneous Unscheduled equipment maximum of \$2500. per item					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

9. FARM PRODUCT			
Item #	Item Description	Deductible	Amount of Insurance
1.			
2.			
3.			
4.			
5.			

☐ - Stock reporting form required:
 Average Limit
Max Limit

10. WATERCRAFT – Under \$20,000 value <input type="checkbox"/> BROAD FORM - PLEASE COMPLETE BOAT & MOTOR APPLICATION			
Description of boats, motors, trailers and accessories	Maximum Speed	Deductible	Limit
Boat/Boat Motor:			
Motor:			
Trailer:			
Accessories:			

11. SCHEDULED ARTICLES – PERSONAL ARTICLES (APPRAISAL REQUIRED ON ARTICLES VALUED IN EXCESS OF \$5,000)		
Item #	Description of Articles	Amount of Insurance
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

12. BUSINESS INTERRUPTION		
<input type="checkbox"/>	Profits	Limit:
<input type="checkbox"/>	Gross Earnings Mercantile Non-Manufacturing	Limit:
<input type="checkbox"/>	Gross Earnings Manufacturing	Limit:
<input type="checkbox"/>	Profits – Actual loss sustained	Receipts:
<input type="checkbox"/>	Earnings Insurance No Co-Insurance	Limit:
<input type="checkbox"/>	Extra Expense	Limit:

13. FARMERS LIABILITY - Indicate location including rented or leased farms			
Loc. #	Location address, including road, 911 number, lot and concession number, Township and Postal Code	Use	Acreage
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
OTHER OPERATIONS		REVENUE	
1.			
2.			
3.			
4.			
5.			

If custom farming, provide full description:	
Gross revenue generated in the past 12 months?	
Number of acres on farm?	Number of acres in crops?
Any sales to United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, provide details including revenue:	
ADDITIONAL NAMED INSURED	
Name of Additional Named Insured	Relationship to Insured

14. LIMITED POLLUTION LIABILITY		
Any application of chemical fertilizers, insecticides, pesticides or herbicides away from premises you own, rent, lease or farm (other than a neighbourly exchange of labour)? If Yes, provide details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any processing, storage or sales of chemical fertilizers, insecticides, pesticides or herbicides other than for own use? If Yes, provide details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any storage or usage of polychlorinated biphenyl's (PCB's), other than those in hydro transformers in current use? If Yes, provide details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you in compliance with all Federal, Provincial and Municipal statutes, standards and regulations regarding environmental protection? If No, provide details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any ponds, creeks, rivers or other bodies of water on or immediately adjacent to premises you own, rent, lease or farm? If Yes, provide details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Comments: 		

15. COVERAGES REQUIRED	
Coverage description	Amount of Insurance Required
Farm Liability	
Tenant's Legal Liability – \$250,000 limit included	
Non-owned Automobile Liability	Included
Limited Pollution Liability	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000
Umbrella Liability (completed application required)	
Other coverage:	

16. PAYMENT OPTIONS

- ☐ Direct Bill
- ☐ Monthly EFT – 12 instalments, no service fee
- ☐ Broker Bill

Please complete and attach EFT Authorization Form for monthly pay.
Also enclose a void cheque for EFT options.

17. BROKER'S REPORT

Provide date the property was last inspected by you:

Was an interior inspection of the insured building(s) completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please advise the following:	
What is your opinion of housekeeping?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
What is your opinion of maintenance?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor

Are all buildings insurable for windstorm? Yes ☐ No ☐
If No, indicate which buildings should be excluded:

Are all buildings insurable for snowload? Yes ☐ No ☐
If No, indicate which buildings should be excluded:

Is applicant personally known to you? Yes ☐ No ☐

How long has applicant lived on the farm?

Do you recommend acceptance of this risk? Yes ☐ No ☐
If No, provide an explanation:

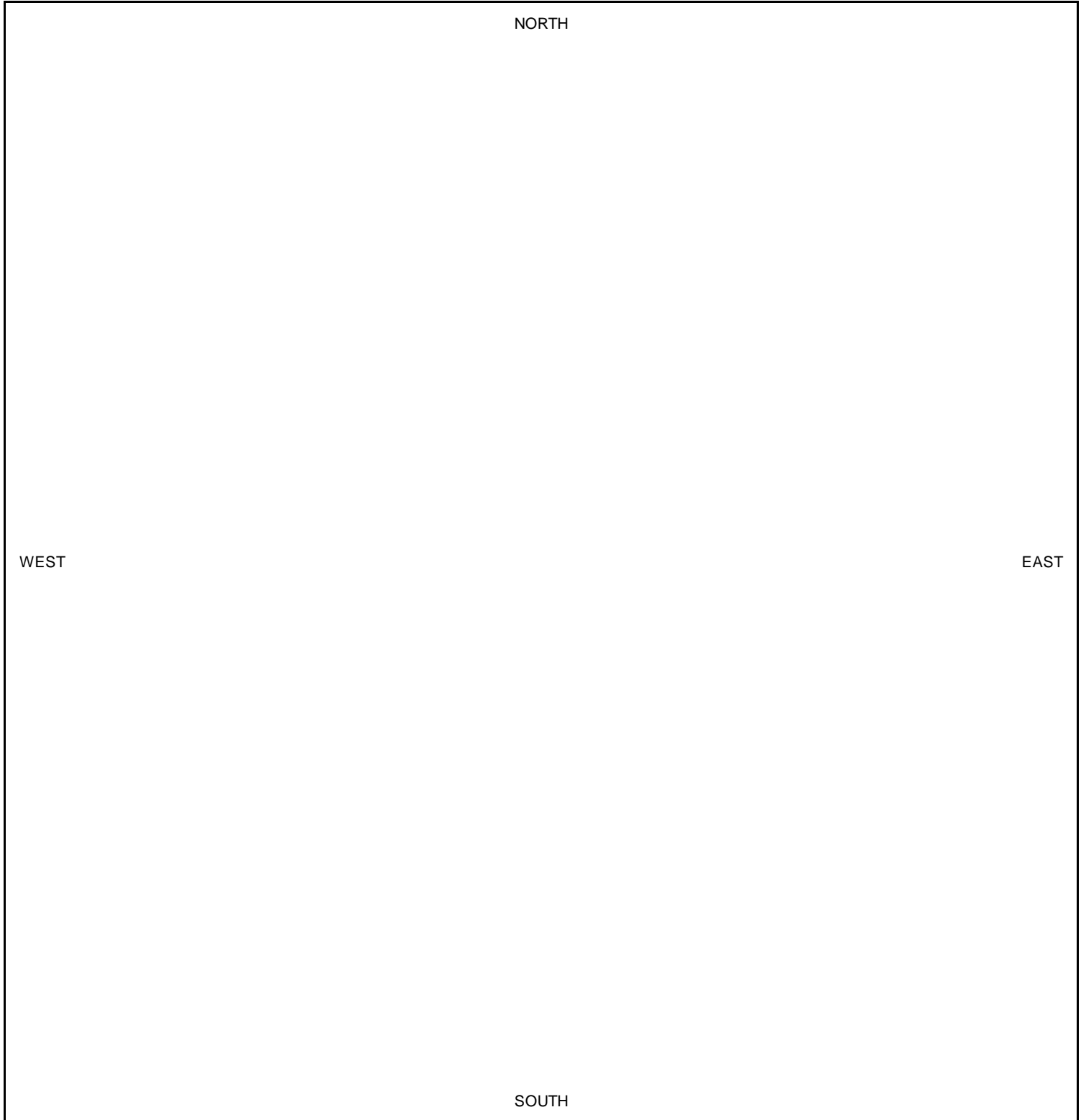
Additional Notes:

DRAW A DIAGRAM OF ALL BUILDINGS ON THE PREMISES.

INCLUDE INSURED OR UNINSURED BUILDINGS

SHOW OCCUPANCY OF ALL BUILDINGS

SHOW DISTANCE IN FEET OR METRES BETWEEN BUILDINGS



Include Photographs and number them to correspond with the buildings on the diagram