



# FARM INSURANCE APPLICATION

**BILLING** COMPANY  BROKER/AGENT

INSURANCE COMPANY

 QUOTE  NEW  RENEWAL

POLICY NUMBER

BINDER NUMBER

**1. APPLICANT'S FULL NAME AND POSTAL ADDRESS****2. BROKERAGE/AGENCY INFORMATION**

CONTACT NUMBER(S) TYPE NO. TYPE NO. POSTAL CODE

BROKER CODE CONTACT NAME PHONE NO. FAX NO.

PREFERRED DOCUMENT LANGUAGE  ENGLISH  FRENCH

CONTRACT NUMBER SUB-CONTRACT NUMBER

EMAIL ADDRESS

GROUP / PROGRAM NAME

GROUP ID

WEBSITE ADDRESS

BROKER CLIENT ID

COMPANY CLIENT ID

**3. POLICY PERIOD**EFFECTIVE DATE TIME A.M.  P.M.  EXPIRY DATE AT 12:01 A.M.

ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.

**4. APPLICANT DATA**LEGAL ENTITY  INDIVIDUAL  JOINT VENTURE  CORPORATION  \_\_\_\_\_

PRINCIPAL(S) NAME(S) \_\_\_\_\_

DESCRIPTION OF OPERATIONS

BUSINESS START DATE

RELATED PRIOR EXPERIENCE: NUMBER OF YEARS

INSURED NAME

CO-INSURED NAME

OCCUPATION

OCCUPATION

YEARS CONTINUOUSLY EMPLOYED

DATE OF BIRTH

YEARS CONTINUOUSLY EMPLOYED

DATE OF BIRTH

OCCUPANCY DATE

IF OCCUPANCY DATE IS LESS THAN 3 YEARS, PROVIDE PREVIOUS ADDRESS

POSTAL CODE

**5. LOSS HISTORY**

CLAIMS HISTORY REPORT DATE

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS?  YES  NO IF YES, COMPLETE THE CHART BELOW

LOSS DATE	LOC. #	CAUSE	CLAIM SETTLED (Y/N)	PAID AMOUNT	POLICY NUMBER	INSURANCE COMPANY

**6(A). POLICY HISTORY**FIRST TIME INSURED HAS ANY INSURANCE COMPANY REFUSED TO PROVIDE INSURANCE IN THE PAST 5 YEARS?  YES  NO IF YES, INDICATE INSURANCE REFUSAL TYPE:  CANCELLED  DECLINED  REFUSED RENEWAL  RESTRICTED COVERAGE

BY WHICH INSURANCE COMPANY \_\_\_\_\_ REASON \_\_\_\_\_

NAME OF PREVIOUS INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_ SINCE WHAT DATE HAS THE APPLICANT HAD PROPERTY INSURANCE WITH ANY INSURANCE COMPANY? \_\_\_\_\_

**6(B). CROSS REFERENCE INFORMATION**

LIST OTHER POLICIES WITH THIS INSURANCE COMPANY LINE OF BUSINESS \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ LINE OF BUSINESS \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

**7. PREMIUM INFORMATION**

TOTAL ESTIMATED POLICY PREMIUM	SALES TAX (if applicable)	PAYMENT PLAN	ESTIMATED INSTALLMENT AMOUNT	\$ / % ADDITIONAL CHARGES	TOTAL ESTIMATED COST
				<input type="checkbox"/> \$ <input type="checkbox"/> %	

**8. FULL DISCLOSURE**

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that:

**For all provinces and territories except Quebec:** If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

**\* For Quebec:** I am bound to represent all the facts known to me which are likely to materially influence an insurer in the setting of the premium, the appraisal of the risk or the decision to cover it. The same applies to the Insured if the Insurer requires it. Any misrepresentation or concealment of relevant facts by me or the Insured nullifies the contract, even in respect of losses not connected with the risk so misrepresented or concealed.

**For all provinces and territories:** Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

**9. PERSONAL INFORMATION CONSENT**

**For all provinces and territories except Newfoundland and Labrador:** I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following: i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information. ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law. iii) To collect only my personal credit information including my credit score from consumer reporting agencies, as permitted by law for the purposes identified above. I understand that my consent for the use of credit information remains valid until withdrawn by me in writing. By withdrawing or failing to provide my consent to the use of credit information, I understand that I may not benefit from the best rate available to me. I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf. If any other individuals wish to provide their consent with respect to the use of their credit information, they may provide their consent by also signing below. I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their respective privacy officers.

**For Newfoundland and Labrador:** I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following: i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information; ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law. iii) To collect only my personal credit information including my credit score from consumer reporting agencies, as permitted by law for the purpose of determining eligibility and conditions for a premium payment plan. I understand that my consent for the use of credit information remains valid until withdrawn by me in writing. I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf. I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their respective privacy officers.

Les Parties ont convenu que cette proposition et les documents connexes soient rédigés en anglais. The Parties have specifically agreed that this application and any attachments to this application be drawn in the English language.

SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE	SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE
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# FARM INSURANCE APPLICATION

**TYPE OF FARM (CHECK MAIN SOURCE(S) OF REVENUE)**

CASH CROPS   
  FRUIT/VEG   
  DAIRY   
  BEEF   
  HOG   
  POULTRY   
  HOBBY   
  HORSE   
  TOBACCO   
  OTHER \_\_\_\_\_

**10(A). PRINCIPAL LOCATION AND RATING INFORMATION**

LOC. #	LOCATION ADDRESS	DWELLING Y/N	EXT. LIAB.	FARM USE	OWNED/RENTED	ACREAGE

**10(B). ADDITIONAL LOCATION(S) AND RATING INFORMATION**

LOC. #	LOCATION ADDRESS(ES)	DWELLING Y/N	EXT. LIAB.	FARM USE	OWNED/RENTED	ACREAGE
<b>TOTAL NUMBER OF ADDITIONAL LOCATIONS</b>						

**11. ADDITIONAL INTEREST(S)**

LOC. #	NAME	ADDRESS	INTEREST RANK	NATURE OF INTEREST

<b>12. DISCOUNTS AND SURCHARGES (POLICY LEVEL)</b>	<b>DISCOUNTS AND SURCHARGES (POLICY LEVEL) - continued</b>
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DESCRIPTION	%	APPLIED TO PREMIUM (Y/N)	PREMIUM	DESCRIPTION	%	APPLIED TO PREMIUM (Y/N)	PREMIUM



# HABITATIONAL SECTION

UNDERWRITING INFORMATION LOC # \_\_\_\_\_

PREMIUM TABLE  
TOWN ID CODE  
NO. OF ATTACHMENTS

**13. RISK ADDRESS**  SAME AS POSTAL ADDRESS

ACCESS:  EASY ACCESS ROAD  DIFFICULT ACCESS ROAD  ISLAND  ISOLATED RURAL  OTHER \_\_\_\_\_

14. MORTGAGEE / LOSS PAYEE(S)	NATURE OF INTEREST

**15. RATING INFORMATION**

REPLACEMENT COST EVALUATOR PRODUCT	YEAR BUILT	# OF STOREYS	# OF FAMILIES	# OF UNITS	TOTAL LIVING AREA (excluding basement) <input type="checkbox"/> SQ. FT. <input type="checkbox"/> SQ. M.
DATE EVALUATION COMPLETED (YYYY/MM/DD)	SMOKER(S)? Y/N	DATE OF BIRTH OF ELDEST OCCUPANT (YYYY/MM/DD)		RELATIONSHIP TO APPLICANT	

OCCUPANCY	EXTERIOR WALL FRAMING	HEATING TYPE	SECURITY SYSTEM	Y/N	LOCAL	MONITORED
PRIMARY	WOOD FRAME	PRIMARY HEATING APPARATUS	FIRE			
SECONDARY	CONCRETE BLOCK / MASONRY FRAME	FUEL	BURGLAR			
SEASONAL	LOG	LOCATION	SMOKE DETECTORS			
RENTAL	FIRE RESISTIVE	AUXILIARY HEATING APPARATUS	DETECTOR TYPE	NO:		
VACANT		FUEL	MONITORED BY			
UNOCCUPIED	EXTERIOR WALL FINISH	LOCATION	ALARM CERTIFICATE ATTACHED			
UNDER CONSTRUCTION		NO. OF FACE CORDS PER YEAR	SPRINKLER			
	BRICK VENEER	HEATING UNIT PROFESSIONAL INSTALLATION	SECURITY TYPE			
STRUCTURE TYPE/STYLE	VINYL SIDING	HEATING UNIT ULC, CSA, OR WH APPROVED	WATER MITIGATION MEASURES IN PLACE			
DETACHED	STUCCO	RADIANT HEATING AREA SQ.M. _____	UPDATE YEAR	FULL (YY)	PARTIAL (YY)	
SEMI-DETACHED	STONE VENEER	MAKE _____ YEAR _____	HEATING			
ROWHOUSE / TOWNHOUSE (END)	SOLID BRICK	OIL TANK	ROOFING			
ROWHOUSE / TOWNHOUSE (INSIDE)	ALUMINUM/METAL SIDING	YEAR _____ <input type="checkbox"/> INSIDE <input type="checkbox"/> IN GROUND	TYPE _____			
HIGHRISE	WOOD	<input type="checkbox"/> OUTSIDE <input type="checkbox"/> ABOVE GROUND	ELECTRICAL _____ AMPS			
MOBILE HOME			<input type="checkbox"/> BREAKERS <input type="checkbox"/> KNOB & TUBE <input type="checkbox"/> COPPER			
MULTIPLEX			<input type="checkbox"/> FUSES <input type="checkbox"/> ALUMINUM			
FOUNDATION		<input type="checkbox"/> UNPROTECTED <input type="checkbox"/> SUPERIOR SHUTTLE TANKER SERVICE	PLUMBING			
POURED CONCRETE	SLAB/CONCRETE SLAB	_____ M. OF HYDRANT _____ KM. OF FIREHALL	COPPER _____% PLASTIC _____%			
CONCRETE BLOCK	STONE	FIREHALL NAME: _____	GALVANIZED _____% _____%			
CRAWLSPACE						
FINISHED BASEMENT _____%						

INTERIOR DETAILS	TYPE	%	TYPE	%	TYPE	%
INTERIOR WALL CONSTRUCTION						
INTERIOR FLOOR FINISH						
CEILING CONSTRUCTION						

**ADDITIONAL INTERIOR DETAILS**

WALL HEIGHT  FT.  M. %

NUMBER OF KITCHENS: \_\_\_\_\_ NUMBER OF BATHROOMS: FULL \_\_\_\_\_ HALF \_\_\_\_\_

NO. QUALITY \_\_\_\_\_

\_\_\_\_\_  BUILDER'S GRADE  CUSTOM  \_\_\_\_\_

\_\_\_\_\_  BUILDER'S GRADE  CUSTOM  \_\_\_\_\_

SWIMMING POOL	GARAGE / CARPORT
YEAR _____ <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> WITH FENCE	ATTACHED GARAGE? Y/N
<input type="checkbox"/> INDOOR <input type="checkbox"/> IN GROUND <input type="checkbox"/> WITHOUT FENCE	SIZE - # OF CARS
	ATTACHED CARPORT? Y/N
	SIZE - # OF CARS

**DETACHED OUTBUILDING(S)/OTHER STRUCTURE(S) (Additional limits required or any heated outbuildings)**

STRUCTURE NO.	YEAR BUILT	STRUCTURE TYPE	EXTERIOR WALL FRAMING	HEATING APPARATUS	FUEL	TOTAL AREA <input type="checkbox"/> SQ. FT. <input type="checkbox"/> SQ. M.	VALUE (Included in detached private structure limit)



# HABITATIONAL SECTION

COVERAGE AND LIABILITY EXTENSIONS LOC # \_\_\_\_\_

## 16. COVERAGE: FORMS, LIMITS & DEDUCTIBLES

PACKAGE FORM AND TYPE					RATING PLAN	DED. \$	DED. TYPE
DWELLING BUILDING	DETACHED PRIVATE STRUCTURE	PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	LEGAL LIABILITY	VOLUNTARY MEDICAL PAYMENTS	VOLUNTARY PROPERTY DAMAGE	ESTIMATED BASE PREMIUM
\$	\$	\$	\$	\$	\$	\$	\$

## 17. ADDITIONAL COVERAGE (Specify rating information, limits, deductibles, etc.)

CODE	COVERAGE DESCRIPTION	COVERAGE REQUESTED Y/N	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					PREMIUM
						1	2	3	4	5	
GUARR	GUARANTEED REPLACEMENT COST-BUILDING										
GRCE	REPLACEMENT COST ON CONTENTS										
	UNIT OWNERS BUILDING IMPROVEMENTS AND BETTERMENTS	<input type="checkbox"/> ALL RISK <input type="checkbox"/> NAMED PERILS									
	LOSS ASSESSMENT	<input type="checkbox"/> ALL RISK <input type="checkbox"/> NAMED PERILS									
CCLA	CONDOMINIUM CONTINGENT LEGAL LIABILITY										
HSL	SINGLE LIMIT										
SEWER	SEWER BACK-UP										
IDTFT	IDENTITY THEFT										
RENT	RENTAL INCOME										
BYLAW	BYLAWS ENDORSEMENT										
ERQK	EARTHQUAKE										
ERQKF	POST-EARTHQUAKE DAMAGE										
PERLI	PERSONAL LIABILITY (UMBRELLA)										

PREMIUM FOR THIS SECTION \$

## 18(A). LIABILITY EXPOSURES (Yes answers require liability extension coverage or remarks explaining coverage declined.)

DO YOU OWN / RENT MORE THAN ONE LOCATION?		NUMBER OF CANNABIS PLANTS GROWN ON PREMISES?	
NUMBER OF WEEKS LOCATION RENTED TO OTHERS?		NUMBER OF FULL TIME RESIDENCE EMPLOYEES?	
NUMBER OF ROOMS RENTED TO OTHERS?		IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE?	
DAYCARE OPERATION - NUMBER OF CHILDREN		CO-OCCUPANT NAME	
DO YOU OWN A TRAMPOLINE?		IS THERE ANY KIND OF BUSINESS OPERATION?	
DO YOU HAVE A GARDEN TRACTOR?		IF YES, DESCRIBE BUSINESS	
DO YOU HAVE A GOLF CART?		NUMBER OF DOGS IN THE HOUSEHOLD	
NUMBER OF SADDLE / DRAFT ANIMALS?		BREED(S) OF DOGS	
DO YOU HAVE ANY UNLICENSED RECREATIONAL VEHICLES?		OTHER EXPOSURES	
RENEWABLE ENERGY INSTALLATION ON PREMISES?			
DO YOU OWN ANY WATERCRAFT?			

## 18(B). LIABILITY EXTENSIONS FROM PRIMARY LOCATION

CODE	LIABILITY COVERAGE DESCRIPTION	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					PREMIUM
					1	2	3	4	5	

PREMIUM FOR THIS SECTION \$

## 19. DISCOUNTS AND SURCHARGES

### DISCOUNTS AND SURCHARGES continued

CODE	DISCOUNTS AND SURCHARGES DESCRIPTION	%	APPLIED TO PREMIUM Y/N	PREMIUM	CODE	DISCOUNTS AND SURCHARGES DESCRIPTION	%	APPLIED TO PREMIUM Y/N	PREMIUM

PREMIUM FOR THIS SECTION \$

TOTAL ESTIMATED PREMIUM THIS PAGE \$



# LIABILITY SECTION

LIABILITY LIMIT \$	_____
AGGREGATE LIMIT \$	_____
PROPERTY DAMAGE DEDUCTIBLE \$	_____

<b>20.</b>							<b>PREMIUM</b>
PRINCIPAL LOCATION							
ADDITIONAL DWELLING(S)	# of Additional Dwellings (Refer to Section 10B)						
ADDITIONAL LOCATION(S)	# of Additional Locations to Ext. Liab. (Refer to Section 10B)						
ADDITIONAL INSURED							
CROSS LIABILITY							
BOARDING OF LIVESTOCK	LOC #	NO. OF ANIMALS	TYPE OF LIVESTOCK				
	LOC #	NO. OF ANIMALS	TYPE OF LIVESTOCK				
	LOC #	NO. OF ANIMALS	TYPE OF LIVESTOCK				
STABLEMAN'S LIABILITY (CCC)	LOC #	AGGREGATE PER OCCURRENCE	PER ANIMAL				
	LOC #	AGGREGATE PER OCCURRENCE	PER ANIMAL				
	LOC #	AGGREGATE PER OCCURRENCE	PER ANIMAL				
NON OWNED LIVESTOCK	LOC #	AGGREGATE PER OCCURRENCE	PER ANIMAL				
	LOC #	AGGREGATE PER OCCURRENCE	PER ANIMAL				
	LOC #	AGGREGATE PER OCCURRENCE	PER ANIMAL				
TENANT'S LEGAL LIABILITY	LOC #	DESCRIPTION	AMOUNT				
	LOC #	DESCRIPTION	AMOUNT				
	LOC #	DESCRIPTION	AMOUNT				
EMPLOYER'S LIABILITY	RATEABLE PAYROLL						
NON-OWNED AUTO	U.S. EXPOSURE <input type="checkbox"/>						
VOLUNTARY COMPENSATION							
WATERCRAFT (Refer to Watercraft and Trailer Supplement)							
VEHICLES - UNLICENSED	YEAR	MAKE	MODEL	SERIAL NO.	CC	H.P.	
<b>TOTAL ESTIMATED PREMIUM \$</b>							
<b>REMARKS</b>							



# LIABILITY SECTION

## 21. EXPOSURES & HAZARDS

TOTAL FARM RECEIPTS	CANADA \$	U.S. \$	FOREIGN \$					
EXPOSURES & HAZARDS	LOC#	UNDERWRITING INFORMATION		QUEST. ATTACHED (Y/N)	RECEIPTS	RATE	PREMIUM	
ALL TERRAIN VEHICLES								
APIARY		CHARGE PER APIARY						
AUCTIONS								
BED & BREAKFAST		NO. OF GUESTS PER YEAR						
CUSTOM FARMING		NO. OF ACRES	TYPE					
		NO. OF ACRES	TYPE					
CUSTOM SPRAYING								
DAYCARE / BABYSITTING		NO. OF CHILDREN						
FISHING ON FARM								
GRAVEL PIT								
HAY / SLEIGH RIDES		NO. PER YEAR						
		<input type="checkbox"/> ON PREMISES	<input type="checkbox"/> OFF PREMISES					
HORSE PULLS		NO. PER YEAR						
LESSONS		TYPE						
PETTING ZOO								
PICK YOUR OWN		LADDER SUPPLIED? Y/N						
PONDS, RIVERS, SWIMMING POOLS								
RIDING ARENA								
ROADSIDE STAND								
SALE OF WOOD/ MAPLE SYRUP								
SALES BARN								
SEEDMAN'S E & O								
SHOW ANIMALS		NO. OF TIMES PER YEAR						
SMALL ENGINE REPAIR								
SNOW REMOVAL								
TRACKS/TRAILS		TYPE						
TRAIL RIDES		NO. PER YEAR	<input type="checkbox"/> ON PREMISES <input type="checkbox"/> OFF PREMISES					
UNUSUAL ANIMALS		TYPE						
U.S. EXPOSURE								
VEHICLE / BOAT STORAGE		NO. OF	MAX. VALUE	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR				
ADDITIONAL EXPOSURE(S)								
<b>TOTAL ESTIMATED PREMIUM \$</b>								

## 22. ADDITIONAL QUESTIONNAIRES ATTACHED




# LIABILITY SECTION

LIMITED POLLUTION LIABILITY LIMIT \$ \_\_\_\_\_  
 AGGREGATE LIMIT \$ \_\_\_\_\_  
 PROPERTY DAMAGE DEDUCTIBLE \$ \_\_\_\_\_

## 23. FARMERS LIMITED POLLUTION LIABILITY

<p>DO YOU APPLY PESTICIDES, INSECTICIDES, CHEMICAL FERTILIZERS, OR HERBICIDES AWAY FROM THE PREMISES YOU OWN, RENT OR LEASE? (OTHER THAN A NEIGHBOURLY EXCHANGE OF LABOUR)</p> <p>DO YOU PROCESS OR SELL ANY CHEMICALS (FERTILIZERS, PESTICIDES, ETC.) OR STORE CHEMICALS FOR OTHER THAN YOUR OWN USE?</p> <p>DO YOU PERFORM ANY PROCESSING OPERATIONS INVOLVING CHEMICALS OTHER THAN FOR YOUR OWN USE?</p> <p>DO GROSS RECEIPTS FROM CUSTOM FARMING EXCEED YOUR OTHER FARMING INCOME?</p> <p>DO YOU EVER USE OR STORE POLYCHLORINATED BIPHENYLS (PCB'S)? (OTHER THAN THOSE IN HYDRO TRANSFORMERS IN CURRENT USE)?</p>	<p><b>YES</b></p> <input type="checkbox"/>	<p><b>NO</b></p> <input type="checkbox"/>	<p>ARE THERE ANY GOVERNMENT STATUTES, STANDARDS, OR REGULATIONS (FEDERAL, PROVINCIAL, MUNICIPAL) FOR THE PROTECTION OF THE ENVIRONMENT WITH WHICH TO YOUR KNOWLEDGE YOU DO NOT COMPLY?</p> <p>CLAIM OR LOSS EXPERIENCE: HAVE THERE BEEN ANY POLLUTION OR ENVIRONMENTAL OCCURRENCES IN THE PAST FIVE YEARS?</p> <p>DO YOU HAVE STORAGE TANKS WITH MORE THAN 500 GALLON CAPACITY? (IF YES, COMPLETE TANK DATA SUPPLEMENT)</p> <p>HAS ANY POLLUTION LIABILITY COVERAGE BEEN DECLINED IN THE PAST, OR DO YOU HAVE ANY COVERAGE CURRENTLY IN EFFECT?</p> <p>ARE THERE ANY CREEKS, RIVERS, OR OTHER BODIES OF WATER ON THE PREMISES YOU OWN, RENT, LEASE, OR DO WORK ON?</p>	<p><b>YES</b></p> <input type="checkbox"/>	<p><b>NO</b></p> <input type="checkbox"/>
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## 24. TANK DATA SUPPLEMENT

**INFORMATION IS REQUIRED ON ALL TANKS**

<p>1) IS THERE A WRITTEN TANK FILLING PROCEDURE CONTAINING INFORMATION TO PREVENT SPILLS OR OVERFLOWS?</p>	<p><b>YES</b></p> <input type="checkbox"/>	<p><b>NO</b></p> <input type="checkbox"/>	<p>2) IS THERE A WRITTEN EMERGENCY PROCEDURE OUTLINING ACTIONS TO BE TAKEN IN THE EVENT OF A TANK SPILL OR OVERFLOW?</p>	<p><b>YES</b></p> <input type="checkbox"/>	<p><b>NO</b></p> <input type="checkbox"/>
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LOC. #	TANK #	PRODUCT STORED	CAPACITY	ABOVE OR BELOW GROUND	INDOORS OR OUTDOORS	CONSTRUCTION	YEAR BUILT	HIGH LEVEL ALARM	
								YES	NO

## 25. REMARKS

## 26. BROKER / AGENT QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT? _____	HAVE YOU BOUND THIS RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS IN REMARKS		
HAVE YOU SEEN THIS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN _____	CONDITION OF PROPERTY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
BROKER / AGENT NAME (Please print)	SIGNATURE OF BROKER / AGENT	DATE