



FARM APPLICATION

Applicant's Full Name		Broker -	
Mailing Address			
	Postal Code		
Home Phone #	Work Phone #		
Mobile #	Fax #		
Email Address	Website Address		
		Broker Number	
Policy Period From _____, 20____ 12:01 a.m.; to _____, 20____ 12:01 a.m.		All times are local times at the Insured's address herein.	
Legal Entity <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Other			
Principal(s) Names:			
Insured Name: <i>(If different than Applicants)</i>		Co-Insured Name: <i>(If different than Applicants)</i>	
D.O.B. (d/m/y)		D.O.B. (d/m/y)	
*If at this location less than 3 years, please provide previous address			
Location 1 address (or as above)		Loss Payable to:	Postal Co
		Location 1	
Location 2 address		Location 2	

Loss and Policy History																		
First Time for Insurance? <input type="checkbox"/> Property insurance 5 consecutive years Yes <input type="checkbox"/> No <input type="checkbox"/> If less than 5 years, # of years _____ State losses in the past 5 years, indicate if loss on dwelling or contents	Have you ever been cancelled, declined by any insurer or had restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" provide details	Name of Previous Insurer & Policy Number	List policy numbers of other insurance with MMFI															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Date (d/m/y)</th> <th style="width: 40%;">Cause</th> <th style="width: 30%;">Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date (d/m/y)	Cause	Amount															
Date (d/m/y)	Cause	Amount																

Remarks:	
<p>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 or insurance is based on the truth and completeness of this information, and that:</p> <ol style="list-style-type: none"> 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. 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. <p>I have provided personal information in this document and otherwise (e.g. by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to my credit information and claims history. I authorize my broker or the Insurer to collect, use and disclose any of this personal information, subject to my broker's or the Insurer's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is combined in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers.</p> <p>The answers above are correct to my best knowledge and belief</p>	
_____ Signature of Applicant	_____ Date (d/m/y)

Broker Questionnaire	
Is this business new to your office? <input type="checkbox"/> Yes	Have you seen this property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____
How long have you known the applicant? _____	Condition of property <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Section I – Dwellings				
G.R.C. <input type="checkbox"/>		Standard <input type="checkbox"/>	Water Protection <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please note changes to rating info)
Coverage Code	Deductible	Limit of Insurance	Premium	
Dwelling Loc. 1				
Contents				
Dwelling Loc. 2				
Contents				
Glass	Reduced to \$25 Deductible			

Less Discounts:

Age Discount 5/0 - 10% 6/0 - 15% → (_____)

Burglar Alarm Discount 5% (attach certificate) → (_____)

New Home Discount → (_____)

First Time Home Buyers Discount 5% → (_____)

Totals → _____

Additional Coverages at Location 1						
Scheduled Articles Floater – X-513 (submit appraisals as per rate manual) Identity Theft (\$5,000 included with package)						
Tool Floater – X-535 Fire fighting (\$2000 included with package) Agri-Shield - F501 F502						
Item No.	Description	Form No.	Rate	Limit of Insurance	Premium	
Deductible – Indicate \$				Totals	→ _____	

Boat and Motor Floater – X-511 ATV – X-516							
Item	Make	Serial No.	Year	Engine CC / Motor H.P. inboard or outboard?	Boat Length	Limit of Insurance	Premium
Miscellaneous Equipment							
Deductible – Indicate \$				Totals	→ _____		

Section II – Farm Buildings							
1. If buildings are heated note the type below - coal, wood, oil, propane, gas. If solid fuel used complete Form X593, send photos, or if Oil Fuel is used, complete X590 for each tank.							
2. Is gasoline, or other similar fuel stored in any insured buildings? If yes, state number of gallons in each building _____							
3. Are brooders, heat lamps, tank heaters or feed cookers used in any building? . If yes, state in which buildings and what types they are: electric, oil, or other _____							
4. IF BARN IS USED AS A SWINE BARN (EXCEEDING 100 SWINE), DAIRY BARN (EXCEEDING 25 COWS), OR POULTRY BARN (EXCEEDING 500 POULTRY), IT MUST BE SCHEDULED. A COMPLETED SPECIALTY RISK RATING FORM IS REQUIRED. (Form X-581)							
5. IS CUSTOM WORK DONE IN ANY BUILDING? If yes, indicate building and describe operation _____							
Farm Building Coverage Code "F" – Fire "FEC" – Fire & Extended Coverage "F-261" – Comprehensive							
Blanket Cover – Cover for 80% of the Present Value of Items to avoid Co-Insurance problems – Include Blanket Check List Scheduled Cover – State use, type, construction, size, roof, age, and which buildings are portable							
Item	SCHEDULE OF PROPERTY COVERED	(Attach list if more spaces needed)	Heat Source	Coverage Code	Rate	Limit of Insurance	Premium
Deductible – Indicate \$				Totals	→ _____		

Farm Building Contents Coverage Code "F" – Fire "FEC" – Fire & Extended Coverage "F-261" - Comprehensive Exclude whole threshed grain, fodder in open sided shelter, livestock, poultry, machinery, and tools covered in Machinery section.							
Blanket Cover – Cover for 80% of the Present Value of Items to avoid Co-Insurance problems – Include Blanket Check List Scheduled Cover – Describe the contents as to major or unusual items and in which building – Equipment and Contents of buildings in question 4 or those with solid fuel heat MUST BE SCHEDULED							
Item	SCHEDULE OF PROPERTY COVERED			Coverage Code	Rate	Limit of Insurance	Premium
Deductible - Indicate \$				Totals			

→

Machinery Coverage Code "F" – Fire "FM2" – Broad Form Coverage							
<input type="checkbox"/> Blanket Cover – Cover for 80% of the Present Value of Items to avoid Co-Insurance problems – Include Blanket Check List <input type="checkbox"/> Scheduled Cover							
Item	Year	Manufacturer	Type and Model of Equipment	Coverage Code	Rate	Limit of Insurance	Premium
Deductible - Indicate \$				Totals			

→

Livestock Coverage Code "F" – Fire "FL2" – Broad Named Perils							
Blanket Cover – Cover for 80% of the Peak Value of Class to avoid Co-insurance Problems							
	Class of Animal	Description	Fire	Floater	Rate	Limit of Insurance	Premium
	Cattle						
	Horses						
	Swine						
	Sheep						
	Poultry						
Deductible – Indicate \$				Blanket Cover Total			

→

Scheduled Cover Coverage Code "F" – Fire "FL2" – Broad Named Perils Description and Identification of Animals				
No. of Head	Limit Per Animal in Class	Class of Animal	Limit of Insurance	Premium
Deductible – Indicate \$			Scheduled Coverage Totals	

→

Grain Coverage Code "F" - Fire "FG2" – Broad Named Perils					
Blanket Cover	<input type="checkbox"/>	Coverage Code	Rate	Limit of Insurance	Premium
Scheduled Cover	<input type="checkbox"/>				
Deductible – Indicate \$					

→

Fodder Coverage Code "F" – Fire or "FEC" – Fire & Extended Coverage (Cover for 100% to Value to avoid Co-Insurance problems)				Coverage Code	Rate	Limit of Insurance	Premium
Fodder stacked or bailed in the open or in an open-sided feed or fodder shelter							
Deductible – Indicate \$				Totals			

→

Section III – Comprehensive Farm Liability

Number of quarters farmed _____

Liability Limit \$ _____

Extend Liability to: Second Residence (if rentals, total number owned _____)

Seasonal Residence Location _____

Watercraft – give details in Watercraft Coverage _____

Swimming Pool – state depth _____

ATV #1 Make _____ CC _____ Liability Limit _____

ATV #2 Make _____ CC _____ Liability Limit _____

Additional Insured – Name & address _____

Additional Insured – Name & address _____

Business pursuits other than farming Yes No

Describe _____

Annual Gross Receipts \$ _____ (include rentals)

Products Liability – Annual Gross Receipts from Sales of Processed Dairy Products
or Processed or Frozen Meat or Vegetables \$ _____

Such gross receipts are _____% of Total Farm Sales

Custom Farming: (explain) _____ Gross Receipts \$ _____

Estimated Premium Subtotal		→	
Less Discounts:	Claims Free Discount 15% (3 years claims Free)	→	(_____)
	Farm Package Discount 5%	→	(_____)
Surcharges:	_____	→	_____
		→	_____
Total Estimated Premium		→	

↓ **Diagram of Premises** ↓

Show all significant risks with distances between all risks.

Rating Information; mark all options that apply (X where applicable)

LOCATION 1: Occupancy – No. of families _____ No. of Apartments: _____
 Owner Occupied Extended Family, relationship to owner- _____ Vacant Under Construction
 Tenant Occupied Rooms rented to others # _____ Unoccupied

PROTECTION: Within 300 meters (1,000') of fire Hydrant Within 8km. (5 miles) of the responding fire hall at _____
 Unprotected Location Grade: _____ GPS Location: _____ - _____

SEWER BACKUP: Has there been a sewer back up at this location? Yes (Date - _____) No Unknown
 If yes, is there an inline valve as close to the footing as practicable and a sump pump independent of the sewer system in place? Yes No

AGE: Original year of construction: _____ (if over 25 years old, indicate year the following items were last updated)

UPDATES: Electrical: _____ 100 Amp or more Heating: _____ Plumbing: _____ Roofing: _____
 less than 100 Amp (complete X700)

TYPE: 1 Story 1 ½ Story 2 Story 3 Story Bi-level Tri-level Other: _____
 Unfinished Basement Finished Basement

GARAGE: 1 car 2 car 3 car attached detached no garage ***(for heat see Heating Section)**

WALL CONSTRUCTION: Frame Brick Veneer Solid Brick/Stone Fire Resistive Other _____

ROOF COVERING: Asphalt Wood Shingles Wood Shakes Slate Metal Tile

HEATING TYPE: Forced Air Hot Water Space heater Add on unit Stove/Fireplace insert

FUEL: Gas Oil* Electric Wood**

AUXILIARY HEAT: Stove Fireplace Insert * (X593) Fireplace (ULC S610)

FUEL: Gas Oil* Electric Wood**

CHIMNEY: Brick Ground Bracket Metal Tile lined Other: _____

LOCATION 2: Occupancy – No. of families _____ No. of Apartments: _____
 Owner Occupied Extended Family, relationship to owner- _____ Vacant Under Construction
 Tenant Occupied Rooms rented to others # _____ Unoccupied

PROTECTION: Within 300 meters (1,000') of fire Hydrant Within 8km. (5 miles) of the responding fire hall at _____
 Unprotected Location Grade: _____ GPS Location: _____ - _____

SEWER BACKUP: Has there been a sewer back up at this location? Yes (Date - _____) No Unknown
 If yes, is there an inline valve as close to the footing as practicable and a sump pump independent of the sewer system in place? Yes No

AGE: Original year of construction: _____ (if over 25 years old, indicate year the following items were last updated)

UPDATES: Electrical: _____ 100 Amp or more Heating: _____ Plumbing: _____ Roofing: _____
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FUEL: Gas Oil* Electric Wood**

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FUEL: Gas Oil* Electric Wood**

CHIMNEY: Brick Ground Bracket Metal Tile lined Other: _____

MOBILE HOME: Year: _____ Trade Name: _____ Serial Number: _____
 Certification: None CSA-Z240 CSA-A277
 Width: _____ Length: _____ Year Purchased: _____
 Full Basement Partial Basement on Foundation on Blocks & Skirted Concrete Pad Other _____
 Double Wide Furnace in basement 2/3 or more gyproc interior Residential Lot (not a Mobile Home Park)
 Approved Tie Downs (describe) _____
 All Electric Heating (other heat complete Heating in Location #1 above) 100 Amp or more Less than 100 Amp (Complete X700)

*If Fuel Oil is used complete Form X-590 Oil Heat Questionnaire for each tank.
 **If Solid Fuel is used, complete Form X-593 for each unit and photos of unit, stovepipe and chimney