



## FARM APPLICATION

Applicant's Full Name		Broker -	
Mailing Address			
	Postal Code		
Home Phone #	Work Phone #		
Mobile #	Fax #		
Email Address	Website Address		
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			
<b>Principal(s) Names:</b>			
<b>Insured Name:</b> <i>(If different than Applicants)</i>		<b>Co-Insured Name:</b> <i>(If different than Applicants)</i>	
D.O.B. (d/m/y)		D.O.B. (d/m/y)	
<b>*If at this location less than 3 years, please provide previous address</b>			
Location 1 address (or as above)		Loss Payable to: Location 1	Postal Code
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 Date (d/m/y) Cause Amount	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

**Remarks:**

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:

1. 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.
2. 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.

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.

The answers above are correct to my best knowledge and belief

\_\_\_\_\_  
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.     Standard     Water Protection  Yes  No (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%

**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**

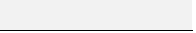
- If buildings are heated note the type below - coal, wood, oil, propane, gas. If solid fuel used complete Form X593, send photos, or if Oil Fuel is used, complete X590 for each tank.
- Is gasoline, or other similar fuel stored in any insured buildings? If yes, state number of gallons in each building \_\_\_\_\_
- 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 \_\_\_\_\_
- 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)
- 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

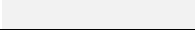
Blanket Cover – Cover for 80% of the Present Value of Items to avoid Co-Insurance problems – Include Blanket Check List Scheduled Cover – State use, type, construction, size, roof, age, and which buildings are portable							
Item	SCHEDULE OF PROPERTY COVERED	(Attach list if more spaces needed)	Heat Source	Coverage Code	Rate	Limit of Insurance	Premium
Deductible – Indicate \$					Totals		

→ \_\_\_\_\_

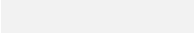
<b>Farm Building Contents</b> Coverage Code "F" – Fire "FEC" – Fire & Extended Coverage "F-261" - Comprehensive Exclude whole threshed grain, fodder in open sided shelter, livestock, poultry, machinery, and tools covered in Machinery section.							
Blanket Cover – Cover for 80% of the Present Value 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			

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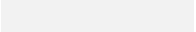
<b>Machinery</b> Coverage Code "F" – Fire "FM2" – Broad Form Coverage							
<input type="checkbox"/> Blanket Cover – Cover for 80% of the Present Value of Items to avoid Co-Insurance problems – Include Blanket Check List <input type="checkbox"/> Scheduled Cover							
Item	Year	Manufacturer	Type and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

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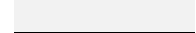
<b>Livestock</b> Coverage Code "F" – Fire "FL2" – Broad Named Perils							
Blanket Cover – Cover for 80% of the Peak Value of Class to avoid Co-insurance Problems							
	Class of Animal	Description	Fire	Floater	Rate	Limit of Insurance	Premium
Cattle							
Horses							
Swine							
Sheep							
Poultry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

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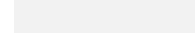
<b>Scheduled Cover</b> Coverage Code "F" – Fire "FL2" – Broad Named Perils Description and Identification of Animals				
No. of Head	Limit Per Animal in Class	Class of Animal	Limit of Insurance	Premium
Deductible – Indicate \$			Scheduled Coverage Totals	

→ 

<b>Grain</b> 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 \$					

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<b>Fodder</b> 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		

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**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: \_\_\_\_\_  
 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

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**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: \_\_\_\_\_

**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