



FARM APPLICATION SUPPLEMENT – FARMERS’ ACCIDENT INSURANCE

Farm Policy# _____

Policy Period _____ to _____

INDIVIDUALS INSURED:

Note only individuals specifically listed below are insured. Named Insured not covered unless listed.

Name	Address (including Country)	Year of Birth	Sex F/M	Any Other Occupation (see key)	Beneficiary	Limits	
						Death/ Dismemberment	Replacement Labour Expense

Named Insured _____
Signature

Date _____

Agent/Broker _____
Signature

Occupation Key	
Manufacturing	02
Office/Service Industry	03
Transportation (Trucker/Taxi etc.)	04
Construction	05
Other	99