

COMBINATION PACKAGE APPLICATION	FARMERS MUTUAL INSURANCE COMPANY 25380 STATE HWY 13 MANCHESTER MN 56007	RAM MUTUAL INSURANCE COMPANY AND PO BOX 308 ESKO, MN 55733
--	--	--

NAME AND ADD.: <input type="checkbox"/> Indv. <input type="checkbox"/> Part. <input type="checkbox"/> Corp. <input type="checkbox"/> Other	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL OF: _____ FROM: _____ TO: _____ (12:01 a.m. at address of named insured)
City: _____ MN Zip Code: _____	Bill: <input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee
Phone: _____ Social Security#: _____	Premium: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly

PERILS INCLUDED: Fire Windstorm and Hail FPL PL Inland Marine Other _____

DEDUCTIBLE: \$500 Standard \$250 \$1,000 \$2,500 Other _____

<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> C/D	<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> C/D
NAME AND ADDRESS	NAME AND ADDRESS

DESCRIPTION OF PREMISES: List all property owned, leased, rented or maintained.

Farm No.	No. of Dwlgs.	Sets of Bldgs.	Acres	Qtr. Sec.	Section	Twp.	Range	Township	County	State	Interest (Owner-Tenant)	Rural Fire No.
1												
2												
3												
4												
5												

UNDERWRITING GUIDE - FURNISH PHOTOS OF ALL BUILDINGS

All questions must be answered or application may be returned. If asked to explain or list, please list question no. & information on a separate memo

1. Date of last on-site inspection: _____ By Whom: _____

2. Principal farm operations : Grain Dairy Livestock Poultry Occupation other than farming: _____

3. Gen. housekeeping and condition of premises: Excellent Good Fair Poor

4. DWELLING: (A) Age: _____ Years (B) Age of Roof: _____ Years (C) Wiring _____ Years; #Amps: _____
 (D) Plumbing _____ Yrs (E) Occupancy: Owner Tenant Unoccupie Vacant Seasonal Under Construction
 (F) Central Heating: Yes No; Age of heating unit: _____ Years Type: _____
 (G) Wood Heating: Yes No; Type: Central Space Fireplace Age: _____ Yrs.; Type of Chimney _____
 (H) Smoke Alarms: Yes No (I) Fire Extinguisher(s): Yes No
 (J) Solar Heating: Yes No; If yes, explain on memo: _____ (K) Wind generating equip. Yes No

5. OUTBUILDINGS: If an answer to a question is yes, list the building(s) and explain on a separate memo and attach.

(A) Occupied by: Owner Tenant Off Premise Tenant
 (B) Condition of buildings: Excellent Good Fair Poor (C) Any building not used for designed purpose? Yes No
 (D) Do buildings have heat? Yes No; Exposed Insulation? Yes No; Existing Damage? Yes No
 (E) Cond. of wiring in bldgs: Excellent Good Fair Poor (F) Are bldg's unused or vacant? Yes No
 (G) Are ther any buildings where wind coverage should be Restricted? Yes No; Omitted? Yes No

6. FPL SURVEY: (A) Does applicant have: Seasonal Prop.? Yes No; Office or Incidental Sales? Yes No
 Rental Prop.? Yes No; Swimming Pool? Yes No; Roadside Stand? Yes No; If yes, explain on separate memo.
 (B) Does applicant do custom farming? Yes No; Type _____; Custom spraying? Yes No;
 Gross annual custom farming receipts? _____ C) Are premises used for business or professional purposes other than farming? Yes No
 If yes, explain on memo. D) Does applicant own any livestock? Yes No; E) Are there horses on premises? Yes No;
 Owned? Yes No; # _____; Type _____ Boarded? Yes No; # _____ Type _____
 F) Does applicant own dog(s)? Yes No If Yes, what breed? _____ G) Has dog ever bitten anyone? Yes No
 H) In what condition are the applicant's fences? Good Fair Poor I) Do all steps have adequate handrails? Yes No
 J) Condition of farm equip.: Good Fair Poor Has safety equipment been altered or removed? Yes No

7. PREVIOUS CARRIER: _____ Was policy cancelled or non-renewed? Yes No If yes, Why? _____

8. OTHER INSURANCE: A) Is there other ins.? Yes No If Yes, with whom? _____

B) Is there other insurance with RAM? Yes No If Yes, policy number _____

9. How long has agent personally known applicant? _____ Does agent personally recommend issuance of this policy? Yes No

10. Other information: _____

LOSS HISTORY - List all losses, at this or any other location, in the past 3 years and any losses over \$10,000. If no losses, check here: <input type="checkbox"/>	Initials of Insured	WIND COMPANY ONLY		
		Und.	D.E.	Checker

GENERAL AGENTS USE ONLY GA's Initials _____ AGENCY: _____ AGT.NO. _____

Applicant has been reviewed and approved. Comments: _____ ADDRESS: _____

FARM PERSONAL PROPERTY INVENTORY

SCHEDULED FARM PERSONAL PROPERTY
 UNSCHEDULED FARM PERSONAL PROPERTY
 (Mark * Cab Glass Items)

LIVESTOCK	Number	Value	Total	Item	Value	Item	Value
101 Dairy Cows	_____	@ _____	\$ _____	501 Tractors	\$ _____	553 Plows	\$ _____
102 Heifers	_____	@ _____	\$ _____	No.2	\$ _____	555 Rakes	\$ _____
103 Calves	_____	@ _____	\$ _____	No.3	\$ _____	556 Rotary Tiller	\$ _____
104 Feeder Cattle	_____	@ _____	\$ _____	No.4	\$ _____	557 Row Cultivator	\$ _____
105 Stock Cattle	_____	@ _____	\$ _____	502 Garden Tractor	\$ _____	558 Silage Wagon	\$ _____
106 Bulls	_____	@ _____	\$ _____	503 Skid Loader	\$ _____	559 Silage Cutter/Blower	\$ _____
107 Registered	_____	@ _____	\$ _____	509 _____	\$ _____	560 Stalk Cutter	\$ _____
SHEEP				510 Combine	\$ _____	561 Snow Blower	\$ _____
111 Ewes	_____	@ _____	\$ _____	513 Swather	\$ _____	562 Spraying Tank	\$ _____
112 Rams	_____	@ _____	\$ _____	514 Picker Sheller	\$ _____	563 Tractor Loader	\$ _____
113 Lambs	_____	@ _____	\$ _____	515 _____	\$ _____	564 Vaculator	\$ _____
HOGS				515 _____	\$ _____	568 Liquid Tank/Pump	\$ _____
121 Sows	_____	@ _____	\$ _____	520 Portable Elevator	\$ _____	515 _____	\$ _____
122 Boars	_____	@ _____	\$ _____	521 Portable Auger	\$ _____	515 _____	\$ _____
123 Feeder Pigs	_____	@ _____	\$ _____	515 _____	\$ _____	515 _____	\$ _____
HORSES				Policy provisions require individual scheduling of above items when not being used in Unscheduled Farm Personal Property. The following items may be optionally scheduled.		TOOLS & MISC. EQUIPMENT	
131 Horses	_____	@ _____	\$ _____			530 Bale Racks	\$ _____
[1] TOTAL LIVESTOCK			\$ _____	535 Chisel Plow	\$ _____	602 Fuel Tanks	\$ _____
POULTRY				536 Corn Planter	\$ _____	603 Portable Generator	\$ _____
201 Hens	_____	@ _____	\$ _____	537 Crop Sprayer	\$ _____	604 Spare Parts	\$ _____
[2] TOTAL POULTRY			\$ _____	538 Drill Seeder	\$ _____	605 Power Tools	\$ _____
HAY, STRAW & FODDER				539 Disc	\$ _____	606 Hand Tools	\$ _____
301 Hay	_____	@ _____	\$ _____	540 Drag	\$ _____	607 Welder	\$ _____
302 Straw	_____	@ _____	\$ _____	541 Fertilizer Spreader	\$ _____	608 Compressor	\$ _____
303 Fodder/Silage	_____	@ _____	\$ _____	542 Field Cultivator	\$ _____	609 Building Materials	\$ _____
[3] TOTAL HAY, STRAW & FODDER			\$ _____	543 Grain Wagons	\$ _____	610 Tools & Misc. Equip.	\$ _____
GRAIN, FEED & SUPPLIES				544 Grinder/Mixer/Mill	\$ _____	[5] TOTAL MACH. & EQUIP	
401 Corn	_____	@ _____	\$ _____	545 Hay Baler	\$ _____	INSTALLED EQUIPMENT (Must be Scheduled)	
402 Soybeans	_____	@ _____	\$ _____	546 Hay Crimper/Bine	\$ _____		
403 Wheat	_____	@ _____	\$ _____	547 Hay Stacker/Loader	\$ _____	Bulk Tank Cooler	\$ _____
404 Oats	_____	@ _____	\$ _____	548 Hay Stacker/Mover	\$ _____	Portable Grain Dryer	\$ _____
406 Farm Chemicals	_____	@ _____	\$ _____	549 Unlicensed Livestock Trlr	\$ _____	Milk House Equip.	\$ _____
411 Vet Supplies	_____	@ _____	\$ _____	550 Unlicensed Mach. Trailer	\$ _____	Portable Milking Machine	\$ _____
420 Fuel, Oil & Grease	_____	@ _____	\$ _____	551 Manure Spreader	\$ _____	Hog House Equipment	\$ _____
430 Commercial Feed	_____	@ _____	\$ _____	552 Mower	\$ _____	Poultry Equipment	\$ _____
431 Ground Feed	_____	@ _____	\$ _____			Silo Unloader	\$ _____
499 _____	_____	@ _____	\$ _____			[6] TOTAL INSTALLED EQ	\$ _____
[4] TOTAL GRAIN, FEED & SUPPLY			\$ _____				
[7] TOTAL SCHEDULED				[8] TOTAL UNSCHEDULED			
(Add [1] through [6] - transfer amount to page 2) \$ _____				(Add [1] through [5] - transfer amount to page 2) \$ _____			
Comments: _____							

INLAND MARINE ENDORSEMENT - Refer to Manual

Unit	Description - Year/Make/Model/CC's	Serial Number	Purchase Price	Amount of Insurance
Deductible: \$ _____		Rate: \$ _____	Premium: \$ _____	Total Coverage: \$ _____

Collision Coverage
 No Collision Coverage
 Non-Depreciation of Repairs

If writing Inland Marine and/or Liability for Recreational Vehicles or Watercraft, complete below.

This is not Commercial Liability, consult your Agents Manual or Company for Commercial Coverages.

LIABILITY - PERSONAL LIABILITY (PL) OR FARM PERSONAL LIABILITY (FPL)

COVERAGE LIMITS: Coverage L-Personal Liability: _____ **Coverage M - Medical Payments To Others:** _____ (Max \$5,000)

Cov Apply		Limits of Liability				Medical Payments			Premium	
Yes	No	100,000	300,000	500,000	1 million	\$1,000	\$2,000	\$3,000		
<input type="checkbox"/>	<input type="checkbox"/>	BASIC PL CHARGE (one family) Up to 40 Non-Farm Acres	62.00	85.00	105.00	126.00	Incl.	4.00	8.00	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	BASIC PL CHARGE (one family) 41 to 80 Non-Farm Acres	75.00	102.00	126.00	158.00	Incl.	4.00	8.00	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	BASIC FPL CHARGES -Including Employer's Liability for \$8,000 payroll per year								
		320 acres or less, 1 dwelling, 1 set of buildings	137.00	185.00	227.00	319.00	Incl.	4.00	8.00	\$ _____
		321 - 1000 acres, 1 dwelling, 1 set of buildings	159.00	214.00	263.00	372.00	Incl.	8.00	16.00	\$ _____
		Over 1000 acres, 1 dwelling, 1 set of buildings	174.00	231.00	286.00	408.00	Incl.	8.00	16.00	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Hobby Farm Credit (No farming or livestock) N/A w/CPL	(46)	(60)	(77)	(114)	--	--	--	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Inactive Farmer Credit (N/A w/CPL)	(66)	(81)	(97)	(134)	--	--	--	\$ _____
ADDITIONAL CHARGES										
<input type="checkbox"/>	<input type="checkbox"/>	Add'l Farm Premises with Bldg. No.____(Owned or Rented)	22.00	28.00	35.00	52.00	Incl.	4.00	8.00	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Additional Residence Premises Maintained No.____ (Secondary Locations, Seasonal Dwgs.) Location: _____	17.00	20.00	26.00	38.00	Inc.	4.00	8.00	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Additional Insured (on described premises only)	17.00	20.00	26.00	38.00	Incl.	4.00	8.00	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Additional Insured Name: _____ Relationship: _____ Farm No. _____								\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Relationship: _____ Farm No. _____								\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Incidental Office - Describe _____	17.00	20.00	26.00	38.00	Incl.	4.00	8.00	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Livestock Exposure Charge -	54.00	61.00	67.00	101.00	Incl.	6.00	12.00	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Custom Farming , Per \$100.00 of Receipts (When custom Farming exceeds \$1,000, charge applies to entire receipts) Estimated Receipts \$ _____	1.19	1.59	1.99	2.99	Incl.	0.12	0.24	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Limited Non-Owned Horse Exposure Charge (L.E.C. not needed) per Horse (10 maximum)	43.00	66.00	81.00	108.00	Inc.	4.00	8.00	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Horses If over 10, refer to Home Office (Horses taken to parades or shows? <input type="checkbox"/> Yes <input type="checkbox"/> No)								
		1-2 (Hobby Farm Credit N/A)	20.00	30.00	42.00	70.00	Incl.	Incl.	Incl.	
		3-5 (Hobby Farm Credit N/A)	53.00	73.00	97.00	153.00	Incl.	4.00	8.00	\$ _____
		6-10 (Hobby Farm Credit N/A)	86.00	116.00	151.00	233.00	Incl.	4.00	8.00	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	*Watercraft Liability (Total over 100 HP) (Fully earned) (Complete Watercraft Questionnaire)	31.00	41.00	50.00	74.00	Incl.	4.00	8.00	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Jet Driven Watercraft (Fully earned)	84.00	110.00	140.00	208.00	Incl.	13.00	26.00	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Personal Injury (Does not include Medical Payments)	18.00	23.00	29.00	43.00	--	--	--	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	*Recreational Vehicles (Flat charge up to 6 units) (Fully earned) (up to 4 total) (Complete RV Questionnaire)	56.00	66.00	75.00	100.00	Incl.	4.00	8.00	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Residence Premises Rented to Others No. _____								\$ _____
		<input type="checkbox"/> One Family Dwelling -Location: _____	23.00	30.00	37.00	55.00	Incl.	4.00	8.00	\$ _____
		<input type="checkbox"/> Two Family Dwelling -Location: _____	35.00	45.00	56.00	85.00	Incl.	4.00	8.00	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	EMPLOYERS LIABILITY (This does not replace Worker's Compensation coverage that may be required)(\$300,000/\$5,000 Minimum) Included w specail limit s of \$300,000/\$5,000	N/A	N/A	N/A	N/A		N/A		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	DAMAGE TO PROPERTY OF OTHERS - \$1,000 limit included Each Add'l \$1,000 \$10.00 (Max. amount of Coverage - \$10,000)								\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	FAMILY MEDICAL PAYMENTS - DESIGNATED INSUREDS AGES 12-65 (\$100 Deductible) DO NOT BIND COVERAGE Limit each person: \$1,000 - \$27 Each Additional \$1,000 -\$16 Limit: \$ _____								\$ _____
		Must complete medical questionnaire for each person.								
<input type="checkbox"/>	<input type="checkbox"/>	Snow Removal (Incidental, \$5,000 Max Receipts) (Fully earned)	43.00	56.00	71.00	106.00	Incl.	4.00	8.00	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Special Events Coverage (Fully Earned)			\$30 Flat					\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Liability Charge for Trampolines	31.00	41.00	50.00	74.00	Incl/	4.00	8.00	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Liability for Generators			\$100 flat charge					\$ _____
FOR COVERAGES OR RATING SITUATIONS NOT SHOWN, REFER TO HOME OFFICE									TOTAL PREMIUM	\$ _____

AGREEMENT AND SIGNATURE OF APPLICANT AND AGENT

The signatures below certify that: 1) All property under class E is listed to at least 80% of actual cash value. 2) Class F Property is insured to 100% of the Inventory Schedule. The applicant understands that an 80% coinsurance applies and agrees to, at all times, maintain contributing insurance on the property insured to the extent of at least 80% of its actual cash value, and failing to do so, shall to the extent of any deficit bear the proportion of any loss. 3) All class G-1 structures are insured to at least 80% of replacement value. 4) All Class G-2 structures are insured to at least 50% of replacement value. 5) The Farm Personal Property Inventory contains a full description of the total values of the property listed. 6) The answers to questions on this application are true, correct and complete representations. 7) The check box "Yes/No" areas accurately indicate desired coverage.

Minnesota Insurance Fair Information Reporting Act

In making this application for insurance, you give us the right to obtain an investigative consumer report and/or credit report that may be prepared whereby information is obtained through various information sources. This report may include information as to your character, general reputation, personal characteristics and mode of living and may, in certain circumstances, be disclosed to third parties. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigative report. You may also request the information to be corrected, amended or deleted. Your authorization for us to obtain this information is valid for one year starting with the date of your signature.

SIGNATURES:

AGENT _____ **APPLICANT** _____ **DATE** _____
(Effective 03/1/12) RAM (4)