

DWELLING (ISO COVERAGE A, B, C, & D)											* Attach cost estimator for each dwelling		
Loc #	Dwlg #	Year Built	Square Foot	Type of Construction (If mobile home, attach questionnaire)	Roof Type	Type of Heat	Dwelling Type (1, 2, or 3)	If 30 years old or more, when was it updated for:				# of Families	Protective Devices (Refer to Farm Quote for examples)
								Heat	Wiring	Plumbing	Roofing		

DWELLING (ISO COVERAGE A, B, C, & D) - continued											
Loc #	Dwlg #	Program (Standard, Select, Select Plus, Other)	Dwelling Occupancy	Valuation		Deductible	Perils ††	Cov A: Dwelling Limit	Cov B: Other Structures Limit	Cov C: Household Personal Property Limit	Cov D: Loss of Use Limit
				Cov A*	Cov C**						
								\$	\$	\$	\$
								\$	\$	\$	\$
								\$	\$	\$	\$
								\$	\$	\$	\$
								\$	\$	\$	\$

DWELLING (ISO COVERAGE A, B, C, & D) - continued												
Loc #	Dwlg #	Mine Subsidence	Supplemental Heat (Attach questionnaire)	Earthquake (Y/N)		IG%†	Sump Overflow and Backup	Special Loss Settlement (%)	Contents Rental to Others Theft	Replacement Cost Protection		
				Cov A	Cov C					A	B	C
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$

* Valuation Coverage A: RC=Replacement Cost; ERC=Extended Replacement Cost; ACV=Actual Cash Value; FBV=Functional Building Valuation.
 ** Valuation Coverage C: RC=Replacement Cost; ACV=Actual Cash Value † Available Inflation Guard %: 4, 6, 8, 10 †† Perils: B=Basic BR=Broad S=Special S/BR=Special/Broad

UNOCCUPANCY AND VACANCY			
A. Certain causes of loss are excluded with respect to buildings or structures vacant more than 30 consecutive days. Use 'Waiver of Vacancy' to extend coverage beyond 30 days.		<input type="checkbox"/> Does Not Apply	
B. A loss condition reduces the applicable Limit of Insurance by 50% if a building or structure is unoccupied or vacant more than 120 consecutive days. Use 'Waiver of Unoccupancy and Vacancy' to waive the Unoccupancy and Vacancy Loss Condition for periods of vacancy and unoccupancy beyond 120 days.		<input type="checkbox"/> Waiver of Vacancy	
		<input type="checkbox"/> Waiver of Unoccupancy and Vacancy	
Dwlg #:	Unoccupancy or Vacancy	Starts:	Ends:

MORTGAGEE INFORMATION					
Dwlg #	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address	Dwlg #	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address

SCHEDULED PERSONAL ITEMS				* Refer to FarmQuote for included increased special property limits	
Dwlg #	Type #	Description of Item (Serial # if any) -Attach Appraisal for Items Over \$5,000	Deductible	Limit of Insurance	
				\$	
				\$	
				\$	
				\$	
				\$	

SCHEDULED FARM PERSONAL PROPERTY (ISO COVERAGE E)

Loc #	Item #	Description (If applicable, include year, make, model, and serial number)	Away From Premises*	Deductible	Perils**	Foreign Object	Cab Glass	Limit of Insurance
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
Animal Collision Only <input type="checkbox"/>		Type of Animal:	Limit Per Head:	# of Head:	Total Limit: \$			

* Does not apply to Livestock or Machinery ** Perils: B=Basic BR=Broad S=Special

PEAK SEASON - FARM PERSONAL PROPERTY (ISO COVERAGE E)

Months	Property Type	Limit of Insurance
		\$
		\$
		\$

HAY - SCHEDULED (\$100,000 limit/stack with 100 ft. of clear space between stacks)

Loc #	Description	Ded	Spontaneous Combustion	Limit of Insurance
			<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> Y <input type="checkbox"/> N	\$

RECREATIONAL VEHICLES

Loc #	Item #	Description (include make/model, & for boats indicate navigational period)	Year	Serial #	CC/HP	Length	Type of Motor	Liability (off premises) (Y/N)	Phys Dam (Y/N)	Ded	Limit of Insurance
											\$
											\$
											\$
											\$

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

E Item #	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address	E Item #	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address

UNSCHEDULED FARM PERSONAL PROPERTY (ISO COVERAGE F) - ACV VALUATION * Please attach blanket inventory
(Irrigation Equipment, Combines, Cotton Pickers, Hay, Four-Wheeler ATVs, and Computers must be scheduled under Coverage E.)

Item	Perils*	Deductible	Limit of Insurance
Livestock (Basic and Broad only)			\$
Other than Livestock			\$
* Perils: B=Basic BR=Broad S=Special			TOTAL \$

Excluded Property/Items From Coverage F:

CAB GLASS - ISO COVERAGE F

Model	Serial #	Type	Year

PEAK SEASON - FARM PERSONAL PROPERTY (ISO COVERAGE F)

Months	Property Type	Limit of Insurance
		\$
		\$
		\$

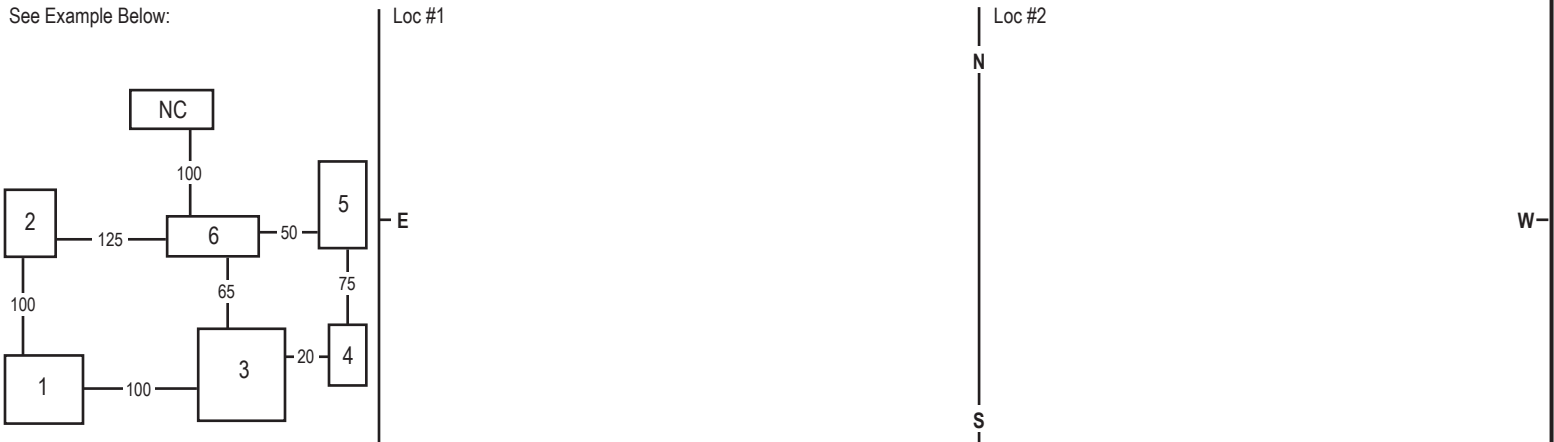
ADDITIONAL INTEREST/CERTIFICATE RECIPIENT * Only two additional interests available for coverage F

F Item Description	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address	F Item Description	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lender's Loss Payee <input type="checkbox"/> Contract for Sale	Name and Address

DIAGRAM

Show all buildings on the premises whether insured or not and distance in feet between them. Label all buildings and attach dated photographs of every building. (Indicate "NC" if not covered.)

See Example Below:



PRIOR CARRIER INFORMATION

Line of Business	Prior Carrier	Effective/Expiration Dates	Expiring Annual Premium
<input type="checkbox"/> Farm <input type="checkbox"/> Auto <input type="checkbox"/> Umbrella <input type="checkbox"/> Excess			\$
<input type="checkbox"/> Farm <input type="checkbox"/> Auto <input type="checkbox"/> Umbrella <input type="checkbox"/> Excess			\$
<input type="checkbox"/> Farm <input type="checkbox"/> Auto <input type="checkbox"/> Umbrella <input type="checkbox"/> Excess			\$

LOSS HISTORY

Check Here if None

See Attached Loss Summary

* Please provide hard copy loss runs for a minimum of the previous three years

Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status
						Open
						Closed
						Open
						Closed
						Open
						Closed

Have you been (Not Applicable in Missouri): Canceled Non-Renewed Declined None of the above Please explain:

Inspection Contact	Phone (A/C, No, Ext):	Accounting Records Contact	Accounting Records Contact (A/C, No, Ext):
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ADDITIONAL RESOURCES

* Visit Agent Services at www.RainHail.com for a complete list of additional resources.

Addendum Name	Form #	Questionnaire Name	Form #
Additional Insureds	AM 28 15	Care Custody and Control	FZ-8S51a
Miscellaneous Coverages	AM 28 16	Combine and Cotton Picker	AQ 85 24
Unscheduled Farm Personal Property Inventory (Cov F)	AM 28 17	Equine Liability	AQ 85 15
		Hog Confinement	AQ 85 20
		Mobile Home Tie Down	CF-3C96
		Supplemental Heat	AQ 85 22
		Swimming Pool/Trampoline	AQ 85 26