

**Yarmouth Mutual Insurance Co.**  
 1229 Talbot Street, St. Thomas, ON, N5P 1G8

**FARM PROPERTY & LIABILITY APPLICATION OF INSURANCE**

Insured's Name & Mailing Address:

Agent/Broker of Record:

Phone:

Cell:

Policy Effective Date:

Policy Expiry Date:

Email Address:

12:01 a.m.

Has any Insurer cancelled, declined, or refused to renew or issue insurance to the applicant within the past 5 years?  Yes  No

If Yes Provide Details:

Previous Insurer:

Policy #:

Expiry Date:

Loss History: (state all losses or claims by the applicant or employee in the last (5) five years:

Date:	Cause	Amount:

List Property Premium Discount(s) used:	%	Premium Summary (After Discounts)	
		Section #1 – Dwellings	\$
		Section #2 – Additional Coverages	\$
		Section #3 - Floaters	\$
		Section #4 – Farm Property	\$
Method of Payment: <input type="checkbox"/> Annual <input type="checkbox"/> Pre-authorized		Section #5 - Liability:	\$
P.A.P.	% Handling charge	(Discounts do not apply)	
	Initial Payment	Total Policy Premium	
	Installment Frequency	Provincial Sales Taxes	
	Installment Amount	Total Premium Payable	

**OPERATION DETAILS:** How long in business?

Describe type of farming and any other business for which coverage is required:

Gross Annual Receipts of other business:

Show Revenue by Operation, if more than one:

Any Sales to the outside of Canada?  
 Yes  No Amount of Gross Sales:

REMARKS:

**DISCLOSURE:**

The applicant authorizes the insurer and its mandataries to obtain from and exchange with the following persons and organizations any personal information relevant to the making, performance and follow-up of the present contract: other insurers, financial institutions, personal information agents, agencies which collect data on risks and losses, organizations whose functions are the prevention, detection or repression of crimes and offences, market intermediaries, as well as any other person, public or private organizations or business, likely to provide to the insurer information permitting determination of the premium, assessment of the risks and analysis of claims. This consent will be valid with respect to any extension or renewal of the present contract, as well as any other property and casualty insurance contract, requested by the Applicant from the Insurer or offered by the insurer.

A copy of this present authorization is as valid as the original

**SIGNATURE OF APPLICANT ( For Disclosure and Application Form)**

**X** Date:

**Broker/Agent Questionnaire** (YY/MM/DD)  
 Is this business new to your office?  Yes  No How long have you known the applicant? Applicant's D.O.B.:

Have you seen this property?  Yes  No If Yes, When? (YY/MM/DD) Condition of property:  Good  Fair  Poor

Broker/Agent Remarks

Signature of Agent/Broker: Date:

# Dwelling(s) Information

Risk Location(s)	Loss Payable
Loc. #1	
Loc. #2	

## Rating Information Per Location

Location	1	2	Location	1	2	Location	1	2	1	2	1	2	1	2	1	2	1	2	
<b>Occupancy</b>			<b>Structure Type</b>			<b>Heating</b>			<b>Fuel</b>		<b>Primary</b>		<b>Aux</b>		<b>Year Built: #1</b>		<b>#2</b>		
Primary			Detached			Furnace (Central)									<b>Renovation Update</b>	<b>Full</b>	<b>Partial</b>	<b>Year</b>	
Secondary			Semi-			Combination w/ wood									Electrical				
Seasonal			Townhouse			Space Heater									Heating				
Tenanted			Mbl Home			Electric									Plumbing				
Vacant			Duplex			Fireplace insert									Roofing				
Unoccupied			Triplex			Radiant													
Under Const.			Mercantile			Other									<b>Security System</b>	<b>Y</b>	<b>N</b>	<b>Local</b>	<b>Monitored</b>
<b>Construction</b>			Bunk			Solid Fuel Heating Unit					<b>Y</b>	<b>N</b>			Fire				
Frame						Professional Installation									Burglary				
Brick Veneer						Solid Fuel Questionnaire Attached									Sprinkler				
Masonry			<b>Protection</b>			ULC, CSA OR WH Approved									Smoke Detector				
Fire Resistive			300m to hydrant												Carbon Monoxide				
# Stories			8km to firehall			Oil Tank	Inside				Above				Other – type →				
Ground Floor Area			FH Name			Age:	Outside				Inground								
SQ. FT.			Unprotected			Other:													

## Additional Information:

Location	1	2	Location	1	2	Remarks:			
<b>Explain "Yes" responses in remarks</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Explain "Yes" responses in remarks</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>
Additional Residences/Properties?					Daycare – number of children _____				
Location Rented To Others?					Incidental Office Use?				
Number of Families?					Commercial Operations @ Location?				
Number of Units?					Other Income Opportunities?				
Number of Employees:					Swimming Pool / Hot Tub / Pond				
Are You Registered for the Goods and Service Tax?					Other Exposures				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, State Registration No:									

## #1 Location #1 – Coverage: Forms, Limits & Deductibles – attach Home Evaluation

Package Form and Type:					Grade:	Deductible:	
Dwelling Building	Detached Private Structure	Personal Property	Additional Living Expense	Legal Liability	Voluntary Medical Paymnt	Voluntary Property Damage	Estimated Premium
\$	\$	\$	\$	\$	\$	\$	\$

## Location #2 – Coverage: Forms, Limits & Deductibles – attach Home Evaluation

Package For and Type:					Grade:	Deductible:	
Dwelling Building	Detached Private Structure	Personal Property	Additional Living Expense	Legal Liability	Voluntary Medical Paymnt	Voluntary Property Damage	Estimated Premium
\$	\$	\$	\$	\$	\$	\$	\$

List discounts applied: Total of both Dwelling Premiums Estimated Premium Section 1 \$

## #2 Additional Coverage (Specify Rating Information, Limits, Deductibles, and Premiums in Remarks)

Location:	1	2	Remarks:	
<b>Explain "YES" Responses in Remarks</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>
Guaranteed Replacement Cost-Building				
Replacement Cost on Contents				
Condominium Additional Protection Endors				
Sewer Back-Up				
Rental Income				

List discounts applied: Total of all Additional Coverage Premiums Estimated Premium Section 2 \$

## #3 Scheduled Personal Property Summary (Appraisals may be required, list of all items must be listed and attached)

Type of Floater:	Brief Description (Attach detailed Description)	# of Items	Total Value	Ded.	Premium
Jewelry					\$
Fine Arts					\$
Sports Equip.					\$
Watercraft					\$
Other					\$
					\$
					\$

List discounts applied: Total of all Floater Premiums Estimated Premium Section 3 \$

### #4 – Farm Property Coverages

	Farm Building(s) (Dimensions of all Buildings & Loc.)	Structure Info.			Agri Use Y/N	R.B.C Y/N	DED	Amount of Insurance	Rate \$	DIS %	Premium (w/DIS)
		Constr.	Roof	Heat							
BARN	1.						\$			\$	
	2.						\$			\$	
	3.						\$			\$	
	4.						\$			\$	
SHED	1.						\$			\$	
	2.						\$			\$	
	3.						\$			\$	
	4.						\$			\$	
SILOS	1.						\$			\$	
	2.						\$			\$	
	3.						\$			\$	
	4.						\$			\$	
ADD'L	1.						\$			\$	
	2.						\$			\$	
	3.						\$			\$	
	4.						\$			\$	
<b>Total Out Building Premium (After Discounts)</b>										\$	

Loss, if any, payable to (absence of any entry decodes "Loss Payable to the Insured"):

**Address:**

	Type of Equipment (State if Custom Use)	Make	Serial No.	Year	DED	Amount of Insurance	Rate \$	DIS %	Premium (w/DIS)
1						\$			\$
2						\$			\$
3						\$			\$
4						\$			\$
5						\$			\$
6						\$			\$
7						\$			\$
8						\$			\$
9						\$			\$
10						\$			\$
Additional Items Listed on separate schedule:						\$			\$
Miscellaneous Equipment Valued Under \$500:						\$			\$
See attached schedules						<b>Total Equipment Premium (After Discounts)</b>			\$

	Description	Type of coverage			Amount of Insurance	Rate \$	DIS %	Premium
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
Additional Items Listed on separate schedule:					\$		\$	
<b>Deductible:</b>					<b>Total Livestock Premium (After Discounts)</b>			\$

	Description	Amount of Insurance	Rate \$	DIS %	Premium	
		\$			\$	
		\$			\$	
<b>Deductible:</b>		<b>Total Produce Premium (After Discounts)</b>				\$

Estimated  
Premium Section 4

### #5 – Liability Coverages – The limit of the insuring company's liability will be as stated on this application, subject to all terms of the policy.

Description of Operations					# of Units	Premium
Liability Limit for any one occurrence: (principle location)					n/a	\$
Voluntary Medical Payments: (any one person)					n/a	Incl.
Voluntary Payment for Damage to Property (any one occurrence)					n/a	Incl.
Farmer's Limited Pollution Limit: (per incident)					n/a	Incl.
(aggregate)					n/a	
<b>Extensions to Liability Coverage: see Liability Questionnaire, page 4</b>						
Item	Description of Extension & Additional Information (Insured/Type/Loc.)					
1						\$
2						\$
3						\$
4						\$
5						\$
Additional Items Listed on Separate Schedule:						\$
<b>Total Liability Premium (No Discounts)</b>					Estimated Premium Section 5	\$

