

CONNECTICUT UNDERWRITERS, INC.
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CONNECTICUT
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Application – Ed. 2.0 5/06

PATRONS INSURANCE GROUP FARMOWNERS APPLICATION

New Application

Quote Only

Renewal Application

Date: _____ Agency: _____ Agency Code: _____

Producer: _____ Agency Phone #: _____

Email address: _____ Agency Fax #: _____

Premium Billing:

Mortgagee Billed

EFT

Direct Bill:

1 Payment

Quarterly (4 Payments)

Monthly (10 Payments)

Named Insured: _____

Policy #: _____ Effective Date: _____

Mailing Address:

Street & Number: _____

City: _____ State: _____ Zip: _____

Telephone #: Home: _____ Other #: _____

Location Address: (Where farming takes place) Type of Farming: _____

Street & Number: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Telephone #: _____

Current Address: (If different from location address)

Street & Number: _____

City: _____ State: _____ Zip: _____

POLICY INFORMATION

Main Residence:

Coverage A: \$ _____ Coverage C: \$ _____ Deductible: \$ _____

Add RC option to Coverage C? _____

Liability Limits: Coverage L: \$ _____ Coverage M: \$ _____

Form: _____ Acres Owned: _____ Acres Leased: _____ Acres Farmed: _____

Number of Families: _____ Year Built: _____ Construction: _____

Feet to Hydrant: _____ Miles to Fire Dept: _____ Distance to Shore: _____

Name of each resident at this location and their relationship to insured: _____

Additional Dwelling(s):

1. Location: _____

Amount: \$ _____ Deductible: \$ _____

Year: _____ # of Families: _____ Form: _____

Occupied by: _____

2. Location: _____

Amount: \$ _____ Deductible: \$ _____

Year: _____ # of Families: _____ Form: _____

Occupied by: _____

If you need to list additional dwellings please attach a separate list

Farm Barns, Buildings & Structures – FO-6 Applies:

1. Description: _____ Amount: \$ _____ Deductible: \$ _____

Location: _____

Use: _____

2. Description: _____ Amount: \$ _____ Deductible: \$ _____

Location: _____

Use: _____

3. Description: _____ Amount: \$ _____ Deductible: \$ _____

Location: _____

Use: _____

If you need to list additional structures please attach a separate list

Farm Personal Property – FO-6 Applies

1. Description: _____ Location (Building): _____
Amount: \$ _____ Deductible: \$ _____
Use: _____
2. Description: _____ Location (Building): _____
Amount: \$ _____ Deductible: \$ _____
Use: _____
3. Description: _____ Location (Building): _____
Amount: \$ _____ Deductible: \$ _____
Use: _____

If you need to list additional contents please attach a separate list

Scheduled Machinery

<u>Year</u>	<u>Make</u>	<u>Model #</u>	<u>Serial #</u>	<u>Description</u>	<u>Value</u>
Total Value for All Machinery					\$ _____
Deductible: \$ _____					

Scheduled Livestock

<u>Type</u>	<u>Breed</u>	<u>Age</u>	<u>Description</u>	<u>Reg/ID #</u>	<u>Value</u>
Total Value for All Livestock					\$ _____
Deductible: \$ _____					

Please complete ALL that apply:

1. Insured occupies dwelling as: _____
2. Insured is an: _____
3. Supplemental Heating Device: _____ If Yes, Type: _____
4. Protection Devices: _____
Lightning Rod Master Label # _____ Alarm monitored by: _____
5. Are there any Horses on the Property? _____
If Yes, please fill out the Agency Equine Questionnaire and submit with this application.
6. Is there any livestock? _____
If coverage is desired, please fill out the Scheduled Livestock portion of this application.
7. Does insured have a Pick Your Own or Cut Your Own Operation? _____
If Yes, total acres used for PYO? _____ What crop(s): _____
If crop is Christmas Trees, please fill out the Christmas Tree Growers Questionnaire and submit with this application.
8. Are there dogs on the farm? _____ If Yes, Breed(s): _____
Are they: _____ Any dog related claims? _____
9. Does insured maintain an office or school on premises? _____
If yes, describe: _____
10. Does insured own any recreational vehicles? _____
If yes, what type? _____
Is it for Farm use only? _____ Describe: _____
11. Is there a swimming pool? _____ Is it fenced? _____
Is there a diving board? _____ Is there a slide? _____
12. Is there a trampoline? _____
13. Is there farming at any other location, owned, leased or borrowed? _____
If yes, where? _____
Are there any structures at this location? _____
14. Estimated Gross Receipts? \$ _____ Payroll \$ _____
15. Does insured conduct any business other than farming or rent any portion of the structures on the premises? _____
If yes, describe: _____
16. Is there any exchange of labor for goods or money on premises? _____

Other Information

Prior carrier: _____

Policy #: _____ Expiration Date: _____

Loss History Past 5 Years (If none, so state): _____

Has this risk ever been cancelled or non-renewed? _____ If so, why? _____

Mortgagee Name: _____

Address: _____

City, State, Zip: _____

Loan # (if Direct Bill): _____

Additional Comments: _____

Date

Insured Signature

CT UNDERWRITERS, INC
Agent Signature

PLEASE SEND THIS APPLICATION TO YOUR UNDERWRITER
BY EMAIL, MAIL OR FAX TO:

Connecticut Underwriters, Inc.
P.O. Box 2784
421 Wadsworth St.
Middletown, CT 06457-9284
CT Wats 1-800-982-3881
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AGENCY EQUINE QUESTIONNAIRE

DATE: _____ AGENCY: CT UNDERWRITERS, INC CODE: _____

INSURED: _____ POLICY #: _____

ADDRESS: _____ RENEWAL DATE: _____

1. HORSE INVENTORY

Number of horses: Owned: _____ Boarders: _____ Total number of stalls in all barns: _____

What breed(s)?: _____

2. ACTIVITIES THE INSURED PARTICIPATES IN

Breeding	Boarding	Horse Sales	Clinics	Racing	Parades
Shows/Events	Programs for Schools		Programs for Blind or Handicapped		
Horse/Pony Pulling Contests		Holds or Sponsors Horse Shows		Trail Rides	
Trailers Horses for A Fee			If yes, Receipts: \$ _____		
Sleigh or Hay Rides			If yes, Receipts: \$ _____		
Lessons at Insured Location			If yes, Receipts: \$ _____		
Lessons Away from Insured Location			If yes, Receipts: \$ _____		
Trains Horses for Others			If yes, Receipts: \$ _____		
Lessons on Owned Horses			If yes, # of Horses: _____		

ARE OTHER TRAINERS/TEACHERS ALLOWED TO USE THE INSURED LOCATION? _____

If yes, Number: _____ Do all have their own insurance? _____

3. ARE ANY OF THE FOLLOWING PRESENT?

Arena Outside Hunt Course Polo Field Trails Track

4. OTHER EXPOSURES

- A. Is the insured a Farrier? _____
- B. Does the insured perform Equine Dental Work? _____
- C. Is there a retail store or shop? _____

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CHRISTMAS TREE GROWERS QUESTIONNAIRE

DATE: _____ **AGENCY:** _____ **CODE:** _____

INSURED: _____ **POLICY #:** _____

ADDRESS: _____ **RENEWAL DATE:** _____

Is Insured a member of a Patrons Group affiliated Christmas Tree Growers Association? _____

Which Association? _____

Total number of acres that are Christmas Trees: _____

Total number of acres that are cut by insured: _____

Total number of acres that are cut by customer: _____

What type of saw is used? _____

Annual receipts: \$ _____

Are other items sold, including food, wreaths, sprays, etc.? _____

Are there tractor drawn rides to and from the lots? _____

If yes, is there a fee charged? _____

Receipts from this activity: \$ _____

Retail store or shop? _____

Sales lot away from farm? _____



AGENCY CUSTOMER ID: _____

LOC #: _____ ITEM #: _____

**SOLID FUEL QUESTIONNAIRE
SUPPLEMENT TO RESIDENTIAL SECTION**

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED	
POLICY NUMBER			
CARRIER	NAIC CODE		

SOLID FUEL DEVICE

MANUFACTURER	BRAND NAME	MODEL NUMBER	FUEL TYPE <input type="checkbox"/> COAL	CORN <input type="checkbox"/> PELLET	WOOD <input type="checkbox"/>
STOVE TYPE <input type="checkbox"/> RADIANT <input type="checkbox"/> CIRCULATING	TESTING LABORATORY LABEL <input type="checkbox"/> UNDERWRITERS LABORATORY (UL) <input type="checkbox"/> UNDERWRITERS LABORATORY OF CANADA (ULC) <input type="checkbox"/> CANADIAN STANDARDS ASSOCIATION (CSA)	UNIT TYPE <input type="checkbox"/> FREE STANDING <input type="checkbox"/> FORCED AIR FURNACE <input type="checkbox"/> CENTRAL HOT WATER	<input type="checkbox"/> FIREPLACE INSERT <input type="checkbox"/> ADD ON <input type="checkbox"/> HOMEMADE	<input type="checkbox"/> BARREL TYPE <input type="checkbox"/> PELLET <input type="checkbox"/> FIREPLACE	
CONSTRUCTION <input type="checkbox"/> CAST IRON <input type="checkbox"/> PLATE STEEL <input type="checkbox"/> SHEET METAL	LOCATION OF DEVICE <input type="checkbox"/> BASEMENT <input type="checkbox"/> ATTACHED GARAGE <input type="checkbox"/> MAIN LIVING AREA	INSTALLATION INSPECTED BY <input type="checkbox"/> FIRE DEPARTMENT <input type="checkbox"/> LOCAL BUILDING INSPECTOR <input type="checkbox"/> NOT INSPECTED	HEATING USE <input type="checkbox"/> TOTAL (ONLY HEAT SOURCE) <input type="checkbox"/> PRIMARY (MAIN HEAT SOURCE) <input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> OCCASIONAL	OTHER HEATING SOURCE USED <input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> NONE	
YEAR INSTALLED	INSTALLATION DONE BY <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> NON-PROFESSIONAL <input type="checkbox"/> UNKNOWN	INSTALLER NAME			

DEVICE INFORMATION (NO EXPLANATION REQUIRED)

Y/N

1. IS THE DEVICE FREE FROM LARGE CRACKS AND/OR BROKEN PARTS?

CHIMNEY

CONSTRUCTION <input type="checkbox"/> MASONRY, WITHOUT A LINER <input type="checkbox"/> MASONRY, WITH A LINER	<input type="checkbox"/> METAL, TRIPLE WALL (CLASS A AND UL LISTED) <input type="checkbox"/> METAL, DOUBLE WALL INSULATED (CLASS A AND UL LISTED)	<input type="checkbox"/> METAL, SINGLE WALL (CLASS A AND UL LISTED)					
CHIMNEY INFORMATION (NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE)			Y/N				
1. IS THE STOVE VENTED INTO THE SAME CHIMNEY FLUE (DOUBLE VENTED) WITH A HEATING DEVICE USING A DIFFERENT TYPE FUEL? IF "YES", CHECK THE TYPE OF FUEL AND WHERE EACH IS ATTACHED ON THE CHIMNEY			<input type="checkbox"/>				
FUEL TYPE	ABOVE	SAME LEVEL	BELOW	FUEL TYPE	ABOVE	SAME LEVEL	BELOW
<input type="checkbox"/> GAS <input type="checkbox"/> OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHER WOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. IF THE CONSTRUCTION IS MASONRY, DOES TILE FLUE LINING EXTEND FROM BELOW THE STOVE PIPE ENTRY POINT TO THE TOP OF THE CHIMNEY?			<input type="checkbox"/>				
3. IF THE CONSTRUCTION IS MASONRY, IS THE CHIMNEY BUILT FROM THE GROUND UP?			<input type="checkbox"/>				
4. WAS THE CHIMNEY INSTALLED AFTER THE HOUSE WAS BUILT AND FOR THIS SOLID FUEL HEATING DEVICE?			<input type="checkbox"/>				
5. IS THE CHIMNEY "COVERED WITH" OR "HIDDEN BEHIND" A COMBUSTIBLE WALL?			<input type="checkbox"/>				

STOVE PIPE

STOVE PIPE TYPE <input type="checkbox"/> SINGLE WALL METAL <input type="checkbox"/> LABORATORY LISTED DOUBLE WALL OR INSULATED	VENT STYLE <input type="checkbox"/> CATALYTIC CONVERTER <input type="checkbox"/> CIRCULATING FAN	<input type="checkbox"/> HEAT EXTRACTOR <input type="checkbox"/> HEAT RECLAIMER	<input type="checkbox"/> WASTE HEAT COLLECTOR/CIRCULATOR	DIAMETER OF STOVE PIPE INCHES
STOVE PIPE INFORMATION (NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE)				Y/N
1. DOES THE STOVE PIPE FIT SNUG INTO THE CHIMNEY OPENING?				<input type="checkbox"/>
2. ARE STOVE PIPE CONNECTIONS SECURELY FASTENED TO EACH OTHER WITH SCREWS AT EACH CONNECTION?				<input type="checkbox"/>
3. DOES THE STOVE PIPE PASS THROUGH ANY INTERIOR COMBUSTIBLE WALL, CEILING, CLOSET OR CONCEALED AREA? IF "YES", ANSWER THE FOLLOWING:				<input type="checkbox"/>
<input type="checkbox"/> PASSES THROUGH A VENTILATED THIMBLE WITH A DIAMETER OF:		_____ INCHES		
<input type="checkbox"/> NO THIMBLE, DISTANCE FROM PIPE TO OUTER EDGES OF OPENINGS IS:		_____ INCHES		

REMARKS

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UNIT CLEARANCES

CLEARANCE INFORMATION (NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE) Y/N

1. DOES THE STOVE INSTALLATION AND USE CONFORM TO ALL OF ITS MANUFACTURER'S SPECIFICATIONS AND LOCAL FIRE CODES?

DISTANCE FROM UNIT TO:				DISTANCE FROM STOVE PIPE TO:				
FEET	INCHES		FEET	INCHES		FEET	INCHES	
		REAR WALL			BOTTOM OF UNIT TO FLOOR			SHORTEST DISTANCE FROM PIPE TO ANY WALL
		LEFT WALL			FRONT OF UNIT TO FRONT EDGE OF FLOOR PROTECTION			TOP OF PIPE TO CEILING
		RIGHT WALL			FURNITURE, DRAPES, WOOD STORAGE OR OTHER COMBUSTIBLES FROM FRONT OF UNIT			
		CEILING						

PROTECTIVE MATERIAL

CHECK THE TYPE OF PROTECTIVE MATERIAL USED FOR WALLS, FLOORS AND CEILINGS AND ENTER THE SURROUNDING AIR SPACE IN INCHES FOR EACH.

	NONE	BRICK	CERAMIC TILE	CONCRETE	FIRE BOARD	SHEET METAL	STAINLESS STEEL	STONE	OTHER MATERIAL TYPE	AIR SPACE
WALLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		INCHES
FLOORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		INCHES
CEILING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		INCHES

FIRE PROTECTION

FIRE PROTECTION INFORMATION (NO EXPLANATION REQUIRED) Y/N

1. IS THERE A FIRE EXTINGUISHER IN OPERATING CONDITION IN THE DWELLING?
2. IS THERE A SMOKE DETECTOR IN THE DWELLING?
3. IS THERE A HEAT SENSOR IN THE DWELLING?
4. IS THERE A CARBON MONOXIDE (CO) DETECTOR IN THE DWELLING?

CLEANING

FREQUENCY THE STOVE, CHIMNEY, AND STOVE/SMOKE PIPE ARE CLEANED AND INSPECTED <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY	CLEANED AND INSPECTED BY: _____ DESCRIBE CONTAINER USED TO STORE ASHES _____	IS THIS PERSON A CERTIFIED CHIMNEY SWEEP? (Y/N) <input type="checkbox"/>	DATE OF LAST CLEANING _____
	DESCRIBE WHERE ASHES ARE STORED _____		

ATTACHMENTS

- PHOTO OF THE INTERIOR WITH STOVE INSTALLED, INCLUDING FLOOR PROTECTION
- PHOTO OF EXTERIOR WITH CHIMNEY

REMARKS

SIGNATURE

SIGNATURE OF PERSON COMPLETING THIS FORM	SIGNED BY <input type="checkbox"/> APPLICANT <input type="checkbox"/> <input type="checkbox"/> PRODUCER	DATE
--	---	------