



CONNECTICUT UNDERWRITERS, INC.
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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

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
Outside CT Wats 1-800-243-3712
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AGENCY EQUINE QUESTIONNAIRE

DATE: _____ AGENCY: _____ 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? _____