



FARM HOMEOWNERS SUPPLEMENTAL QUESTIONNAIRE

Applicant's Name _____

Policy No. _____

Please complete the following questions:

1. Are the premises occupied year round as a principal residence? Yes No
If no, please explain.

2. Is farming conducted on the premises? Yes No
If yes, what type of farming?

3. Is more than one spouse employed away from the farm premises?
 Yes No

4. What percentage of the Insured's time is spent farming? _____ %

If the answer to either question 1 or 2 is NO, or the answer to question 3 is YES, or if less than 50% of the Insured's time is spent farming, Non-Farm Rates apply to the principal residence.

Signature of Applicant or Broker