

RATING INFORMATION AND WORKSHEET

DWELLINGS: Describe Principal & Secondary Residence

ITEM NO.	YEAR BUILT	SQ. FT.	NO. OF STORIES	OCCUPANCY	BASEMENT	HEATING	THERM-CONTROL	CHIMNEY <small>(MASONRY TO GROUND LINED OR UNLINED OR METAL APPROVD)</small>	FUEL	RATE CLASS
				<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT No. MTHS. OCCUPIED	<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE	<input type="checkbox"/> FURNACE <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER <input type="checkbox"/> IN BASEMENT	<input type="checkbox"/> yes <input type="checkbox"/> no		PRIMARY AUXILIARY	<input type="checkbox"/> PREFERRED PLUS <input type="checkbox"/> PREFERRED <input type="checkbox"/> STANDARD
				<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT No. MTHS. OCCUPIED	<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE	<input type="checkbox"/> FURNACE <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER <input type="checkbox"/> IN BASEMENT	<input type="checkbox"/> yes <input type="checkbox"/> no		PRIMARY AUXILIARY	<input type="checkbox"/> PREFERRED PLUS <input type="checkbox"/> PREFERRED <input type="checkbox"/> STANDARD

COMPLETE IF DWELLING BUILT PRIOR TO 1955	ORIGINAL FURNACE <input type="checkbox"/> YES <input type="checkbox"/> NO Replacement Date (Approx.)	ORIGINAL WIRING <input type="checkbox"/> YES <input type="checkbox"/> NO Replacement Date (Approx.)	ORIGINAL ROOF <input type="checkbox"/> YES <input type="checkbox"/> NO Replacement Date (Approx.)	WATER SUPPLY PIPES ARE <input type="checkbox"/> COPPER <input type="checkbox"/> IRON <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER	ELECTRICAL SERVICE PANEL <input type="checkbox"/> ORDINARY FUSES <input type="checkbox"/> TAMPER PROOF FUSES <input type="checkbox"/> AUTOMATIC CIRCUIT BREAKERS
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MOBILE OR MODULAR HOME	YEAR	MAKE	SERIAL No.	SIZE	FUEL	SKIRTED	TIEDOWNS	GYPROC INTERIORS
					Primary Auxiliary	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	FOUNDATION: <input type="checkbox"/> BLOCKS ONLY <input type="checkbox"/> CONCRETE PILINGS <input type="checkbox"/> CONCRETE PAD <input type="checkbox"/> FULL CONCRETE BASEMENT						HEATING UNIT IN BASEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	OCCUPANCY <input type="checkbox"/> Owner <input type="checkbox"/> Tenant

If solid fuel is used for primary or secondary heating, complete a woodburning questionnaire and submit with photo.

Fire Protection: Within 1000 ft. of a hydrant _____; within 5 miles of a responding fire hall _____; unprotected _____.

SEASONAL DWELLING: Construction Walls: _____ Roof: _____ Chimney: _____
MASONRY TO GROUND LINED, UNLINED OR METAL APPROVED

LOCATION: LOT _____ BLOCK _____ PLAN _____ BEING NO: _____ ON THE _____ SIDE OF _____ _____ (St.) (Ave.) IN THE RESORT OF _____ _____ Distance from responding fire hall _____ miles.	Coverages	Insurance	Rate	Premium
	Building – fire and e.c.	\$		\$
	Contents - fire and e.c.			
	Glass			
	Vandalism			
	Burglary & Robbery Extension			
	TOTALS	\$		\$

Scheduled Articles Floater: All Risk

Jewellery, Fine Arts, Cameras valued over \$1000 require appraisal or bill of sale.
Furs valued over \$2000 require appraisal or bill of sale.

Item No.	Description of Item	Amount of Insurance	Rate	Premium

Boat & Motor Floater: All Risk

Deductible \$ _____

Description:	Year, Make, Model & Serial No.	Horsepower/MPH or Length	Amount of Ins.
BOAT:			
MOTOR(S) 1.			
2.			
BOAT TRAILER:			
MISCELLANEOUS ACCESSORIES AND EQUIPMENT:			
BOAT, MOTOR, TRAILER & MISCELLANEOUS ACCESSORIES			
Amount of Insurance \$ _____ Rate _____ TOTAL PREM. _____			

FARM OUTBUILDINGS & CONTENTS

Scheduled

Blanket

Extended Coverages and Malicious Damage or All Risk applies only to those items that qualify and must be designated below (✓ designates coverage).

OCCUPANCY (USE)	YEAR BUILT	SIZE X	WALL CONSTRUCTION	ROOF CONST.	CONC. FOUND.	ELEC. ?	TYPE OF HEATING UNIT	*TYPE OF FUEL	HEAT LAMPS	R.C./ ACV	COVERAGE AMOUNT	CO INS	FIRE RATE	F & EC RATE	ALL RISK RATE	PREMIUM
1.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC		<input type="checkbox"/> 80% <input type="checkbox"/> NO				
2.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC		<input type="checkbox"/> 80% <input type="checkbox"/> NO				
3.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC		<input type="checkbox"/> 80% <input type="checkbox"/> NO				
4.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC		<input type="checkbox"/> 80% <input type="checkbox"/> NO				
5.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC		<input type="checkbox"/> 80% <input type="checkbox"/> NO				
6.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC		<input type="checkbox"/> 80% <input type="checkbox"/> NO				
7.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC		<input type="checkbox"/> 80% <input type="checkbox"/> NO				
8.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC		<input type="checkbox"/> 80% <input type="checkbox"/> NO				
9.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC		<input type="checkbox"/> 80% <input type="checkbox"/> NO				
10.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC		<input type="checkbox"/> 80% <input type="checkbox"/> NO				
11.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC		<input type="checkbox"/> 80% <input type="checkbox"/> NO				
12.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACV <input type="checkbox"/> RC		<input type="checkbox"/> 80% <input type="checkbox"/> NO				
13. Contents of Item # _____	Only while contained therein, and excluding motor driven implements and vehicles											<input type="checkbox"/> 80% <input type="checkbox"/> NO				
14. Contents of Item # _____	Only while contained therein, and excluding motor driven implements and vehicles											<input type="checkbox"/> 80% <input type="checkbox"/> NO				
15. Contents of Item # _____	Only while contained therein, and excluding motor driven implements and vehicles											<input type="checkbox"/> 80% <input type="checkbox"/> NO				
16. Contents of Item # _____	Only while contained therein, and excluding motor driven implements and vehicles											<input type="checkbox"/> 80% <input type="checkbox"/> NO				
TOTAL																

* If solid fuel is used, complete a woodburning questionnaire and submit with photo.

IMPORTANT:

The following questionnaire **must be answered in full.**

- State in which building(s) gasoline is stored. If stored outside, how many feet from building(s) is tank located? _____
- To be eligible for Extended Coverage on Pole Barns, the following information is required:
 - Photographs showing open side and closed side.
 - Are the poles treated to prevent rot? _____
 - Depth of poles in ground? _____
 - What direction does the open side face? _____
 - What direction is the prevailing wind from? _____
- State which buildings are Specialty Risks: _____
(Specialty Risks are: Dairy Barns – over 35 milk cows; Hog Barns – over 100 hogs)

FARM TOOLS:

Coverage: All Risk Scheduled Blanket
Occupancy: Occupied Farm Unoccupied Farm

Item No.	Description	Building Usually Stored In, If Any	Amount of Insurance	Rate	Premium
TOTAL					

FARM MACHINERY: *We insist that you insure to 100% of the current value.

Coverage Required: Scheduled Fire & Lightning All Risk A.C.V. Replacement Cost
 Blanket* Fire & Lightning All Risk Actual Cash Value Only

Item No.	Year Built	Manufacturer & Type of Machinery	Model No.	Serial Number	Building in Which Machinery is Stored	Amount of Insurance	Rate	Premium
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
LOSS OF USE EXTENSION						TOTAL:		

\$ _____ per occurrence Premium \$ _____

LIVESTOCK

Coverage Required: Fire & Lightning Broad Named Perils

Blanket Cover	Co-Insurance requires insurance to at least 80% of total value of each Class of Animal	Amount of Insurance	Rate	Premium
Class of Animal:	Maximum Limit per Head			
Cattle				
Hogs				
Horses				
Sheep				
Scheduled Cover	Blanket Cover Totals			
Item	Description and Identification of Animal's Ear Tag or Tattoo Required			
Indicate Use of Horses		Scheduled Cover Totals		

STACKED FODDER

Coverage: Fire & Lightning 80% Co-Insurance	Amount of Insurance	Rate	Premium
Stacked in the open or in an open sided shelter			

THRESHED GRAIN

Coverage Required: Blanket Fire, Lightning & Transportation Fire, Lightning & Transportation & Theft
 Specified Location Fire & Lightning Fire, Lightning & Transportation & Theft

Item No.	BUILDING DESCRIPTION	KIND OF GRAIN	NO. OF BUSHELS	Amount of Insurance	Rate	Premium
TOTAL:						

MISCELLANEOUS FARM PROPERTY

Coverage Broad Named Perils All Risk Occupancy: Occupied Farm Unoccupied Farm

Item No.	Description of Goods	Building Usually Stored in, if any	Amount of Insurance	Rate	Premium
TOTAL:					

FERTILIZER & FARM CHEMICALS

Coverage Required: Fire & Lightning Broad Named Perils

Item No.	Description of Goods	Building Usually Stored in, if any	Amount of Insurance	Rate	Premium
TOTAL:					

LIABILITY COVERAGES

I. Limits of Liability required:		Coverages	Limits of Liability	Premium
	Bodily Injury and Property Damage	\$	each occurrence	\$
	Medical Payment	\$ 1000.00	each person	\$ INCLUDED
	Voluntary Property Damage	\$ 250.00	each occurrence	\$ INCLUDED
	Employers' Liability	\$	each occurrence	INCLUDED
	Voluntary Compensation Benefits may only be purchased on conjunction with Employees Liability Coverage - Amount of Weekly Indemnity <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$200 <input type="checkbox"/> \$250			\$
	Tenants' Legal Liability	\$	One accident	\$
	Non-owned Automobile Liability	\$		
II. Rating Information:				Premium
(All questions must be answered)				
1.	Total acres farmed by Insured:			\$
2.	Total acres farmed by Others:			\$
3.	Advise land description of all acreage owned or operated by Insured.			
4.	Residences (not on farm premises)			
	Location	Occupied by Insured or Tenant	No. of Families therein	
i.				\$
ii.				\$
iii.				\$
5.	Custom Farming in Canada only:	Give Estimated Annual Gross Receipts		
		\$		\$
6.	Watercraft (Outboards & Inboards) in excess of 24 H.P.:	State H.P.:		\$
		State Maximum speed capacity (M.P.H.)		
7.	Additional Insured(s): Please state full name			
8.	Swimming Pools: Capable of being filled to a depth of more than 30 inches Fenced <input type="checkbox"/> YES <input type="checkbox"/> NO			\$
9.	Incidental Business operations (other than farming):			
	State type of business	_____		\$
	Give Estimated Annual Gross Receipts \$	_____		\$
	No. of Employees	Estimated Annual Payroll	Rate per \$1,000.	
10.	Employers' Liability			
a)	FULL-TIME EMPLOYEES <input type="checkbox"/> None	\$		\$
b)	OCCASIONAL EMPLOYEES <input type="checkbox"/> None	\$		\$
11.	Voluntary Compensation (Applicable only if coverage required)			
a)	FULL-TIME EMPLOYEES			
	Residence	\$		\$
	Other farm operations	\$		\$
a)	OCCASIONAL EMPLOYEES			
	Residence	\$		\$
	Other farm operations	\$		\$
Total Premium				\$

