

**FARMERS PERSONAL LIABILITY APPLICATION**

Date: \_\_\_\_\_

<b>Producer's Name, Address and Phone Number</b> <hr/> <p style="text-align: center;"><b>James Stafford Insurance Agency</b></p> <hr/> <p style="text-align: center;">1562 NW Access Rd.   Mount Vernon, TX 75457</p> <hr/> <p style="text-align: center;">(903) 537-2819 or Toll Free 1-888-869-4904</p> <hr/> <p>CODE Agency No. STAJ09 Fax: 1-888-475-4437</p> <p>POLICY Email: webmaster@insurance-online-texas.com</p> <p>TERM</p> <p>Inception (Mo, Day, Yr.) Expiration (Mo, Day, Yr.) Years</p>	<b>Applicant's Name and Mailing Address (include county &amp; ZIP)</b> <hr/> <hr/> <hr/> <hr/> <hr/> <p>NEW RENEWAL</p> <p>PREV POL #: _____</p>
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Principal Location #1 is confined to \_\_\_\_\_ acres in the \_\_\_\_\_ of Section or Civil District \_\_\_\_\_ Township \_\_\_\_\_

Range \_\_\_\_\_ about \_\_\_\_\_ miles \_\_\_\_\_ from \_\_\_\_\_ and situated on \_\_\_\_\_ side of road leading to \_\_\_\_\_

\_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_

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\_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_

COVERAGES	LIMITS OF LIABILITY	PREMIUM
L. Personal Liability	\$ _____ each occurrence	\$ _____
Personal Medical Payment	\$ 1000 each person each accident	
N. Physical Damage to Property	\$ _____ each occurrence	

**PLEASE FURNISH THE FOLLOWING GENERAL INFORMATION**

1. How long have you know the applicant? \_\_\_\_\_ Prior Carrier? \_\_\_\_\_

2. If NEW BUSINESS give loss history. List all losses, whether or not covered by insurance for the last 3 years.

Date	Item	Cause	Amount of Loss
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3. What activities other than farming are conducted on premises? \_\_\_\_\_

4. Does Insured raise or board horses? Explain. \_\_\_\_\_ Any dogs? Explain. \_\_\_\_\_

5. Does Insured have other sources of Income? Explain. \_\_\_\_\_

6. Principal type farming? \_\_\_\_\_ # of acres cultivated \_\_\_\_\_ Pastured \_\_\_\_\_

7. If any livestock on farm, describe fencing and condition. \_\_\_\_\_

**REPRESENTATIONS TO INSURED AND TO AGENT**

The application and attachment, and the statements given therein are: (i) accurate and complete; (ii) representations You make to us on behalf of all persons and entities proposed to be covered; and (iii) a material inducement to Us to provide a proposal for insurance and any policy that We issue is issued on reliance upon these representations. IF YOU ARE NOT A FARMER OR A RANCHER, YOU ARE NOT ELIGIBLE FOR THIS POLICY. ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE CONSIDERED A CRIME, ANY MISREPRESENTATIONS, OMISSIONS, INCORRECT STATEMENTS OR MISLEADING INFORMATION MAY BE GROUNDS FOR DENYING COVERAGE OR VOIDING THE POLICY FROM THE BEGINNING.

DATE \_\_\_\_\_ APPLICANT SIGNATURE (required) \_\_\_\_\_

I have seen  I have not seen the property

I recommend the risk for insurance. BROKER/AGENT SIGNATURE \_\_\_\_\_

**OPTIONAL COVERAGES CHECKLIST**

<input type="checkbox"/> ADD'L FARM PREM. (Operated) (Rented)	W/Bldgs.	W/O Bldgs.	Location
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Total Acreage _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Add'l Res. Prem. (Maintained)  No. Fam \_\_\_\_\_ (Rented)  No. Fam \_\_\_\_\_

Res. Employees in excess of two (2) \_\_\_\_\_ Medical Payments  is  is not excluded  
*List all with complete description on a separate sheet*

Increase Limits of Liability: Increased Coverage G Limit: \$ \_\_\_\_\_ Increased Coverage H Limit: \_\_\_\_\_

**Additional Insured – Designated Premises Only Endorsement – non-Comprehensive**  
Give name and mailing address of person(s) to be added as Additional Insured's:

Location of Premises:

Relationship to Insured:

(Partner, Administrator, Trustee, etc.)

Owned Snowmobile(s) – Each Make, Model, and Serial # \_\_\_\_\_

Watercraft Liability Endorsement  Outboard exceeding 25 hp.  Inboard or Outboard exceeding 50 hp

Sailboat more than 26" long – with aux. Power?  Yes  No

Describe Boat: Outboard – Model and Horsepower \_\_\_\_\_

Other than Outboard – a) Give rated speed (MPH) –  under 16  16 – 30  over 30

b) Navigation Period – From \_\_\_\_\_ to \_\_\_\_\_ each year

Other Optional Endorsements – Give form number, title, and any other appropriate information