

**NEBRASKA FARMERS MUTUAL REINSURANCE ASSOCIATION**  
Farm Comprehensive Personal Liability Application

Policy No. \_\_\_\_\_ Renewal of # \_\_\_\_\_

1. Agent: \_\_\_\_\_

2. Named Insured: \_\_\_\_\_  
(one name only)

Address: \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_

Member #	Agent	Agency Telephone #
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New  Renewal  Change of Coverage

Effective Date of Change \_\_\_\_\_  
Indicates areas which have changed only.

3. Policy Period From \_\_\_\_\_ To \_\_\_\_\_  
12:01 a.m. S.T. at the address of the Named Insured

This policy will be continued to the expiration date shown if the required premium for each successive year or premium payment period is paid. Required premiums will be based on our rates then in effect.

**DESCRIPTION OF INSURED PREMISES (OWNED, RENTED or LEASED)**

Acres	Sec.	Township	Range	County	St.	Acres	Sec.	Township	Range	County	St.

**ADDITIONAL NAMED INSUREDS**

Name	Address	Interest In Farm Operation	Limited Form Yes or No

**4. NEW COVERAGE OR STATUS OF POLICY AFTER CHANGE (Indicate areas which have changed only.)**

A Liability to Public		A-1 Damage to Property of Others	B Medical Payments to Public	C Liability to Farm Employees Bodily Injury Only	D Med. Payments to Farm Employees	E Named Med. & Death Ind.	Total Acres
Bodily Injury	Property Damage						
\$ _____ Each Person	\$ _____ Each Occ.	\$ _____ Each Occ.	\$ _____ Each Person	\$ _____ Each Person    \$ _____ Each Occ.	\$ _____ Each Person	\$ _____ Each Person	Total Man-Mos. _____
Base Premium	Acres Prem.	A-1	B	C	D	E	Total Premiums

Additional Coverages	Farm Premise Location or Street, Town, State	
Additional Farm Premise(s)		\$ _____
Additional Named Insured(s)	(As Named Above)	\$ _____
Limited Pollution Coverage	\$50,000 Limit of Coverage	\$ _____
Additional Town Residence <input type="checkbox"/> Occupied by Insured <input type="checkbox"/> Rented by others <input type="checkbox"/> 1 Family Address <input type="checkbox"/> 2 Family Address		\$ _____
Optional Coverages	Description	Gross Receipts
Extended Custom Farming		\$ _____
Special Activity		\$ _____
Death of Livestock		NA \$ _____
Business Pursuits		\$ _____
		\$ _____

**5. Persons Insured Under Cov. E**

Name	Sex	Relationship	Age

Gross Annual Premium	\$ _____
Adjusted Annual Premium	\$ _____
Deduct for <input type="checkbox"/> Landlord's Liability <input type="checkbox"/> Livestock Exclusion	\$ _____
Net Annual Premium	\$ _____

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1. Describe the type of farming operation.  Grain Only  Grain and Livestock  Dairy  
 Other \_\_\_\_\_

2. Have the fences and premises been inspected?  Yes  No If no, explain \_\_\_\_\_

3. Condition of:

4. Does the applicant have:

	Excellent	Good	Fair	Poor
Premises				
Fences				
Buildings				
Machinery				

	Avg. No.	Description
Livestock		
Dogs		
Horses		
RV's / ATV's		

5. Name of current or last insurance carrier? \_\_\_\_\_

6. Has similar insurance been canceled or refused by another company?  Yes  No  
If yes, give date and explain \_\_\_\_\_

7. \_\_\_\_\_

Liability Loss History Information - Last 5 years		
Date	Type of Loss	Amount

8. Any history of dog bites?  Yes  No if yes, explain \_\_\_\_\_

9. Have you ever had any complaints regarding pollution, overspray, waste run-off or similar damages?  Yes  No

10. Has there ever been an incidence of escape of livestock?  Yes  No Explain \_\_\_\_\_

11. Does the applicant charge for hunting/fishing on premises?  Yes  No

12. Do any of the Named Insureds or Additional Named Insureds carry any other personal liability insurance policies?  Yes  No  
If yes, please list the individual(s) \_\_\_\_\_

13. Are all farm premises, which are owned or rented by the Named Insureds, include under the description of insured premises?  
 Yes  No If no, explain \_\_\_\_\_

14. Are all additional farm dwellings, occupied or not, which are located on the insured premises described herein, accounted for under "Additional Farm Premise(s)"?  Yes  No If no, explain. \_\_\_\_\_

15. Are there any other businesses or professions conducted on the insured premises that are not listed on the front of this application?  Yes  No  
Explain \_\_\_\_\_

16. What was the total employee payroll for the Named Insured for the previous calendar year? \$ \_\_\_\_\_  
Number of employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ # of Man-months of non-paid exchange labor used prior year: \_\_\_\_\_

17. Does the Named Insured carry workers' compensation insurance?  Yes  No  
If yes, with what Insurance Company? \_\_\_\_\_

18. Does any person listed in Named Persons Medical or Family Medical have a previous medical history of back, neck, vertebrae or lung problems?  
 Yes  No If yes, explain. \_\_\_\_\_

19. Is there any other information that would be helpful in underwriting this risk? \_\_\_\_\_

\_\_\_\_\_ Dated

\_\_\_\_\_ Signature of Applicant

\_\_\_\_\_ Dated

\_\_\_\_\_ Signature of Agent