

APPLICATION  
 COMPREHENSIVE PERSONAL LIABILITY POLICY  
 NEBRASKA FARMERS MUTUAL REINSURANCE ASSOCIATION

- New Business  
 Change

Agent: \_\_\_\_\_ Agent No: \_\_\_\_\_ Policy No. \_\_\_\_\_ Renews No. \_\_\_\_\_

Named Insured: \_\_\_\_\_

Policy Period: From \_\_\_\_\_ To \_\_\_\_\_

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

12:01 a.m. S.T. at the address of the Named Insured

Zip Code: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Change Effective \_\_\_\_\_ 12:01 a.m. S.T.

The principal residence premises are located at the above address, unless otherwise stated herein.\*\*

\*\* ABSENCE OF ANY ENTRY MEANS "NO EXCEPTION."

Comprehensive Personal Liability Coverages		Limit of Liability	Premium
A. Liability to Public Coverage - Coverage A	- Each Occurrence		
B. Medical Payments to Public Coverage - Coverage B	- Each Person		
C. Damage to Property of Others - Coverage C	- Each Occurrence		

No business pursuits other than incidental pursuits listed below are conducted on the premises.

The premises are not used in whole or in part as a boarding or lodging house.

The premises are occupied by the Named Insured.

No insurer has cancelled similar insurance to the Named Insured in the past three years.

**Basic Policy Premium** \$ \_\_\_\_\_

Additional Coverage(s)	Description	Form Number	Premium
Incidental Agricultural Activity	Acres _____ Livestock: <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Incidental Business Activity	Gross Receipts: \$ _____		
Rental Premise - Address			

Additional Insured(s)				
Name	Address	Interest of Add'l. Insured	Form Number	Premium

Subject to Forms: \_\_\_\_\_

**Total Annual Premium** \$ \_\_\_\_\_

**I. PLEASE ANSWER ALL QUESTIONS IN THIS SECTION.**

- When more than one person is shown as the named insured, indicates their relationship to each other. \_\_\_\_\_
- Do all named insureds reside on the premises?  Yes  No
- Occupation of named insured? \_\_\_\_\_
- Number of acres if in excess of one? \_\_\_\_\_
- Are any horses housed on premises?  Yes  No Number \_\_\_\_\_
- Are any farm animals (other than horses) maintained on premises?  Yes  No Number \_\_\_\_\_
- Are any dogs maintained on the premises?  Yes  No Number \_\_\_\_\_ Kind \_\_\_\_\_
- Is any part of the premises used as farmland?  Yes  No
- Do any of the named insureds or additional named insureds carry any other personal liability insurance policies?  
 Yes  No If yes, please list \_\_\_\_\_

**SECTION I QUESTIONS (Continued)**

10. Are there any other businesses or professions conducted on the insured premises that are not listed on the front or back of this application?  Yes  No If yes, please explain \_\_\_\_\_
11. Are you presently insured?  Yes Company \_\_\_\_\_  
 No Previous Company \_\_\_\_\_
- Why are you changing? \_\_\_\_\_

**II. PLEASE ANSWER THE FOLLOWING QUESTIONS THAT APPLY TO THE ENDORSEMENT REQUESTED.**

**INCIDENTAL BUSINESS ACTIVITY**

1. Describe the business \_\_\_\_\_
2. Do the living quarters and business quarters have a common entrance from outside?  Yes  No
3. Are the gross annual receipts less than \$5,000?  Yes  No

**RENTAL PREMISES ENDORSEMENT**

1. Address of all rental premises \_\_\_\_\_  
\_\_\_\_\_

**AGRICULTURAL ACTIVITY**

1. Describe agricultural activity \_\_\_\_\_
2. Is the number of acres involved in this activity 10 or less?  Yes  No  
If no, explain \_\_\_\_\_
3. Is the number of farm animals maintained on the premises 10 or less?  Yes  No  
If no, explain \_\_\_\_\_

\_\_\_\_\_  
DATED

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF AGENT