

## FARM/RANCH/EQUINE/AG BUSINESS FACT FINDER

Can you tell me about your business?

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### CUSTOMER INFORMATION

Insured \_\_\_\_\_ DBA \_\_\_\_\_

Entity Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ Association ☐ Estate  
☐ Trust ☐ Joint Venture ☐ LLC ☐ LLP

FEIN/TAX ID #: \_\_\_\_\_

OWNER Name: \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_ DL# \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
Phones: \_\_\_\_\_

Email: \_\_\_\_\_ Website \_\_\_\_\_

OWNER SPOUSE: Name: \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_ DL# \_\_\_\_\_

### CURRENT POLICY INFORMATION

Effective Date \_\_\_\_\_ Years in Business \_\_\_\_\_

Current Carrier \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Years w/current Carrier \_\_\_\_\_

Yearly Premium: \_\_\_\_\_

*Please Provide the last 5 years loss runs – email them to [amber.jones@american-national.com](mailto:amber.jones@american-national.com)*

Primary Type of Business/Business: \_\_\_\_\_ Acres \_\_\_\_\_

Secondary Type of Business (if any) \_\_\_\_\_ Acres \_\_\_\_\_

Gross Farm (Livestock) Sales \_\_\_\_\_ Gross Horse Sales: \_\_\_\_\_

Gross Farm/Ranch Sales (Hay, Feed, Tack): \_\_\_\_\_

Gross Other Ranch (Shows/Rodeo/Training/Boarding - MISC) Income \_\_\_\_\_

Endorsements ☐ Agribusiness ☐ Equine Select

## GENERAL UNDERWRITING INFORMATION

1. Do you have a self-employed occupation other than business? \_\_\_\_\_ ☐ Yes ☐ No
2. Has any applicant been convicted of a felony or been involved in any incidents or claims relating to sexual abuse or molestation \_\_\_\_\_ ☐ Yes ☐ No
3. Any other operations conducted on the premises? \_\_\_\_\_ ☐ Yes ☐ No
4. Any property or location within 50 miles of the coastline? \_\_\_\_\_ ☐ Yes ☐ No
5. Any bankruptcies, tax or credit liens against the applicant in the past 5 years? \_\_\_\_\_ ☐ Yes ☐ No
- Details regarding questions marked "Yes"

## DIVISION I – RESIDENCE & RESIDENCE CONTENTS – (More than one Home please list)

Property Locations: (list all properties to be placed on policy)

- 1) Address \_\_\_\_\_  
\_\_\_\_\_
- 2) Address \_\_\_\_\_  
\_\_\_\_\_
- 3) Address \_\_\_\_\_  
\_\_\_\_\_

## RESIDENCE/DWELLING (IF MORE THAN ONE PLEASE LIST ON THE LAST SHEET)

Location - \_\_\_\_\_ Residence \_\_\_\_\_ Acres: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Year Built: \_\_\_\_\_ Building Limit \_\_\_\_\_ ☐ RC ☐ ACV ☐ Functional

Contents Limit \_\_\_\_\_ ☐ RC ☐ ACV

Occupancy      Tenant      Seasonal      Vacant      Mortgagee

Building Materials (Construction) (Brick/Wood/Vinyl siding) \_\_\_\_\_

Roof Materials: \_\_\_\_\_ Roof Updated: \_\_\_\_\_

Sq. Footage \_\_\_\_\_ # Stories \_\_\_\_\_ Foundation Type \_\_\_\_\_

Floor Coverings \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Bathrooms \_\_\_\_\_

Garages: Attached: \_\_\_\_\_ Porches/living area/outdoor kitchen (Sq Ft) \_\_\_\_\_

### Year Updated

Plumbing \_\_\_\_\_ Electric \_\_\_\_\_

Heating/Primary Type \_\_\_\_\_ Fire Place Type: \_\_\_\_\_

Alarms: Fire/Smoke/Burglar Alarm

☐ Trampoline    Pool    ☐ Perimeter Fence Round Pool    ☐

**DIVISION II – BUILDING & BUILDING CONTENTS (BARNs) - PLEASE ALL BUILDING THAT NEED COVERAGE**

1 ) Location \_\_\_\_ Building # \_\_\_\_ Name \_\_\_\_ Building Limit \_\_\_\_  
☐ RC ☐ ACV ☐ Utility Value  
Building Use \_\_\_\_ SQ Footage \_\_\_\_ # of Stores \_\_\_\_  
Contents Limit \_\_\_\_ ☐ RC ☐ ACV  
Year Built \_\_\_\_ Construction Type: Frame Metal  
Other: \_\_\_\_  
Roof Type Shingle Metal Other \_\_\_\_  
Any updates to building: (roof/plumbing/electric) and if so what year: \_\_\_\_

2 ) Location \_\_\_\_ Building # \_\_\_\_ Name \_\_\_\_ Building Limit \_\_\_\_  
☐ RC ☐ ACV ☐ Utility Value  
Building Use \_\_\_\_ SQ Footage \_\_\_\_ # of Stores \_\_\_\_  
Contents Limit \_\_\_\_ ☐ RC ☐ ACV  
Year Built \_\_\_\_ Construction Type: Frame Metal  
Other: \_\_\_\_  
Roof Type Shingle Metal Other \_\_\_\_  
Any updates to building: (roof/plumbing/electric) and if so what year: \_\_\_\_

3 ) Location \_\_\_\_ Building # \_\_\_\_ Name \_\_\_\_ Building Limit \_\_\_\_  
☐ RC ☐ ACV ☐ Utility Value  
Building Use \_\_\_\_ SQ Footage \_\_\_\_ # of Stores \_\_\_\_  
Contents Limit \_\_\_\_ ☐ RC ☐ ACV  
Year Built \_\_\_\_ Construction Type: Frame Metal  
Other: \_\_\_\_  
Roof Type Shingle Metal Other \_\_\_\_  
Any updates to building: (roof/plumbing/electric) and if so what year: \_\_\_\_

4 ) Location \_\_\_\_ Building # \_\_\_\_ Name \_\_\_\_ Building Limit \_\_\_\_  
☐ RC ☐ ACV ☐ Utility Value  
Building Use \_\_\_\_ SQ Footage \_\_\_\_ # of Stores \_\_\_\_  
Contents Limit \_\_\_\_ ☐ RC ☐ ACV  
Year Built \_\_\_\_ Construction Type: Frame Metal  
Other: \_\_\_\_  
Roof Type Shingle Metal Other \_\_\_\_  
Any updates to building: (roof/plumbing/electric) and if so what year: \_\_\_\_

### DIVISION III – FARM PERSONAL PROPERTY

Equipment Breakdown: ☐ Yes ☐ No

Has the insured reported two or more equipment breakdown claims in the last 24 months?

☐ Yes ☐ No

Has there been a paid EB loss incurred that is greater than \$25,000? \_\_\_\_\_ ☐ Yes ☐ No

Livestock Summary		
Description of Livestock - If coverage is needed <i>(Number of head and descriptive information such as horses, bulls, heifers, steers, calves, llamas, etc.)</i>	Value	Blanket Coverage

Farm Machinery Summary				
YR	Make/Model/Description	Serial #	Loss Payee and address	Value

NOTE: SPECIFICALLY INSURED MACHINERY REQUIRES A SERIAL OR VIN NUMBER

Farm Products, Supplies and Tools Summary	
Description of Property ( <i>ex. hand tools, power tools, hay, grain, etc.</i> )	Value

## DIVISION V – LIABILITY

**GENERAL/AGGREGATE LIABILITY LIMITS:** \_\_\_\_\_

**101 FARMLIABILITY** (*no horse*) # Sm. Livestock \_\_\_\_ # Lg. Livestock \_\_\_\_\_ Gross Farm Income \_\_\_\_\_

**102 PERSONAL LIABILITY** Name \_\_\_\_\_

**110 FARM EMPLOYEE** # F/T \_\_\_\_ # P/T Employees \_\_\_\_\_ Total Payroll \_\_\_\_\_

**129 EXCESS FIRE LEGAL LIABILITY** Amount of Insurance \_\_\_\_\_

**131 CARE CUSTODY & CONTROL OF LIVESTOCK EXCLUDING TRANSIT (including horses)**

Type of Livestock \_\_\_\_\_ # Livestock \_\_\_\_\_ Liability Limits \_\_\_\_\_

### 135 LOSS PAYEES/MORTGAGEES (Homes or Barns)

Name \_\_\_\_\_

Address \_\_\_\_\_ Interest \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Interest \_\_\_\_\_

### 140 FARM LIABILITY – OWNED HORSES with OFF PREMISES EXPOSURE

# Horses \_\_\_\_\_ Where Do You Ride? \_\_\_\_\_

(complete Horse Questionnaire)

### 161 BUSINESS LIABILITY

#### SALES

81001 Retail – Tack ..... Total Receipts \_\_\_\_\_

16821 Refreshment Stands ..... Total Receipts \_\_\_\_\_

12583 Feed Grain or Hay Dealers ..... Total Receipts \_\_\_\_\_

### MISCELLANEOUS ACTIVITIES

#### HORSE CLASSES

99111 Horse Boarding (*no training*) ..... Number of Horses \_\_\_\_\_

80230 Horse Breed Operation – Mares & Foals ..... Max # of Horses on prem. at Any One Time \_\_\_\_\_

80231 Horse Breed Operation – Stallions (*Artificial Insemination*) ..... Max # of Horses on prem. at Any One Time \_\_\_\_\_

80232 Horse Breed Operation – Live Cover ..... Max # of Horses on prem. at Any One Time \_\_\_\_\_

80040 Horse Clinics – Passive ..... Number of clinic days of this type per year \_\_\_\_\_

80050 Horse Clinics – Active Instructor with Insurance ..... Number of clinic days of this type per year \_\_\_\_\_

80060 Horse Clinics – Active Instructor without insurance ..... Number of clinic days of this type per year \_\_\_\_\_

80260 Horse Day Camps ..... Number of Camper Days \_\_\_\_\_

80150 Horse Shows ..... Max # Horses \_\_\_\_ Max # Spectators \_\_\_\_ Days \_\_\_\_

80200 Horse Sales Annual # ..... Horses Sold \_\_\_\_ Receipts \_\_\_\_\_

80250 Horse Swimming Pools, Aquatreads & Aquacisers ..... Number \_\_\_\_\_

80240 Horses Leased to Individuals..... Number of Horses Leased \_\_\_\_\_

80090 Horse Drawn Carriage Rides on Premises..... Total Receipts \_\_\_\_\_

80100 Horse Drawn Carriage Rides on/off Premises..... Total Receipts \_\_\_\_\_

80110 Horse Drawn Hay/Sleigh/Wagon Rides on Premises ..... Total Receipts \_\_\_\_\_

80120 Horse Drawn Hay/Sleigh/Wagon Rides on/off Premises..... Total Receipts \_\_\_\_\_

80170 Horse Pony Rides ..... Pony Rides Given Per Year \_\_\_\_\_

80010 Riding Lessons – Student Owned ..... Annual Number of Lessons \_\_\_\_\_

80020 Riding Lessons – *School* Owned..... Annual Number of Lessons \_\_\_\_\_

80020 Therapeutic Riding/Riding Lessons ..... Annual Number of Lessons \_\_\_\_\_

80210 Racehorse Owner Raced by Owner Horses ..... Actively Raced \_\_\_\_\_

80030 Horse Training (*include board, exclude racehorses*)..... Number Horses Trained Per Year \_\_\_\_\_

80035 Horse Training (*exclude board and racehorses*)..... Number Horses Trained Per Year \_\_\_\_\_

80131 Horse Hunt Clubs ..... Number of Members \_\_\_\_ Guests \_\_\_\_ Events \_\_\_\_

80132 Horse Riding Clubs..... Number of Members \_\_\_\_ # Event Days \_\_\_\_\_

80130 Horse Polo Clubs ..... Number of Members \_\_\_\_ Guests \_\_\_\_ Events \_\_\_\_

**CHECKLIST (Underwriters): YOU CAN PROVIDE OR WE WILL MAKE AN APPOINTMENT TO COME OUT AND TAKE THEM FOR YOU.**

**\*\* PICTURES OF HOME AND BUILDING (BARNs) TO BE COVERED (REQUIRED FOR QUOTE)**

- ☐ HOME – FRONT
- ☐ HOME - BACK
- ☐ ALL BUILDINGS – FRONT
- ☐ ALL BUILDINGS – BACK
- ☐ LOSS RUNS – LAST 5 YEARS (THIS MUST BE REQUESTED FROM YOUR CARRIER)

**COMMENTS – ANY ADDITIONAL INFORMATION THAT IS NEEDED**