



[Personal Lines Application]  
**HOBBY FARM QUESTIONNAIRE**

# HOBBY FARM QUESTIONNAIRE

If New Business, this questionnaire must accompany an appropriate Personal Lines Application

## PART 1 GENERAL INFORMATION

Broker: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Hobby Farm Website Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Operating Name of Business: \_\_\_\_\_

Description of Hobby Farm Activities:  
\_\_\_\_\_

Total Number of Acres: \_\_\_\_\_

Annual Gross Sales Receipts: \$ \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Years in Business: \_\_\_\_\_

## PART 2 HOBBY FARM INFORMATION

Is the Hobby Farm the insured's primary source of income?  Yes  No

Is the land owned by the insured, leased to others?  Yes  No

If "Yes" to above, please describe (use, location):  
\_\_\_\_\_

Does the insured lease any additional land?  Yes  No

If "Yes" to above, please describe (size, use):  
\_\_\_\_\_

Is the Hobby Farm Property Fenced?  Yes  No

Are there any sales conducted on the premises?  Yes  No

If Yes, please describe (fruit stand, U-Pick):  
\_\_\_\_\_

Are there any farm animals on the premises?  Yes  No

If Yes, please describe (type, number)  
\_\_\_\_\_

Are animal areas fenced and gated?  Yes  No

Are there any equestrian activities - training, riding lessons, rentals?  Yes  No

Any boarding or breeding of horses?  Yes  No

If "Yes" to above, is there a separate Equine Policy in force?  Yes  No

**PART 3 FARM PROPERTY**

**Farm Property Schedule**

Farm Outbuildings (to be included in Coverage B)						
Building Description	Year Built	Construction Type	Size	Heat	Power	Limit (RC)
Mobile Farm Machinery						
Type	Year	Make & Model	Serial #			Limit (ACV)
Miscellaneous Farm Contents (\$5,000 included, if additional required)						
Description of Additional Farm Contents						Limit (RC)
Private Power Poles & Lights						\$2,500 Included
Fences & Corrals						\$2,500 Included

**PART 4 LOSS HISTORY**

Check here  if there were NO LOSSES IN THE PAST 5 YEARS under any coverage line applied for herein, otherwise DETAIL ALL LOSSES below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

Has the insured ever been cancelled, refused, or declined coverage?  Yes  No

**\*Please attach any available insurance company loss reports with this application\***

## NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Please print name: \_\_\_\_\_

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

## BROKER DECLARATION

How long have you known this Applicant? \_\_\_\_\_

Is this account new or renewal to you? \_\_\_\_\_

Have you personally viewed the Applicant's operations? \_\_\_\_\_

What is the condition of facilities and equipment? \_\_\_\_\_

What is the applicant's attitude toward risk management and insurance? \_\_\_\_\_

Do you recommend this Applicant? \_\_\_\_\_

Broker's Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Please print name: \_\_\_\_\_

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