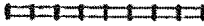


APPLICATION:



Canadian Farm Insurance Corp.



GENERAL LIABILITY APPLICATION FOR DIRECT MARKETING AND AGRITOURISM ACTIVITIES

This is not a binder. Incomplete and/or unsigned applications will be returned.

Broker: _____

Applicant's Name: _____

Mailing Address: _____ Phone # _____

CFIC Policy No. _____

Policy Period: Effective: _____ Expiry: _____

Does Applicant have other insurance?

Any Losses during past Five (5) Years? Please provide date & amount of loss:

Has any company cancelled/refused insurance during past three (3) years?

Coverage: Bodily Injury & Property Damage	\$ _____
Products Hazard	\$ _____
Please select: Bodily Injury & Property Damage <input type="checkbox"/>	Products Hazard <input type="checkbox"/>
\$1,000,000.00 Each Occurrence <input type="checkbox"/>	\$1,000,000.00 Aggregate Limit <input type="checkbox"/>
\$2,000,000.00 Each Occurrence <input type="checkbox"/>	\$2,000,000.00 Aggregate Limit <input type="checkbox"/>

Is the Applicant a member of the Alberta Farm Fresh Producers Association? Yes No

Applicant is: Individual Corporation Partnership

Additional Insureds to be named on the Policy (please explain working relationship)

If Property is leased, who is registered owner?

Do you (sub) lease any part of the premises to others?
 If yes, for what purpose?

Describe all premises (including land) owned, rented or used by you.

Legal Land Location	Owned or Rented

Total Production:

Type of Produce: i.e., Vegetables, Fruit, etc.	% of Total Production
Type of Protein: i.e., Beef, Bison, Pork, Chicken, Fish, Eggs, Dairy, etc. (Necessary permits must be in place, NO FRESH MEAT)	
Specialties: i.e., Herbs, Honey, Flowers, Bedding plants, Bulbs., Trees, etc.	
Processed Goods: Baked Goods, Candy, Preserves, Pickles, etc.	
Certified Organic Produce ** please include certification credentials.	

STORAGE FACILITIES: Please describe:

Marketing:

U – Pick (no appointment)
 U-Pick (by appointment)
 Pre-Picked Custom Orders
 Farm Gate Sales
 Farmers Markets
 Orders Delivered

- Internet/Mail Sales Restaurant/Retail Sales Farm Tours
 Trade Shows

Attractions:

- Farm Store Tea House Refreshments Playground Petting Zoo Fishing Trails/Picnic Area
 Camping Preserves Winery Alpaca Corn/Sunflower Maze Other (please describe)

Events: Please outline any Children's Activities, Events or Festivals you hold at your premises:

Does the public have access to the property? Yes No

If yes, are there specific dates or times? Please specify

Or by Appointment only? Yes No

Do you have a designated Parking area on your premises? Yes No

Please describe public control or supervision measures.

Is there a Swimming Pool or Pond on the Property? Yes No

Is it fully fenced with locked gate? Yes No

Do you require a signed release/Waiver for all activities? Yes No

Please provide a copy of each one in use.

Do you own any dogs or pets? Yes No

How are the public protected from them:

Do you own or lease horses? Yes No If Yes, please advise usage

Are Herbicides or Pesticides used in the growing of any products sold?

Is Equipment Leased or Rented to Others: With Operator Without Operator

Type of Equipment Leased or Rented:

Do you import raw materials from other countries? Yes No

If Yes, State type of material, Country of Origin and Name of Supplier:

# of Employees	Annual Payroll	Are Employees covered by Workers Compensation
	\$	

Gross Revenue: (not including traditional farm activities)

- | Last Year | Projected |
|---|---|
| <input type="checkbox"/> \$10,000 Annual | <input type="checkbox"/> \$10,000 Annual |
| <input type="checkbox"/> \$10,001 - \$50,000 Annual | <input type="checkbox"/> \$10,001 - \$50,000 Annual |
| <input type="checkbox"/> \$50,001 - \$100,000 Annual | <input type="checkbox"/> \$50,001 - \$100,000 Annual |
| <input type="checkbox"/> \$100,001 - \$200,000 Annual | <input type="checkbox"/> \$100,001 - \$200,000 Annual |
| <input type="checkbox"/> Over \$200,000 Annual | <input type="checkbox"/> Over \$200,000 Annual |

Declaration

Please read carefully

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form is part of the insurance policy provided through Canadian Farm Insurance Corp. (CFIC). I acknowledge that if at the time of claim it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be null and void.

Your Privacy is Protected: The insurance coverage you are applying for is underwritten and provided to you by Canadian Farm Insurance Corp. (CFIC). CFIC will collect, use and disclose the personal information which you give for the purpose of providing you with insurance services. Your information may be disclosed to others in the investigative and insurance fields as necessary to underwrite and administer the insurance and pay benefits. Full details regarding how your privacy is protected can be obtained by asking CFIC for a copy of their Privacy Policy.

Applicant's Signature: _____ Date: _____
(Must be 18 years of age)