



**CANADIAN FARM INSURANCE CORP
FARMOWNERS APPLICATION FORM**

Policy Number: _____ Broker: _____

Name of Applicant:			
Mailing Address:			
Policy Period:	Effective Date:	Expiry Date:	
Location #1:	Legal Description including Postal Code:	# of Acres:	
Location #2:	Legal Description including Postal Code:	# of Acres:	
Location #3:	Legal Description including Postal Code:	# of Acres:	

Loss if any, payable to: (Name, Address including Postal Code & Interest)

PRINCIPAL HOMEOWNERS COVERAGE

Coverage: Broad Form or Comprehensive **Deductible:** \$500 is minimum-otherwise \$ _____
 Mobile Homes: Named Perils Log Construction:

Location	Year Built	Residence – Coverage A Limit as per RCT	Private Detached Structures Coverage B- 10% of A	Personal Property Coverage C – 70% of A	Additional Living Expense Coverage D -20% of A	Premium Calculations	Sub-Total
Loc.#____		\$	\$	\$	\$	\$	
Loc.#____		\$	\$	\$	\$	\$	
Loc.#__		\$	\$	\$	\$	\$	\$

Auxiliary Heating: Yes No **Type of Heating** _____

Heating Surcharge applies: **Attach completed Solid Fuel Heating Questionnaire and Photograph of Heating Appliance**

Updates:	Roof Year _____	Heating Year _____ Type _____	Electrical Year _____ Amps _____	Plumbing Year _____ Type _____
	Earthquake Damage Extension Form \$0.05 per \$100 of Buildings/Contents			\$
	Glass Breakage Deductible Form (reduce glass deductible to \$25)			\$50
	Sewer Back-up Form	Limit \$ \$5,000 included		\$ \$

TOTAL PREMIUM: Homeowners \$

Guaranteed Replacement Cost available on Dwellings 25 years or newer – Boeckh Evaluation must be completed & attached. Insurance must be to 100% of value. For Additional Residences – Attach Separate Sheet.

PHOTOS OF ALL BUILDINGS AND LOCATION DIAGRAM MUST ACCOMPANY APPLICATION

Personal Lines Coverages – Floaters

Minimum Amount of Insurance for Scheduled Articles is \$250 per item

Item No.	Floater type	Deductible	Description of Articles	Limit of Insurance \$	Rate \$	Premium \$

Total Premium – Personal Lines Coverages – Floaters:

Farm Building(s) and Contents

Coverage: BF = Broad Form (if building(s) aged 25 years or less) Replacement Cost is only available for building(s) aged 25 years or less.
 NP = Named Perils 90% coinsurance applies
 RNP = Restricted Named Perils **Deductible: \$500 is minimum – otherwise \$_____**

Loc.#	Occupancy	Year Built	Construction	Heat	Building Dimensions	RC/ACV	Coverage (BF, NP, RNP)	Limit of Insurance \$	Rate \$	Premium \$

Total Premium – Farm Building(s) and Contents:

Farm Equipment and Machinery Coverage

Coverage: Broad Form, 90% Coinsurance **Deductible: \$500 is minimum – otherwise \$_____**

Year Built	Manufacturer	Model #	Type of Equipment	Serial Number	Building Stored in	Limit of Insurance \$	Rate \$	Premium \$

Tools and Equipment less than \$1,000 per item or set

Loss of Use: Automatically included \$100 per day/\$1,000 Occurrence-or: Limit per Day \$ _____-Maximum Limit \$ _____

Total Premium – Farm Equipment and Machinery:

UNDERWRITING INFORMATION

1. Present Insurer: _____ Policy Number: _____

Broker: _____ Number of Years : _____

2. Has Insurance ever been cancelled or declined? If Yes, state the reason: _____

3. Previous Losses within the past 5 years (attach a separate sheet if necessary):

Type & Property affected: _____ Date: _____ Amount Paid: _____

Type & Property affected: _____ Date: _____ Amount Paid: _____

Type & Property affected: _____ Date: _____ Amount Paid: _____

4. Are there any:

- a) Tenant Occupied Buildings or Dwellings?
b) Vacant Buildings?
c) Stationary Feed Grinding & Mixing Plants?
d) Portable or Stationary Seed Cleaning Plants?
e) Buildings with Exposed Urethane Foam Insulation?

If you answered "Yes" to any of the above, provide details below:

- 5. a) Does the Applicant stable horses or livestock for others?
b) Is the Applicant involved in any oil and/or gas operations?
c) Does the Applicant operate a retail produce stand and/or a "pick your own" operations?
d) Do others use the property for hunting, snowmobiling, fishing or other activities?
e) Does the Applicant provide hayrides, sleigh rides or similar activities?
f) Does the Applicant have any other occupation or commercial activity not related for farming?
g) Is the Applicant involved in Custom Farming?

If the answer to any part of this question is "Yes", please provide details:

7. Applicant's Date of Birth: _____ GST Number: _____

8. Number of Years Experience Farming: _____

9. Principal Crops/Type of Farming Operation: _____

10. Annual Farm Income _____ Farm Fuel Tax Number: _____

11. General Housekeeping/Condition of Farm Buildings: [] Excellent [] Good [] Fair [] Poor

- 12. a) Broker's Opinion of Management [] Excellent [] Good [] Fair [] Poor
b) Has the Broker seen the Property? [] Yes [] No
c) How long has the Broker known the Applicant? _____

13. Distance to nearest fire hall: _____

PHOTOS OF ALL BUILDINGS MUST ACCOMPANY APPLICATION

The preceding contains an accurate description of all pertinent details, previous claims history, and hazards known by the Applicant to exist on the date of this application and those likely to exist at some time during the policy period.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Broker: _____

CANADIAN FARM INSURANCE CORP.,

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****DIAGRAM OF EACH LOCATION MUST ACCOMPANY APPLICATION****

Please indicate all outbuildings and distances between them.