



Americana Insurance Group Inc.

Agribusiness Grain Farm

Fact Finding Questionnaire

** Please write N/A in spaces provided if Not Applicable to any questions

** If any lists can be provided instead of writing everything in that is encouraged.

** Please know that all these questions are important and any assumptions by Americana Insurance Group could jeopardize coverage.

Category: Agribusiness Risk: Grain Farm

******(Please include extra sheets if more room is needed for any of the following questions)*

GENERAL INFORMATION

Legal business name(s)

Mailing address :

Home Phone # _____ Cell # _____ Email _____

Type of entity:

Individual Corporation Sub-S Corp.

Partnership Joint Venture

Not-for-profit Limited Liability Company

UI Code (if you have employees): _____

Federal ID Number: _____

When did the applicant start business operations? _____

When did the present management assume control? _____

How many years experience does the owner have in this type of business? _____

Has the applicant ever been involved in a bankruptcy procedure? Yes No

If yes, explain including the type of bankruptcy and the filing date.

Names of subsidiary companies ,joint ventures or other companies owned by applicant that are not part of this application: _____

The applicant's primary operations are:

The applicant's secondary and incidental operations are:

Does the applicant have a disaster plan? ___ Yes ___ No If yes, Attach a copy of the disaster plan.

How many acres does the applicant own/lease? _____ Own _____ Lease

How many acres does the applicant work under a crop share agreement? _____

How many acres are in active production? _____

Does the applicant carry multiple peril or crop hail coverage? ___ Yes ___ No

If Yes with what company? _____

What percentage of total revenue does each represent? ___% Barley ___% Corn ___% Flax ___% Oats
___% Rice ___% Soybean ___% Summer Wheat ___% Winter Wheat ___% Other

Describe other: _____

Important People Name Phone Number

Owner/Principal: _____

Other Decision Makers: _____

Financial: _____

Legal: _____

Claims: _____

Loss History

List and describe any losses you have had in the last 5 years.

_____ Amount Pd _____

_____ Amount Pd _____

_____ Amount Pd _____

PROPERTY – BUILDING(s)

Home

Location address:

Who or what entity owns home? _____

Year Built? _____

Full Basement? ___ Yes ___ No

% of Basement Finished? _____

Air Conditioning? ___ Yes ___ No

Fireplace(s) ___ Yes ___ No # _____ Gas/Wood ? _____

Any wood heat? ___ Yes ___ No Type? _____

When were the following systems last updated?

_____ Heating _____ Electrical _____ Roof _____ Plumbing

of Bathrooms _____

What type of Siding? _____

Any extra items that add significant value?

Outbuilding#1

Premises # _____ Description _____ Year Built? _____

Does the applicant own the building? ___ Yes ___ No If no, answer the following:

Who owns the building? _____

If the building sustains a major loss, would the applicant replace it with the same type of

structure? ___ Yes ___ No If no, what would the applicant do? _____

___ Fire extinguishers

When were the following systems last updated?

___ Heating ___ Electrical ___ Roof ___ Plumbing ___

Outbuilding#2

Premises # ___ Description ___ Year Built? ___

Does the applicant own the building? ___ Yes ___ No If no, answer the following:

Who owns the building? _____

If the building sustains a major loss, would the applicant replace it with the same type of structure? ___ Yes ___ No If no, what would the applicant do? _____

___ Fire extinguishers

When were the following systems last updated?

___ Heating ___ Electrical ___ Roof ___ Plumbing ___

Outbuilding#3

Premises # ___ Description ___ Year Built? ___

Does the applicant own the building? ___ Yes ___ No If no, answer the following:

Who owns the building? _____

If the building sustains a major loss, would the applicant replace it with the same type of structure? ___ Yes ___ No If no, what would the applicant do? _____

___ Fire extinguishers

When were the following systems last updated?

___ Heating ___ Electrical ___ Roof ___ Plumbing ___

Outbuilding#4

Premises # ___ Description ___ Year Built? ___

Does the applicant own the building? ___ Yes ___ No If no, answer the following:

Who owns the building? _____

If the building sustains a major loss, would the applicant replace it with the same type of structure? ___ Yes ___ No If no, what would the applicant do? _____

___ Fire extinguishers

When were the following systems last updated?

_____ Heating _____ Electrical _____ Roof _____ Plumbing _____

Outbuilding#5

Premises # _____ Description _____ Year Built? _____

Does the applicant own the building? ___ Yes ___ No If no, answer the following:

Who owns the building? _____

If the building sustains a major loss, would the applicant replace it with the same type of structure? ___ Yes ___ No If no, what would the applicant do? _____

___ Fire extinguishers

When were the following systems last updated?

_____ Heating _____ Electrical _____ Roof _____ Plumbing _____

Any alarms/theft control/ safety devices on Premises? _____

Any Other Precautions made for theft of property? _____

INLAND MARINE – COMPUTERS & Equipment

ACV RCV

Owned computer hardware \$ _____ \$ _____

Owned and leased hardware in transit \$ _____ \$ _____

Purchased software

Software in transit \$ _____ \$ _____

Fax machinery \$ _____ \$ _____

Photocopiers \$ _____ \$ _____

Other \$ _____ \$ _____

Describe other: _____

Inland Marine Personal Property:

ACV RCV

Jewelry- \$ _____ \$ _____

Guns - \$ _____ \$ _____

Collectibles - \$ _____ \$ _____ Describe Collectibles: _____

Other - \$ _____ \$ _____ Describe Other: _____

PROPERTY OF OTHERS

Personal property of others is valued at ACV unless RCV extension is purchased. This RCV valuation is limited to RCV or the written contract amount value, whichever is less.

Item	ACV value	or	RC Value
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____
Total PPO	\$ _____		\$ _____

Is any equipment loaned to others? ___ Yes ___ No

Does the applicant borrow equipment from others? ___ Yes ___ No

PROPERTY – INVENTORY

FARM PERSONAL PROPERTY INVENTORY

IPANY

APPLICANT/INSURED _____ POLICY NO. _____

SCHEDULED FARM PERSONAL PROPERTY

UNSCHEDULED FARM PERSONAL PROPERTY

LIVESTOCK

CATTLE	#	Value	Total
101 Dairy Cows	@	\$	_____
102 Heifers	@	\$	_____
103 Dairy Calve	@	\$	_____
104 Feeder Cattle	@	\$	_____
105 Stock Cattle	@	\$	_____
108 Bull	@	\$	_____
107 Registered Cattl	@	\$	_____
SHEEP			
111 Ewes	@	\$	_____
112 Rams	@	\$	_____
113 Lamb	@	\$	_____
HOGS			
121 Sows	@	\$	_____
122 Boars	@	\$	_____
123 Feeder Pig	@	\$	_____
131 HORSES	@	\$	_____
1 TOTAL LIVESTOCK			\$ _____

POULTRY

201 Hen	@	\$	_____
202 Fryer	@	\$	_____
2 TOTAL POULTRY			\$ _____

HAY, STRAW AND FODDER

301 Hay	@	\$	_____
302 Straw	@	\$	_____
303 Fodder/Silage	@	\$	_____
3 TOTAL HAY, STRAW & FODDER			\$ _____

GRAIN, FEED AND SUPPLIES

401 Corn	@	\$	_____
402 Soybeans	@	\$	_____
403 Wheat	@	\$	_____
404 Oats	@	\$	_____
405 Sunflower	@	\$	_____
406 Farm Chemicals	@	\$	_____
411 Veterinary Supplies	@	\$	_____
420 Fuel, Oil & Greas	@	\$	_____
	@	\$	_____
	@	\$	_____
430 Commercial Fee	@	\$	_____
431 Ground Feed	@	\$	_____
4 TOTAL GRAIN, FEED & SUP.			\$ _____

7 TOTAL SCHEDULED VALUE
(Add 1 through 6) \$ _____

FARM MACHINERY AND EQUIPMENT

501 Tractors	Value
No. 1	\$ _____
No. 2	\$ _____
No. 3	\$ _____
No. 4	\$ _____
502 Garden Tractor	\$ _____
503 Skid Loader	\$ _____
	\$ _____
510 Combine No. 1	\$ _____
Combine No. 2	\$ _____
Combine Heads	\$ _____
513 Swather	\$ _____
514 Picker/Sheller	\$ _____
515 Other Self Propelled:	\$ _____
	\$ _____
520 Port. Elevator	\$ _____
521 Port. Auger No. 1	\$ _____
Port. Auger No. 2	\$ _____
	\$ _____

552 Mower	\$ _____
553 Plows	\$ _____
Potato Digger	\$ _____
555 Rakes	\$ _____
556 Rotary Tiller/Hoe	\$ _____
557 Row Cultivator	\$ _____
558 Silage Wagon	\$ _____
559 Silage Cutter/Blower	\$ _____
560 Stalk Cutter	\$ _____
561 Snow Blower	\$ _____
562 Spraying Tank	\$ _____
563 Tractor Loader	\$ _____
564 Vaculator	\$ _____

TOOLS AND MISC. EQUIPMENT:

601 Electric Motors	\$ _____
602 Fuel Tanks	\$ _____
603 Port. Generator	\$ _____
604 Spare Parts	\$ _____
605 Power Tools	\$ _____
606 Hand Tools	\$ _____
607 Welder	\$ _____
608 Compressor	\$ _____
609 Bldg/Fencing Material	\$ _____
610 Misc. Tools & Equip	\$ _____
	\$ _____
	\$ _____
	\$ _____

5 TOTAL FARM MACHINERY AND EQUIPMENT \$ _____

Policy provisions require individual scheduling of above items when not being used in Unscheduled Farm Personal Property. Following items may be optionally scheduled.

530 Bale Racks & Trailers	\$ _____
Beet Defoliators	\$ _____
Beet Lifters	\$ _____
Beet Planters	\$ _____
Beet Thinners	\$ _____
535 Chisel Plow	\$ _____
536 Corn Planter	\$ _____
537 Crop Sprayer	\$ _____
538 Drill Soeder	\$ _____
539 Disc	\$ _____
540 Drag	\$ _____
541 Fert. Spreader	\$ _____
542 Field Cultivator	\$ _____
543 Grain Wagons	\$ _____
544 Grinder/Mixer/Mill	\$ _____
545 Hay Baler	\$ _____
546 Hay/Crimper/Bine	\$ _____
547 Hay Stacker Loader	\$ _____
548 Hay Stack Mover	\$ _____
549 Livestock Trailer (Unlicensed)	\$ _____
550 Mach. Trailer (Unlicensed)	\$ _____
551 Manure Spreader	\$ _____

INSTALLED EQUIPMENT

(Must be Scheduled if not included in building value)

Bulk Tank/Cooler	\$ _____
Milk House Equip.	\$ _____
Milking Mach. Equip.	\$ _____
Hog House Equip.	\$ _____
Poultry Equipment	\$ _____
Silo Unloader	\$ _____
	\$ _____
	\$ _____

6 TOTAL INSTALLED EQUIPMENT \$ _____

8 TOTAL UNSCHEDULED VALUE
(Add 1 through 5) \$ _____

Comments:

LIABILITY – GENERAL LIABILITY

Describe all chemicals used in the applicants operations and how the applicant disposes of waste.

Does the applicant provide any child or adult care on premises? ___ Yes ___ No

Does the insured conduct tours on premises? ___ Yes ___ No

Any Home Based Business? ___ Yes ___ No If Yes Explain:

_____ Gross Receipts \$ _____

Own any Dogs? ___ Yes ___ No If Yes How Many _____ What Breeds? _____

Does the applicant do any custom farming? ___ Yes ___ No If yes What Type(s) _____

_____ Gross Receipts \$ _____

Any Seasonal Property ? ___ Yes ___ No If Yes Explain _____

Any Rental Property Owned? ___ Yes ___ No If Yes Explain _____

Own any Livestock? ___ Yes ___ No If Yes Explain _____

Own any horses? ___ Yes ___ No If Yes Explain _____

Board any Horses? ___ Yes ___ No If Yes Explain _____

Are there any written waivers of subrogation? ___ Yes ___ No

Is there a written hold harmless agreements? ___ Yes ___ No

If Yes Attach a copy of each contract and/or agreement indicated above.

SUBCONTRACTORS

Does the applicant regularly use subcontractors? ___ Yes ___ No If yes, answer the following:

Describe the type of work the subcontractors perform.

Is there a written contract? ___ Yes ___ No

Is the applicant aware of any circumstances or situations that may result in any claim or lawsuit being made against the applicant? ___ Yes ___ No If Yes Explain: _____

Farm Premises/Locations

Location - Name/Description - Buildings? yes /no - Sec# - Twp # - Range # County - #Acres - owned/rented

Loc #1 - _____ - _____ - _____ - _____ - _____ - _____

Loc #2 - _____ - _____ - _____ - _____ - _____ - _____

Loc #3 - _____ - _____ - _____ - _____ - _____ - _____

Loc #4 - _____ - _____ - _____ - _____ - _____ - _____

Loc #5 - _____ - _____ - _____ - _____ - _____ - _____

Loc #6 - _____ - _____ - _____ - _____ - _____ - _____

Loc #7 - _____ - _____ - _____ - _____ - _____ - _____

AUTOMOBILE/Vehicle

How many vehicles of the following types are owned or leased by the applicant?

___ Private Passenger ___ Small trucks ___ Medium trucks

___ Heavy trucks ___ Extra Heavy ___ Bus ___ Trlrs

Are all Vehicles titled in Entities name? Yes ___ No ___

If No Explain _____

Are vehicles ever hired? ___ Yes ___ No If yes, describe the vehicles hired along with the annual cost and duration. _____

DRIVER INFORMATION

List the names of drivers who drive any of your vehicles:

Name _____ B-Date _____ SS# _____ Dr.Lic # _____

Name _____ B-Date _____ SS# _____ Dr.Lic # _____

Name _____ B-Date _____ SS# _____ Dr.Lic # _____

Name _____ B-Date _____ SS# _____ Dr.Lic # _____

Name _____ B-Date _____ SS# _____ Dr.Lic # _____

Name _____ B-Date _____ SS# _____ Dr.Lic # _____

Vehicle Information- Include Trlrs

Year ____ Make _____ Model _____ Type _____ Vin # _____

Year ____ Make _____ Model _____ Type _____ Vin # _____

Year ____ Make _____ Model _____ Type _____ Vin # _____

Year ____ Make _____ Model _____ Type _____ Vin # _____

Year ____ Make _____ Model _____ Type _____ Vin # _____

Year ____ Make _____ Model _____ Type _____ Vin # _____

Year ____ Make _____ Model _____ Type _____ Vin # _____

Are any of the vehicles equipped with Special Equipment? ___ Yes ___ No

If Yes what and which vehicles?

Are any automobiles used in parades or other events? ___ Yes ___ No

Are any vehicles laid up for more than 30 consecutive days or more due to seasonal operations?

___ Yes ___ No If Yes which vehicles? _____

Are any automobiles equipped with cellular telephones, two-way radios, citizens band radios or similar devices? ___ Yes ___ No If Yes what and which vehicles?

Does the applicant lease or rent vehicles with operators to others? ___ Yes ___ No

Does the applicant travel to Canada or Mexico? ___ Yes ___ No

Is there any transport of live animals? ___ Yes ___ No

If yes, describe animals and method of transport.

AUTOMOBILE – HIRED AND NONOWNERSHIP

Will the applicant be hiring or borrowing a vehicle? ___ Yes ___ No

Is the owner of the vehicle an employee of the applicant? ___ Yes ___ No

Describe the types of vehicles hired or borrowed and the reason the applicant hires or borrows them.

What percentage of employees regularly use their own vehicles in the applicants' business? ___%

Recreational Vehicles

How many of each Snowmobiles _____ ATV's _____ Travel Trailers _____ Watercraft _____
Motor Cycles _____ Other _____ Explain Other _____

Vehicle Information

<i>Year</i>	<i>Make</i>	<i>Model</i>	<i>Type</i>	<i>Value</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WORKERS COMPENSATION/EMPLOYEES

****Family Farm- 2012 MN State Law requires WC coverage if more than \$46,572 was paid out in 2011.

Does the applicant purchase workers compensation coverage? ___ Yes ___ No **WORKERS' COMPENSATION – EMPLOYERS' LIABILITY**

Number of Employees by state:

State # State # State #

List out job description and payroll per job description:

Job _____ Payroll _____

Job _____ Payroll _____

Job _____ Payroll _____

Total annual payroll: _____

List all states where the applicant anticipates working during the next twelve (12) months.

Does the applicant have a safety program? Yes No If yes, Attach a copy of the safety program.

Are all potential employees screened prior to employment? Yes No

Are references required and verified? Yes No

Does applicant contract with another firm to lease employees? Yes No

Does applicant lease employees without using an outside agency? Yes No

Does applicant use volunteers? Yes No

Does the applicant employ migrant laborers? Yes No

If yes, describe the operation, the duties performed and the length of time employed.

Is all of the machinery and equipment properly guarded and secured? Yes No

Are employees trained prior to operating any machinery and equipment? Yes No

Are employees trained in the proper cleaning techniques for machinery and equipment? Yes No

Are first aid kits provided? Yes No

Are workers given written information regarding all chemicals? Yes No

Do employees work at other companies owned by applicant ? Yes No If Yes Explain:

Are all employees required to be trained prior to using any machinery? Yes No

LIABILITY – EMPLOYEE BENEFITS

Does the applicant provide benefits to employees? Yes No

If yes, describe the benefits offered.

Health Life Disability Stock purchase

Pension 401(k) Other

Describe other. _____

Are the benefits available to all employees? ___ Yes ___ No

If no, who qualifies and how are the qualifications published?

Who administers the benefit programs? _____

LIABILITY – EPLI

of employees _____ Full time ___ Seasonal ___ Leased ___ Part time ___ Temporary

Has the applicant ever had a lawsuit against them for any type of employment-related practice such as discrimination (sexual, racial, gender-orientation, religious), sexual harassment or wrongful termination?

___ Yes ___ No

UMBRELLA/Excess Liability

List all policies that provide liability coverage for the applicant.

Insurance coverage

Primary carrier

Limits

Previous Insurance

Has insurance ever been denied, nonrenewed or cancelled? ___ Yes ___ No

If yes, explain. _____

MANAGEMENT PHILOSOPHY QUESTIONNAIRE

What would the applicant state is his or her style of business?

What is the applicant's philosophy regarding insurance?

What does the applicant want insurance to do for it?

What would be the maximum uninsured claim the applicant would be willing to afford?

With small property claims, does the applicant have personnel who can repair the damage?

What is the applicant looking for from an insurance adviser or risk manager?

What has been the best insurance company the applicant has worked with and why?

What was the worst insurance company the applicant has worked with and why?

What other information would help the insurance company know about your operation that would make them want your business? _____

Other Information Needed

- ____ Copy of current Farm coverage
- ____ Copy of current Property Coverage
- ____ Copy of Personal Automobile coverage
- ____ Copy of current Truck/Business Auto coverage
- ____ Copy of current Umbrella/Excess coverage
- ____ Copy of current Workman's Comp Coverage
- ____ Loss runs from your Workman's Comp Coverage (3Yrs)
- ____ Copy of any other insurance coverage's you would like us to quote

Very Helpful Items to have

- ____ Photo Copies of all title work
- ____ List of all Farm Personal Property with values
- ____ List of all vehicles and types
- ____ Crop Insurance schedule for previous year (Helps with locations)

At Americana Insurance Group we take pride in providing coverage and insurance solutions that best fits our customer's needs. With you answering these questions this will help us in doing just that. Without knowing the answer too many of these questions it could jeopardize your coverage. If we were to assume some of these answers it could also jeopardize coverage. Thanks for taking the time in filling out this questionnaire.

All statements and information are true and accurate to the best of my knowledge.

X _____

Signature

NOTES: