Nationwide®

Farm Application

☐ Quote ☐ Issue ☐ Bound

Named Insured: _____ Policy or Quote #: _____

P.O. Address: _____

_____
City State Zip Code Web Address

Policy Term: From: _____ To: _____

☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Joint Venture ☐ Other _____

Type of Farm: ☐ Hobby ☐ Grain ☐ Livestock ☐ Dairy ☐ Fruit ☐ Nuts ☐ Vegetables ☐ Vineyards
☐ Nursery Stock ☐ Other _____

Agency: _____
Name Address Zip Code

Type of Billing: ☐ Direct Bill Insured ☐ Direct Bill Mortgagee ☐ Flex Pay ☐ Agency Bill
☐ Down Payment $_____ Account # _____

ATTENTION: Complete a separate description of each location to be covered with or without dwellings or buildings.
All owned or rented premises occupied or operated at inception must be described to be covered.

State	
Agency	
Prod.	
Und. I.D.	
County	

SECTION 1 - SCHEDULE OF LOCATIONS FOR INSURANCE

LOC. #	# of ACRES	SEC. #	TWP. #	RNGE. #	ADDRESS	COUNTY	STATE	ZIP CODE	*DWGS.	*BLDGS.	PROT. CLASS

If more locations must be described, complete additional sheet. *Indicates the number of Dwellings or separate sets of buildings on each land description.

ADDITIONAL INTEREST

☐ Mortgagee ☐ Loss Payee ☐ Contract Holder ☐ Additional Insured ☐ Lessor of Leased Equipment

Name: _____ Loan No.: _____

Address: _____
Street/P.O. Box City State Zip Code

Applies to: _____

☐ Mortgagee ☐ Loss Payee ☐ Contract Holder ☐ Additional Insured ☐ Lessor of Leased Equipment

Name: _____ Loan No.: _____

Address: _____
Street/P.O. Box City State Zip Code

Applies to: _____

If additional lienholders needed, attach separate sheet.

☐ NEW ☐ REWRITE OF POLICY # _____ Other Policies with us _____

FARM LIABILITY

COVERAGES	LIMITS OF LIABILITY
H. Bodily Injury & Property Damage I. Personal & Advertising Injury Basic Farm Liability Blanketed Acres_____ Yes _____ No _____ Total Number of Acres $ _____ _____ Additional dwellings with personal liability at $ _____each $ _____ _____ Additional dwellings rented to others on the farm $ _____each $ _____ _____ Additional sets of buildings at $ _____each $ _____	$ each person occurrence
J. Medical Payments to Others	$ each person $25,000 each accident
Livestock Surcharge Livestock Type _____ Number of Head_____ Livestock Type _____ Number of Head_____ Livestock Type _____ Number of Head_____	
Named Farmer Medical Payment - Named Insured Must be over 12 - Less than 70 years Name_____D.O.B. _____ Name_____D.O.B. _____ Name_____D.O.B. _____ Name_____D.O.B. _____ Name_____D.O.B. _____ Name_____D.O.B. _____	$ each person
Employees - Rated on a per capita basis (Not in CA, AZ) Total Payroll = $ _____ The following discloses as respects each type of **insured farm employee** the maximum number employed at any one time during the policy period and as respects **residence employees** wherever located, the number in excess of two, employed by the **named insured** or spouse or by any other **insured** who is a resident of the **named insured's** household. **(ID & UT - premium is based on payroll)**	
Insured Farm Employees All full time employees working more than 6 months per year	Number
Part time, working 2 to 6 months per year	Number
Part time, working less than 2 months per year	Number
Full time **residence employees** (not **farm employees**) in excess of two	Number
Liability Endorsements:	

RECREATIONAL MOTOR VEHICLE COVERAGE

Does the applicant or members of the applicant's family own a snowmobile, motorcycle, all terrain vehicle, or comparable unit? ☐ Yes ☐ No; If "Yes", please complete the information below and indicate if physical damage or off-premises liability coverage is desired.

Unit #	Type A - ATV S - Snowmobile M - Motorcycle	Year	Make	Model	Serial Number	Engine Size cc's	Value	Physical Damage Y/N	Off-Premise Liability Y/N	Youthful Operator Y/N

Operator	Name	Date of Birth	Drivers License Number	State
1.				
2.				
3.				
4.				

Please note licensed units are not eligible for coverage and appropriate application should be submitted.

COVERAGE A & C Deductible Options: ☐ **$500** ☐ **$1,000** ☐ **$2,500** ☐ **$ __________**

COVERAGE A - Farm Dwelling and Coverage C Household Personal Property

Please complete the description of each dwelling to be insured under Cov. A or containing household goods to be insured under Cov. C.

Please provide a completed dwelling replacement cost estimate for each dwelling to be insured.

Loc No.	Item #	Dwg. Yr. of Const.	Sq. Ft. of Area (Ground Floor)	Construction F=Frame M=Masonry	Dwelling Condition E=Excellent G=Good F=Fair	Roof Type: W=Wood O=Other	Dwelling Occupancy: O=Owner T=Tenant S=Seasonal	Define Heating System & Fuel	Dwelling Protective Devices: (Ex. smoke detector; dead bolts; local burglar alarm; local fire alarm)

Loc No.	Item #	Coverage A Farm Dwelling	Form: Basic Broad Spec	Coverage C Unscheduled Personal Property (Household)	Form: Basic Broad Spec	Class Codes	Year Systems Updated (complete if older than 20 years)
		$	☐ ☐ ☐	$	☐ ☐ ☐		Roof ________ Elec ________ Plbg ________ Heat ________
		$	☐ ☐ ☐	$	☐ ☐ ☐		Roof ________ Elec ________ Plbg ________ Heat ________
		$	☐ ☐ ☐	$	☐ ☐ ☐		Roof ________ Elec ________ Plbg ________ Heat ________
		$	☐ ☐ ☐	$	☐ ☐ ☐		Roof ________ Elec ________ Plbg ________ Heat ________
		$	☐ ☐ ☐	$	☐ ☐ ☐		Roof ________ Elec ________ Plbg ________ Heat ________
		$	☐ ☐ ☐	$	☐ ☐ ☐		Roof ________ Elec ________ Plbg ________ Heat ________
		$	☐ ☐ ☐	$	☐ ☐ ☐		Roof ________ Elec ________ Plbg ________ Heat ________
		$	☐ ☐ ☐	$	☐ ☐ ☐		Roof ________ Elec ________ Plbg ________ Heat ________
		$	☐ ☐ ☐	$	☐ ☐ ☐		Roof ________ Elec ________ Plbg ________ Heat ________
		$	☐ ☐ ☐	$	☐ ☐ ☐		Roof ________ Elec ________ Plbg ________ Heat ________
		$	☐ ☐ ☐	$	☐ ☐ ☐		Roof ________ Elec ________ Plbg ________ Heat ________
		$	☐ ☐ ☐	$	☐ ☐ ☐		Roof ________ Elec ________ Plbg ________ Heat ________

If more dwellings must be described, complete additional sheets.

☐ **Fire Department Service Clause Limit is $500 or Amend limit to ________________**

Property Endorsements:

COVERAGE G Deductible Options: ☐ **$500** ☐ **$1,000** ☐ **$2,500** ☐ **$ __________**

COVERAGE G - FARM BUILDINGS AND STRUCTURES

Loc. #	Item #	Description	Con-struc-tion	Bldg Age	Roof		Size/ Capacity	Cont. Found	Form*	Class Codes	Valuation ACV, RC	Building Limit
					Type	Age			BA BC BR SP			
									☐ ☐ ☐ ☐		$	$
									☐ ☐ ☐ ☐			
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* Cause of Loss: BA=Basic; BC=Basic w/Collapse; BR=Broad; SP=Special

COVERAGE E & F Deductible Options: ☐ **$500** ☐ **$1,000** ☐ **$2,500** ☐ **$** _____

FARM PERSONAL PROPERTY - Please designate which is to apply ☐ **Scheduled (E) or** ☐ **Unscheduled (F)**. Maximum of 75% of Total Inventory may be Livestock). Indicate items not owned 100% by insured, indicating the insurable interest beside item.

Item	Units	Unit Value	Total	Item	Units	Unit Value	Total
Dairy Cows				Tractor			
Dairy Calves				Tractor			
Stock Cows				Tractor			
Stock Calves							
Feeder Cattle				Combine			
Bulls				Corn or Grain Heads			
				Hay Baler			
Horses				Grain Harvesters			
				Plows or Chisel Plows			
Sows				Discs			
Feeder Pigs				Harrows			
Boars				Cultivators			
Rams				Corn Planters			
Ewes				Fertilizer Spreaders			
Lambs							
Goats				Portable Elevators or Augers			
				Mowers			
Chickens				Side Delivery Rakes			
(Turkeys Excluded)				Rotary Hoes			
Total Livestock		**1**					
Hay & Straw (in stacks)							
Hay & Straw (in buildings)				Ensilage Blowers			
Silage				Cotton Picker - Oil			
				Cotton Picker - Water			
Small Grain				Grinders & Mixers			
Grain under Seal				Wagons & Trailers (Not Licensed)			
				Sprayers			
Corn				Self Unloading Wagons			
Soybeans							
Commercial & Mixed Feeds				Hayracks			
Total Farm Products		**2**					
Building Supplies				Milking Machines (not permanently attached)			
Fencing Supplies							
Fertilizers				Manure Loaders			
Gasoline, Oil & Grease				Manure Spreader			
				Grain Driers - Port. Only			
Herbicides & Pesticides				Self Feeders - 3 Ton Limit			
Medicines							
Spare Parts				Portable Irrigation Equipment (not eligible for Coverage F)			
Small Hand & Power Tools							
Total Farm Supplies		**3**		**Total Machinery**		**4**	

Peak Season	Increased Limit	Start Date	End Date

Group Totals	
Livestock	1
Farm Products	2
Farm Supplies	3
Machinery	4
Total Inventory.....$	

Insure for 100% of Total Inventory

THESE QUESTIONS MUST BE ANSWERED AND APPLICATION SIGNED BY APPLICANT
(Use separate sheet if necessary)

General

☐ Yes ☐ No 1. Is the applicant known to the agent? Number of years: _____

☐ Yes ☐ No 2. Has the agent personally inspected the premises or property? Date of last inspection_____

☐ Yes ☐ No 3. Has insurance been transferred within the agency? Explain: _____

☐ Yes ☐ No 4. Has any policy been cancelled or nonrenewed in the past 5 years? Explain: _____

5. Prior carrier_____ Policy #_____ Cancelllation Date _____

☐ Yes ☐ No 6. During the last ten years, has any applicant been convicted of any degree of the crime of arson?
Explain: _____

☐ Yes ☐ No 7. Has the applicant been involved in any lawsuits? Explain: _____

☐ Yes ☐ No 8. Have any judgements or liens been rendered against the applicant? Explain: _____

☐ Yes ☐ No 9. Is the applicant a subsidiary of another? Explain:_____

☐ Yes ☐ No 10. Does the applicant have subsidiaries? Explain: _____

Operations

1. Year business started _____

2. Gross annual farming receipts?_____

☐ Yes ☐ No 3. Is farming the applicant's main source of income? If no, what is the applicant's main source of income? _____
_____

4. Who actually farms the premises? _____

5. Describe the farm/ranch operations and any incidental business activities _____
_____
_____

☐ Yes ☐ No 6. Does the applicant have a website pertaining to these operations? Website Address: _____

☐ Yes ☐ No 7. Does the applicant perform maintenance on equipment? Please indicate the types of repairs done, where performed, and by whom_____

☐ Yes ☐ No 8. Is a formal safety program in existence? Explain:_____

☐ Yes ☐ No 9. Are any of the applicant's operations insured with another company? Explain: _____

☐ Yes ☐ No 10. Does the applicant have any other business? Explain:_____

11. If this is a partnership, list all partners names_____

Premises

☐ Yes ☐ No 1. Does the applicant own a dog? Number and breed _____

☐ Yes ☐ No Any history of dog bites or destruction of property? Explain: _____

☐ Yes ☐ No 2. Does the applicant have any potentially dangerous animals or exotic pets? Explain: _____

☐ Yes ☐ No 3. Is there a swimming pool on premises? Type of Pool: Above Ground_____ In Ground_____
(Complete and attach Farm Swimming Pool Questionnaire and photo).

☐ Yes ☐ No 4. Is there an airstrip on the premises? Explain:_____

☐ Yes ☐ No 5. Is there any unusual hazard such as (but not limited to) open dump pits, silage pits, sump holes, ponds, lakes, or reservoirs? Explain:_____

Premises (cont.)

☐ Yes ☐ No 6. Are the farm premises open to the public for any activities such as roadside stands, “u-pick”, recreational, “rent-a-garden”, auction, sales, show, food or beverage service, hay rides, fishing kennels, animal boarding, or Christmas tree sales uses? Explain: _____

☐ Yes ☐ No 7. Is any part of the farm used or leased for organized recreational use? Explain: _____

☐ Yes ☐ No 8. Are any portions of the farm rented or leased or used by any individual, corporation, or interest for other than farming? Explain: _____

☐ Yes ☐ No 9. Are any premises used for hunting purposes? Explain: _____

☐ Yes ☐ No Is there a charge or fee? Explain _____

☐ Yes ☐ No Are any items provided? List: _____

☐ Yes ☐ No 10. Does the applicant milk cows? Number of cows milked _____

☐ Yes ☐ No 11. Is there any processing of milk? Explain: _____

☐ Yes ☐ No 12. Are there any retail sales of milk products to the public? Explain: _____

☐ Yes ☐ No 13. Does the applicant mix, process, slaughter, butcher, or otherwise prepare for any “end consumer” his or any other grower’s product? Explain: _____

☐ Yes ☐ No 14. Are independent contractors hired to perform any farming operations? Explain: _____

☐ Yes ☐ No 15. Does the applicant handle any product such as seed, fertilizer, sprays, etc. for resale? Receipts: _____
Explain: _____

☐ Yes ☐ No 16. Does the applicant build, repair, or design machinery, equipment, or systems for anyone at a charge or fee?
Explain: _____

☐ Yes ☐ No 17. Are any contract or service operations performed for others such as snow removal, tiling, excavating, or ditching?
Explain: _____

☐ Yes ☐ No 18. Does the applicant maintain a non-farm office or private school in an insured building? Explain: _____
_____

Property

☐ Yes ☐ No 1. Is the entire premises occupied year round? Explain: _____

2. Identify Fire District Name _____ Miles to Fire Department _____

☐ Yes ☐ No 3. Is there a year-round water supply usable for fire protection? Source: Well_____ Pond/Lake_____
Hydrant within 1,000 Ft.____ Other: _____
Total Water Capacity: _____

☐ Yes ☐ No 4. Are all residences and buildings located on a year-round accessible road? Explain: _____
_____

☐ Yes ☐ No 5. Auxiliary Heating - Any wood or coal fired stoves used in any buildings? Identify which building(s) _____
_____

☐ Yes ☐ No Is the system checked and cleaned annually?
(Complete and attach Farm Supplemental Heating Questionnaire and photo).

☐ Yes ☐ No 6. Is plastic-based insulation used in any farm buildings? Explain: _____

☐ Yes ☐ No 7. Are all buildings being used as originally intended? Explain: _____

8. How far away from structures is gasoline or fuel stored? _____

Property (cont.)

☐ Yes ☐ No 9. Is any property kept on a location(s) other than an insured location?
Where is it kept: During farming season? _____
During off season? _____

10. Maximum value of equipment at any one location? _____

11. What is the radius of operations of equipment? _____ miles

☐ Yes ☐ No 12. Are poultry or swine brooders used in any covered farm buildings? In which buildings _____
_____

Livestock

☐ Yes ☐ No 1. If any livestock are kept, are all areas adequately fenced, and are fences in a good state of repair?
Explain: _____
Livestock premises are in: ____ Open Range Area ____ Closed Range Area

☐ Yes ☐ No 2. Total # of livestock on all insured locations _____

☐ Yes ☐ No 3. Does the applicant own any horses? Number _____

☐ Yes ☐ No 4. Any non-owned horses on any applicant premises? Explain: _____

☐ Yes ☐ No 5. Does the applicant board, race, breed, or rent horses? Explain: _____
(For horse exposure, please attach appropriate questionnaire).

Pollution

☐ Yes ☐ No 1. Does the applicant apply anhydrous ammonia to his farm?

☐ Yes ☐ No 2. Does the applicant apply anhydrous ammonia to the farm of others? Explain fully including receipts: _____
_____
(Attach a copy of declarations page verifying coverage).

☐ Yes ☐ No 3. Are pesticides stored in a locked enclosure?

☐ Yes ☐ No 4. Does the applicant apply herbicides or pesticides for others? Explain: _____
Receipts: _____

☐ Yes ☐ No Does the applicant require a certificate of application?
(Attach a copy of declarations page verifying coverage elsewhere.)

☐ Yes ☐ No 5. Has applicant ever had complaints regarding overspray, waste run-off, or other pollution damages?
Explain: _____

Miscellaneous

☐ Yes ☐ No 1. Does the applicant own a boat? Submit a Boat Application for any boat with an inboard or inboard/out-drive motor of 50 HP or more, an out-board motor of 25 HP or more, or a sailing vessel of 26 feet or more.

☐ Yes ☐ No 2. Does the applicant maintain any vacation or seasonal premises? Explain: _____
_____

☐ Yes ☐ No 3. Are any “hold harmless” or “indemnifying” agreements in effect? Explain: _____
_____

☐ Yes ☐ No 4. Does applicant serve on any boards for remuneration? Explain: _____
_____

☐ Yes ☐ No 5. Is any land held for real estate development or speculation? Explain: _____
_____

Policywide Options (Where Available)

☐ Yes ☐ No 1. Beekeeping Operations Coverage

Number of colonies: _____

(Complete and attach Incidental Operations Questionnaire - Beekeeping section).

☐ Yes ☐ No 2. Christmass Tree Sales Coverage

(Complete and attach Incidental Operations Questionnaire - Christmass Tree Sales section).

☐ Yes ☐ No 3. Custom Farming Operations Coverage

Type of Work:_____ Gross Annual Receipts:_____

☐ Yes ☐ No 4. Custom Feeding of Livestock Coverage

Type of Livestock: _____ Gross Annual Receipts:_____

☐ Yes ☐ No 5. Farmers Market Sales Operations Coverage

Products Sold: _____ Gross Annual Receipts:_____

☐ Yes ☐ No Are products of others sold?

(Complete and attach Incidental Operations Questionnaire - Farmers Market Sales section).

☐ Yes ☐ No 6. Firewood Sales Coverage

(Complete and attach Incidental Operations Questionnaire - Firewood Sales section).

☐ Yes ☐ No 7. Hunting Club Operations Coverage

Scope of Coverage_____ All CA Locations _____ Select CA Locations Only

(Complete and attach Hunting Clubs Questionnaire)

☐ Yes ☐ No 8. Incidental Activities Coverage

Description of Activity: _____ Gross Annual Receipts:_____

☐ Yes ☐ No 9. Incidental Hunting Operations Coverage

Type of hunting allowed (open to public or limited access): _____

Gross Annual Receipts:_____

☐ Yes ☐ No 10. Orchard U-Pick Operations Coverage

(Complete and attach Incidental Operations Questionnaire - Orchard/Row Crop U-Pick Operations section).

☐ Yes ☐ No 11. Roadside Stands Sales Operations Coverage

Products Sold: _____

☐ Yes ☐ No Are products of others sold?

(Complete and attach Incidental Operations Questionnaire - Roadside Stands section).

☐ Yes ☐ No 12. Row Crop U-Pick Operations Coverage

Identify orchard, row, vine, or shrub crops: _____

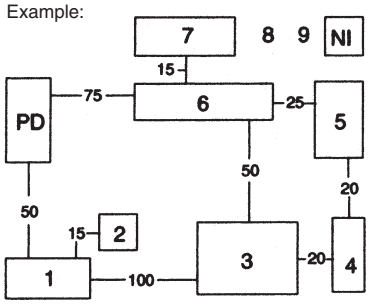
(Complete and attach Incidental Operations Questionnaire - Orchard/Row Crop U-Pick Operations section).

IMPORTANT: A DIAGRAM OF ALL BUILDINGS MUST BE COMPLETED, WHETHER INSURED OR NOT. Pictures clear enough to portray the physical condition of each Dwelling or Building to be insured must accompany the application. Pictures must be identified by the item number on the Application along with the name of the building. **Pictures should be submitted with the application.** Attach additional diagrams as necessary. The Acord 405 may also be used as an alternative.

See Example below:

Mark the principal Dwelling "PD". Identify all other insured buildings by the item number asigned under the Coverage C - Schedule. Show the distance between buldings. Mark buildings not insured "NI".

Example:



Loc. #1

Loc. #2

N
O
R
T
H

PROPERTY AND LIABILITY LOSS HISTORY INFORMATION* ☐ None

Date of Loss	Prior Carrier	Description of Loss	Amount Paid	Reserve

* Please attach hard copy of loss runs.

Remarks or Other Instructions

DISCLOSURE TO APPLICATION PURSUANT TO FAIR CREDIT REPORTING ACT. You are hereby notified that as a part of our routine procedure in reviewing applications for insurance, an investigative consumer report MAY be made. This inquiry includes information obtained through personal associates, financial sources, friends, neighbors, or others with whom you are acquainted and typically includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I hereby declare I have read the above questions and Disclosure Pursuant to the Fair Credit reporting Act, and that the answers to the above questions are complete and truthful and request the Company to issue a policy of insurance in reliance thereon.

I hereby represent that the values and amounts therein stated are true and correct as of this date. And it is agreed that if this application is approved I shall at all times maintain adequate insurance on all farm personal property owned by me to the extent of 80% of its actual cash value at time of loss.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

SS#_____ Date _____ Time_____

Phone #_____ _____
(Applicant E-Mail Address)

_____ _____
(Agent's Signature) (Applicant Signature)

REPLACEMENT COST ESTIMATING WORKSHEET

GENERAL INFORMATION

Number of Stories ☐ 1 ☐ 1½ ☐ 2 ☐ 2½ ☐ Tri-level ☐ Bi-level
Exterior Wall Category ☐ Frame (I) ☐ Masonry Veneer (II) ☐ Masonry (III)
Substructure ☐ Slab-on-ground ☐ Crawl space ☐ Basement
Occupancy ☐ Single-family ☐ Two-family ☐ Three-family ☐ Four-family
Residence Ground Floor Area_____Sq. ft.

BASE RESIDENCE COST		$
SUBSTRUCTURE AND OCCUPANCY ADJUSTMENT	-/+	$
ADJUSTED BASE RESIDENCE COST	=	$

ADDITIONAL FEATURES

Roof Adjustments:.....$ _____
Wood Foundation:.....$ _____
Unfinished Lower Levels and Unfinished Half-Stories:_____ Sq. ft. .....$ _____
Finished Attic: Total Area_____ Sq. ft. Finished Area_____ Sq. ft. .....$ _____
Walk-out Basements:_____ Sq. ft. .....$ _____
Finished Basements: Total Area_____ Sq. ft. Finished Area_____ Sq. ft.....$ _____
Breezeways: Open Wall_____ Sq. ft. Enclosed Wall_____Sq. ft.....$ _____
Porches: ☐ Open 1 Story_____ Sq. ft. ☐ Open 1 Story_____ Sq. ft. .....$ _____
☐ Enclosed 1 Story w/Sundeck_____ Sq. ft. ☐ Enclosed 1 Story w/Sundeck_____ Sq. ft.....$ _____
2 Story_____ Sq. ft. 2 Story_____ Sq. ft. .....$ _____
Covered Stoop/Patio_____ Sq. ft. Covered Stoop/Patio_____ Sq. ft. .....$ _____
Screened Aluminum Patio Enclosures: On posts_____ Sq. ft. On slab_____ Sq. ft. On 4' foundation_____ Sq. ft.....$ _____
Screened Pool Enclosures:_____ Sq. ft. .....$ _____
Balconies or Decks:_____ Sq. ft.....$ _____
Fireplaces: Masonry Hearth Qty._____ Masonry Hearth with Gas Qty._____ Chimney Qty._____ .....$ _____
Prefabricated Metal Fireplace: Average Qty._____ Good Qty._____ Premium Qty._____ .....$ _____
Extra Baths: 1/2 Bath Qty._____ 3/4 Bath Qty._____ Full Bath Qty._____ Add'l Fixtures Qty._____ .....$ _____
Garage: No. of Cars_____ Sq. ft. _____ Construction_____ Type of garage_____.....$ _____
☐ Attached Garage with Basement .....$ _____
☐ Radiant Slab Heating .....$ _____
☐ Dedicated Boiler.....$ _____
Air Conditioning: ☐ Use Heat Ducts ☐ Separate Ducts .....$ _____
☐ Heat Pump Cooling ☐ Evaporative Cooling.....$ _____
Room Additions Above Grade: _____ Sq. ft.....$ _____
Three-Wall Room Additions on Grade: _____ Category I _____ 1 Story _____ With Basement____ Sq. ft. .....$ _____
_____ Category II _____ 1 1/2 Story _____ Without Basement
_____ Category III _____ 2 Story
Awnings: Aluminum_____ 4'x4'_____ 4'x6'_____ 4'x9'_____ 4'x12' .....$ _____
Canvas 30" drop_____ x3' _____ x4' _____ x5' _____ x6' _____ x8' _____ x10' .....$ _____
Storm Shutters: Accordion Type_____ Sq. ft. Hinged Type_____ Sq. ft.....$ _____
Built-ins: _____$ _____
_____
Kitchenette Package: _____$ _____
Miscellaneous Features: _____$ _____

TOTAL ADDITIONAL FEATURES COSTS	+	$
TOTAL ADJUSTED BASE RESIDENCE COST	=	$

Determine the class of construction from the survey below, or refer to the cost guide.

CLASSIFICATION SURVEY

Point values have been assigned to each of the following 3 questions. Select the correct Construction Class or Mid-Class based on the Year Built and ***total*** number of points resulting from the survey.

CLASS-LOCATION MULTIPLIER	X	$
TOTAL REPLACEMENT COST	=	$

1. SPECIALTY ROOMS

Does the residence have any specialty rooms? Enter 3 points for each room below.

_____Den (not converted bedroom)
_____Exercise Room
_____Family Room (in addition to a living room)
_____Formal Dining Room (not dining area, dinette, or breakfast nook)
_____Grand Room (exterior wall 2 stories in height)
_____Great Room (over 300 sq. ft.)
_____Large Foyer (over 70 sq. ft.)
_____Laundry Room (over 70 sq. ft.)
_____Library
_____Office
_____Recreation Room (not basement rec room)
_____Study
_____Sunroom
_____Other Specialty Rooms (Enter 3 for each)

☐ **SPECIALTY ROOM POINT TOTAL**
(If residence has no specialty rooms, enter 0)

2. GENERAL SHAPE OF RESIDENCE

What is the basic shape or form of the residence? If you were to walk around the outside of the residence, how many times would you turn a corner or change direction in order to return to your starting point? Disregard any minor "juts" or "jogs." A jut or jog is typically less than 2 feet and would not affect the roof line or foundation of the building. A typical jut or jog would be a chimney or bay window. Also, when determining the shape of the building, do not include porches or garages. Your ultimate goal is to place the residence into one of the four "basic shapes" described below.

Number of Corners		Basic Shape		Point Value (circle one)
4 or less	=	simple rectangular or "box" shaped	=	1
5 or 6	=	L-shaped	=	2
7 or 8	=	unique or slightly irregular	=	3
9 or more	=	very irregular	=	4

3. SPECIAL FEATURES

Does the residence have any special features? Each YES (Y) answer is worth 1 point.

Does the residence have...
* any bedrooms which adjoin a private bathroom or sitting room? Y☐ N☐
* any woodburning masonry fireplaces? Y☐ N☐
* brick or stone exterior walls (over 50%)? Y☐ N☐
* any hardwood, slate, marble, or quarry tile floors (over 70 sq. ft.)? Y☐ N☐
* stained or varnished woodwork throughout, including baseboards, windowsills and doors? Y☐ N☐

Number of YES (Y) answers = _____

SURVEY POINT TOTALS = ____ + ____ + ____ = _____
1. 2. 3. TOTAL

4. CONSTRUCTION CLASS

Circle the correct Construction Class based on the Year Built and the Survey Point Total.

SURVEY POINT TOTAL	CONSTRUCTION CLASS YEAR BUILT		
	POST-'80	PRE-'80	PRE-'40
1-2	Refer to Company		
3-4	A	AA	X
5-7	A/B	AA/BB	X/Y
8-10	B	BB	Y
11-14	B/C	BB/CC	Y/Z
15-17	C	CC	Z
18-22	C/D	CC/DD	CC/DD
23-26	D	DD	DD
27-29	D/T	DD/T	DD/T
30 Points or More	T	T	T

SUPPLEMENTAL HEATING QUESTIONNAIRE

INSTALLATION

Date installed: _____ Name of manufacturer _____ Model No. _____

Was the unit installed by ☐ Contractor? ☐ Insured?

Installer's name and address _____

Is the unit installed to manufacturer's specifications? ☐ Yes ☐ No

Is the unit UL listed or listed by other nationally recognized laboratory? ☐ Yes ☐ No

Is the unit used for: ☐ Primary heat? ☐ Auxiliary heat? ☐ Sole heat source?

TYPE OF HEATING UNIT

☐ Fireplace
☐ Woodburning Stove
☐ Room heater
☐ Room heater/fireplace stove combination
☐ Central furnace
☐ Auxiliary furnace attached to:
☐ Gas ☐ Oil
☐ Electric ☐ Wood
☐ Dual fuel furnace
☐ Fireplace insert
Direct connection? ☐ Yes ☐ No
☐ Other (Describe)

TYPE OF CHIMNEY

☐ Masonry
☐ Double wall insulated metal
Liner: ☐ None ☐ Fire clay ☐ Stainless steel
☐ Triple wall metal
☐ Other (Describe)

WALL PROTECTION

☐ None
☐ Sheet metal
☐ Masonry
☐ Approved prefabricated wall protector
☐ Other (Describe)_____

WALL CONSTRUCTION

☐ Combustible
☐ Non Combustible

FLOOR PROTECTION

☐ Approved prefabricated floor protector
☐ Sheet metal over or under masonry
☐ None
☐ Other (Describe)

FLOOR CONSTRUCTION

☐ Combustible
☐ Non Combustible

WALL OR CEILING PASS THROUGH

Does a single wall pipe (stovepipe) pass through a wall or ceiling? ☐ Yes ☐ No

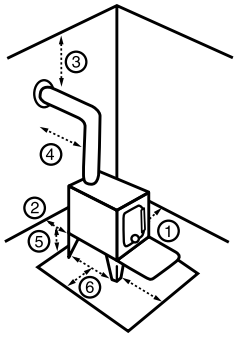
If yes: Diameter of the stove pipe _____ in.

Diameter of thimble_____ in.

DIMENSIONS

(Fill in the dimension in inches of the distances indicated on diagram.)

1. Side of unit nearest to wall _____ IN
2. Rear of unit to wall _____ IN
3. Top horizontal stovepipe to ceiling _____ IN
4. Vertical stovepipe to wall _____ IN
5. Bottom of unit to floor _____ IN.
6. Unit to edge of floor protection
   Sides:____/____ IN.
   Front: _____
   Rear: _____
7. Fireplace Inserts:
   Front of unit to outer edge of hearth _____ IN.



ADDITIONAL INFORMATION

1. How high does the flue pipe rise above the roof peak: _____ in.
2. How many heating devices are connected to the same chimney?_____
3. When was the chimney last inspected and/or cleaned?_____ By whom? _____
   If self-cleaned, what devices were used? _____
4. Is there a fireproof or metal container with a tight fitting lid available for ash disposal? ☐ Yes ☐ No
5. What is the distance from the fuel supply to the heating device? _____ ft. _____ in.
6. Are artificial logs ever used? ☐ Yes ☐ No
7. Is there a fire extinguisher in the dwelling? ☐ Yes ☐ No
8. Is there a smoke or heat detector present? ☐ Yes ☐ No

Please submit photos of the supplemental heating unit and of the chimney.