



**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE  
COMPANY COLONY NATIONAL INSURANCE COMPANY**

**CONTRACT DIVISION - FARM and RANCH APPLICATION**

General Agent		Date	
Retail Agent			
Applicant			
<b>Detailed Description of Operations</b>			
Mailing Address <small>(Incl. County)</small>			
Phone Number		Web Address	
Proposed Effective Date	Expiration Date		
Date Business started	Years' Experience in similar operations		
<input type="checkbox"/> New Business	<input type="checkbox"/> Renewal	Expiring Policy Number	
Entity Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Partnership
Does the prospective insured own any subsidiaries or have ownership in any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain			
Federal, State and Local Licensing current? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Compliant with all Federal, State and Local requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<b>Loss History – Enter all claims or occurrences for the past 3 years</b> <input type="checkbox"/> None Attach 3-year hard copy loss runs			
Date of Occurrence	Type of Loss	Description of Occurrence	Amount Paid
<b>Prior Insurance Information for the past 3 years</b>			
Prior Carrier	Type of Insurance	Policy #	Amount of coverage
Has any policy been cancelled or nonrenewed in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes Explain			

LOCATION INFORMATION							
Loc #	Bldg #	Address	Controlled Burns **	Seasonal and or vacant buildings			
				Seasonal	Vacant	Vacant longer than 2 years	How often is property checked
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>** Controlled or Prescribed Burns</b> If performed, is responding fire district notified prior to burning? <input type="checkbox"/> Yes <input type="checkbox"/> No Are burns done in compliance with all state and local regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Farm & Ranch Liability Coverage							
\$	Each Occurrence" Limit		Liability Deductible				
\$	General Aggregate Limit		<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000				
\$	Personal and Advertising Liability Limit						
\$	50,000	Fire Damage Limit	Exclude Products / Completed Operations <input type="checkbox"/> Yes <input type="checkbox"/> No				
\$	1,000	Medical Payments					
Total Owned / leased Acreage			Total Receipts				
Animals, Crops & Aqua-Culture							
		Species (List all)	# of Animals	Owned By		Acreage used for grazing	
				Insured	Others		
Animals and Livestock - Hooved - <b>FR01391</b>				<input type="checkbox"/>	<input type="checkbox"/>		
Animals and Livestock - Other - <b>FR01391</b>				<input type="checkbox"/>	<input type="checkbox"/>	N/A	
		Species (List all)	Acreage or area	Organic		Receipts	
				<input type="checkbox"/> Y <input type="checkbox"/> N			
Aquaculture – <b>FR56760</b>				<input type="checkbox"/> Y <input type="checkbox"/> N			
		Type of Crops (List all)	Acreage or area	Organic		Receipts	
				<input type="checkbox"/> Y <input type="checkbox"/> N			
Hydroponics (Rate as Aqua-Culture – <b>FR56760</b> )				<input type="checkbox"/> Y <input type="checkbox"/> N			
		Species (List all)	Acreage or area	Owned By		Receipts	
				Insured	Others	Organic	
Poultry – <b>FR07230</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
Crops - Hemp – <b>FR01901</b>				Acreage	Organic		Receipts
Commercial hemp is defined as a cannabis plant that has a THC content of 0.3 % or less on a dry weight basis by U.S. Code § 1639o		<input type="checkbox"/> Less than .3% THC <input type="checkbox"/> More than .3% THC			<input type="checkbox"/> Y <input type="checkbox"/> N		
		<b>All THC levels above .3%THC are prohibited, and coverage will not be provided</b>			<input type="checkbox"/> Y <input type="checkbox"/> N		
Crops – <b>FR01901</b>		Type of Crops (List all)		Acreage	Organic		Receipts
					<input type="checkbox"/> Y <input type="checkbox"/> N		
Fruits / Vegetables / Nuts					<input type="checkbox"/> Y <input type="checkbox"/> N		
Grains / Field Crops / Tobacco					<input type="checkbox"/> Y <input type="checkbox"/> N		
Trees					<input type="checkbox"/> Y <input type="checkbox"/> N		
Nursery Stock					<input type="checkbox"/> Y <input type="checkbox"/> N		Refer to Bus. Pursuits
Bees – <b>FR01901</b>		Number of Hives	Receipts				
Bees – Honey							

**Fences**

Fences  Yes  No

Appropriate height for animal species  Yes  No

Inspected and repaired as necessary on a regular basis  Yes  No

**Liability - Business Activities**

Activity		Receipts	Activity		Receipts
<input type="checkbox"/>	Agritainment **		<input type="checkbox"/>	Hunting by Third Parties	
<input type="checkbox"/>	Airbnb / VRBO / Cabins / Vacation Rentals / Bed & Breakfast Number of Units		<input type="checkbox"/>	Land Leased to Others Acreage _____ Purpose _____	
<input type="checkbox"/>	Animal rental to others Type of Animal (s) _____ Purpose _____		<input type="checkbox"/>	Livestock Sales, Dealer or Merchants	
<input type="checkbox"/>	Archery Ranges		<input type="checkbox"/>	Mazes / Pumpkin Patches	
<input type="checkbox"/>	Athletic / Sports Contests **		<input type="checkbox"/>	Nursery / Garden Sales - direct to public	
<input type="checkbox"/>	Boat or Watercraft Rental		<input type="checkbox"/>	Orchard / Vineyard Operations for others	
<input type="checkbox"/>	Breeding of Animals for sale Species _____ Number of Breeding Females _____		<input type="checkbox"/>	Parks / Picnic Areas / Playgrounds**	
<input type="checkbox"/>	Buildings Leased to Others Barns / Farm Buildings _____ Dwellings (not vacation type) _____		<input type="checkbox"/>	Pick-Your-Own – Fruits, Nuts, Vegetables	
<input type="checkbox"/>	Campgrounds / Camping **		<input type="checkbox"/>	Produce Handling or Packing for Others	
<input type="checkbox"/>	Christmas Tree Sales "Cut Your Own" <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	Retail Stores – Non-Food Items Items Sold _____ <input type="checkbox"/> On Premises <input type="checkbox"/> Off Premises	
<input type="checkbox"/>	Construction / Renovating / Renovation <input type="checkbox"/> Cosmetic <input type="checkbox"/> Structural GC Used? <input type="checkbox"/> Y <input type="checkbox"/> N Certificates of insurance provided <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	Rodeos	
<input type="checkbox"/>	Custom Farming/Ranching **		<input type="checkbox"/>	Semen sales From Specific / Prize Animals <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/>	Dairy Product or Egg Sales		<input type="checkbox"/>	Smoking of Meat, Fish or Seafood <input type="checkbox"/> For Third Parties <input type="checkbox"/> For insured use only	
<input type="checkbox"/>	Docks / Piers # of Docks or Piers		<input type="checkbox"/>	Snow Removal for Others	
<input type="checkbox"/>	Dude Ranch		<input type="checkbox"/>	Stabling of Animals for others – For a Fee	
<input type="checkbox"/>	Farmers Markets -Concession Stands – Restaurants – Retail Sales **		<input type="checkbox"/>	Towers – Owned by Others Number _____ Max height _____ Certificate of Insurance provided <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/>	Fishing (including tournaments)		<input type="checkbox"/>	Trails – Hiking – Used by Others Length _____ Difficulty _____	
<input type="checkbox"/>	Fostering Animals		<input type="checkbox"/>	Vineyards / Winery / Retail Sales Other - Describe _____	
<input type="checkbox"/>	Fruit or Vegetable Harvesting for Others		<input type="checkbox"/>		
<input type="checkbox"/>	Glamping		<input type="checkbox"/>		
<input type="checkbox"/>	Grain / Hay Sales		<input type="checkbox"/>		
<input type="checkbox"/>	Grain Milling <input type="checkbox"/> For Third Parties <input type="checkbox"/> For insured use only		<input type="checkbox"/>		
<input type="checkbox"/>	Grain Storage for Others		<input type="checkbox"/>		
<input type="checkbox"/>	Guides/Outfitters/Hunting **		<input type="checkbox"/>		
<input type="checkbox"/>	Haunted Attractions		<input type="checkbox"/>		
<input type="checkbox"/>	Hay / Carriage Rides **		<input type="checkbox"/>		

\*\* Additional Description of Business Activities on next page

**\*\* Additional Description of Business Activities**

**Habitational Exposures**

<input type="checkbox"/>	# Owner Occupied Dwelling(s)		<input type="checkbox"/>	# Employee Occupied Dwellings	
<input type="checkbox"/>	Bunkhouse / Dormitories	# Buildings		# Sleeping Units	

All habitational occupancies are required to comply with our [Life Safety Guidelines](#)

Homeowners liability and property insurance will be placed with another Carrier  Yes  No

If yes Carrier, Policy #, Policy Period, Liability Limit

**Miscellaneous Exposures**

Are alcoholic beverages served on premises?  Yes  No  
 If yes: Who provides or serves alcohol?  Applicant  Vendor  Event Sponsor  Tenant  
 Is liquor liability coverage with equal or greater limits in place?  Yes  No  
 If vendor, event sponsor or tenant, is the applicant named as an additional insured?  Yes  No

<input type="checkbox"/>	Swimming Pools / Above / Below Ground	#	<input type="checkbox"/>	Jacuzzis / Spas / Hot Tubs	#
	Fenced w/Self Locking Gate <input type="checkbox"/> Yes <input type="checkbox"/> No		Diving Board /Slide <input type="checkbox"/> No <input type="checkbox"/> Yes		Height <input type="text"/>
	Compliant w/State and local regulations <input type="checkbox"/> Yes <input type="checkbox"/> No		<a href="#">Virginia Graeme Baker Pool and Spa Safety Act</a> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<input type="checkbox"/>	# ATV's	Owned		Rented to Others	
<input type="checkbox"/>	Dogs	How Many?		Breeds	
<input type="checkbox"/>	Lakes, Ponds, Reservoirs			acres	
<input type="checkbox"/>	Mowing activities along public roads	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, roads are <input type="checkbox"/> Dirt/Gravel <input type="checkbox"/> Paved		
<input type="checkbox"/>	Tower stands, tree/elevated blinds or stands	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Liability Coverage Options**

<input type="checkbox"/>	Limited Fire Damage, Heat, Smoke, Fumes or Chemical Drift Coverage	Hostile Fire <input type="checkbox"/> \$ 25,000 / \$ 25,000 Included <input type="checkbox"/> \$ 50,000 / \$ 50,000 <input type="checkbox"/> \$100,000 / \$100,000 Chemical Drift \$ 25,000 / \$ 25,000 Included when coverage is selected
<input type="checkbox"/>	Farm Machinery or Equipment Used on Public Roads	<input type="checkbox"/> \$ 25,000 / \$ 25,000 Included <input type="checkbox"/> \$ 50,000 / \$ 50,000 <input type="checkbox"/> \$100,000 / \$100,000
<input type="checkbox"/>	Identity Recovery Coverage	\$15,000 Limit
<input type="checkbox"/>	Limited Fungi or Bacteria Coverage	<input type="checkbox"/> \$ 25,000 Included <input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$100,000

Additional Insured(S) - Liability			
	Name	Address	Interest
1			
2			
3			
4			
5			

**PROPERTY**

Is any property location in an area designated by the State as a Wildfire or Brush Zone?  Yes  No

If yes, specify location number(s)

- Brush, grass, hedges, plants, shrubs, trees, dead vegetation is trimmed within 300 feet insured structures  Y  N
- Leaves, pine needles and other debris is removed from the roof, decks and gutters on a regular basis  Y  N
- Propane storage tanks are a minimum of 30 feet from any insured object  Y  N

Describe water source(s) on property (i.e. tanks, pumps, pond)

Has the fire authority approved the source of water

Miles to nearest responding fire station (paid – not volunteer)

**Select Per Claim Deductible\***

\$500  \$1,000  \$2,500  \$5,000  \$10,000

\*Applies all property, at all locations scheduled on the policy

**Dwellings**

**Cause of Loss\***

Basic  Broad  Special

\*Applies all dwellings, at each location scheduled

**Valuation\***

Dwelling and Appurtenant Structures  ACV  RC

Household Personal Property  ACV  RC

\*Applies all dwellings, at all locations scheduled

LOC #	BLDG #	Bldg Area	Construction	Year Built	Protection Class	Occupied by		Vacant	Seasonal	Mobile Home
						Owner	Tenant			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Building Updates**

Roof

Electrical

Plumbing

Heating/AC

Roofing material

Solar Panels  Yes  No

If yes, is there a shut off or "kill" switch at ground level  Yes  No

Is primary heat source coal, pellet or wood stove?  Yes  No

A – Dwelling	\$	<table border="1"> <thead> <tr> <th colspan="4">Building Updates</th> </tr> <tr> <td>Roof</td> <td></td> <td>Electrical</td> <td></td> </tr> <tr> <td>Plumbing</td> <td></td> <td>Heating/AC</td> <td></td> </tr> </thead> </table>				Building Updates				Roof		Electrical		Plumbing		Heating/AC	
Building Updates																	
Roof						Electrical											
Plumbing						Heating/AC											
B – Personal Use Structures	\$																
C – Household Personal Property	\$																
D – Personal Property Loss of Use	\$																

LOC #	BLDG #	Bldg Area	Construction	Year Built	Protection Class	Occupied by		Vacant	Seasonal	Mobile Home
						Owner	Tenant			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Building Updates</b>	Roof	Electrical	Plumbing	Heating/AC
-------------------------	------	------------	----------	------------

Roofing material	
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Solar Panels <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is there a shut off or "kill" switch at ground level <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Is primary heat source coal, pellet or wood stove? <input type="checkbox"/> Yes <input type="checkbox"/> No
---

A – Dwelling	\$	<table border="1"> <thead> <tr> <th colspan="4">Building Updates</th> </tr> </thead> <tbody> <tr> <td>Roof</td> <td></td> <td>Electrical</td> <td></td> </tr> <tr> <td>Plumbing</td> <td></td> <td>Heating/AC</td> <td></td> </tr> </tbody> </table>	Building Updates				Roof		Electrical		Plumbing		Heating/AC	
Building Updates														
Roof			Electrical											
Plumbing			Heating/AC											
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C – Household Personal Property	\$													
D – Personal Property Loss of Use	\$													

LOC #	BLDG #	Bldg Area	Construction	Year Built	Protection Class	Occupied by		Vacant	Seasonal	Mobile Home
						Owner	Tenant			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Building Updates</b>	Roof	Electrical	Plumbing	Heating/AC
-------------------------	------	------------	----------	------------

Roofing material	
------------------	--

Solar Panels <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is there a shut off or "kill" switch at ground level <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Is primary heat source coal, pellet or wood stove? <input type="checkbox"/> Yes <input type="checkbox"/> No
---

A – Dwelling	\$	<table border="1"> <thead> <tr> <th colspan="4">Building Updates</th> </tr> </thead> <tbody> <tr> <td>Roof</td> <td></td> <td>Electrical</td> <td></td> </tr> <tr> <td>Plumbing</td> <td></td> <td>Heating/AC</td> <td></td> </tr> </tbody> </table>	Building Updates				Roof		Electrical		Plumbing		Heating/AC	
Building Updates														
Roof			Electrical											
Plumbing			Heating/AC											
B – Personal Use Structures	\$													
C – Household Personal Property	\$													
D – Personal Property Loss of Use	\$													

**Scheduled Farm Personal Property - Coverage E**

**Cause of Loss\***  Basic  Broad \*Applies to all Farm Personal Property, at all locations scheduled on the policy

#	Item	Limit of Insurance
1	<b>Grain, Beans, Ground feed, "Livestock" feed, Silage, Threshed seeds -</b> <ul style="list-style-type: none"> <li>In buildings, structures, sacks, trucks or wagons only</li> <li>Does not include Hemp or Cannabis</li> </ul>	\$
2	<b>Grain</b> <ul style="list-style-type: none"> <li>In stacks, shocks, swathes or piles – In the open only</li> <li>Does not include Hemp or Cannabis</li> </ul>	\$
3	<b>Hay, Fodder, and/or Straw</b> <ul style="list-style-type: none"> <li>In buildings or structures only – Up to \$25,000</li> <li>Does not include Hemp or Cannabis</li> </ul>	\$
4	<b>Hay, Fodder in stacks, windrows or bales and/or Straw</b> <ul style="list-style-type: none"> <li>In the open only – Up to \$10,000</li> <li>Does not include Hemp or Cannabis</li> </ul>	\$
5	<b>Computers &amp; Related Software</b> <ul style="list-style-type: none"> <li>Farm business use</li> </ul>	\$
6	<b>Farm Products, Materials, Supplies</b> <ul style="list-style-type: none"> <li>Not hay, hemp, cannabis, grain, feed, fodder, silage, seeds, straw</li> </ul>	\$
7	<b>Misc. Equipment – Values Less than \$1,000 Per Item</b> <input type="checkbox"/> Includes Beekeeping Equipment <ul style="list-style-type: none"> <li>Machinery, supplies, tools or vehicles usual or incidental to farm operations.</li> </ul>	\$
8	<b>Rented/Borrowed - Equipment, Machinery and/or Farm Vehicles</b>	\$
9	<b>Trays, Boxes, Box shooK (i.e. unassembled wood crates)</b>	\$



## Barns, Outbuildings and Other Farm Structures - Coverage G

Cause of Loss\*  Basic  Broad \*Applies all Barns, Outbuildings at all locations scheduled on the policy

LOC #	BLDG #	Bldg Area	Construction	Occupancy	Limit of Insurance
					\$
					\$
					\$
					\$
					\$
Total of all Farm Buildings					\$

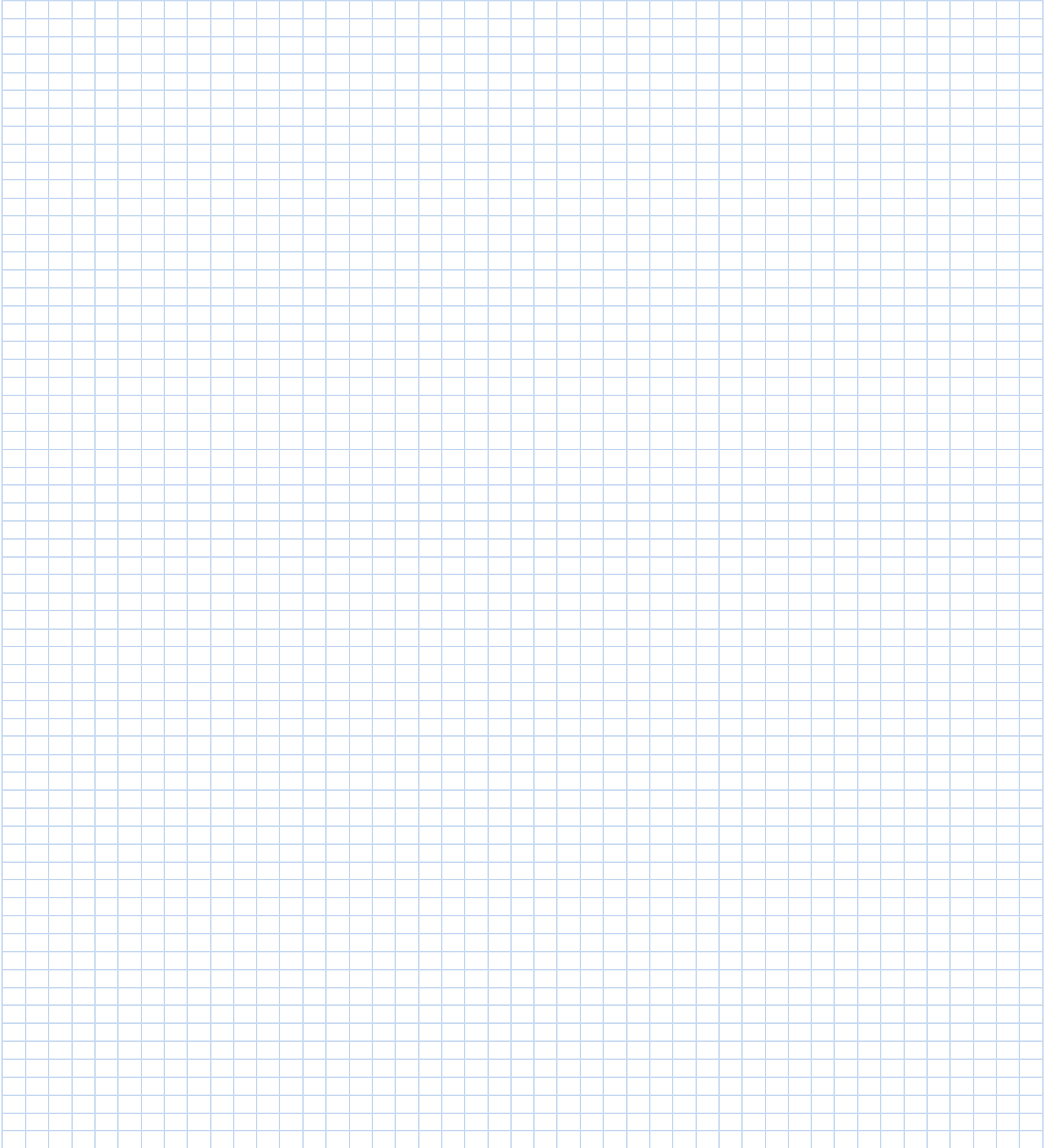
### Optional Property Coverage

<input type="checkbox"/>	Disruption of Farming Operations	\$	
<input type="checkbox"/>	Equipment Breakdown	Follows Property Limits	
<input type="checkbox"/>	Milk Contamination Coverage	\$10,000 Limit	



**FARM/RANCH PREMISES DIAGRAM**

- Identify all buildings, lakes, ponds and storage tanks
- Identify any structure(s) not to be insured for property (if applicable) with an “X” over the structure
- Indicate estimated distance between structures



**FRAUD STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Signature / Date: \_\_\_\_\_

**When completed "print" and email to [insurance@athenainsurance.com](mailto:insurance@athenainsurance.com)  
or fax to 209 223-3227.**

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205 Court St., Jackson CA 95642  
Phone 209 223-1870 | Fax 290 223-3227  
CA Broker #0588228 | National Producer # 2709340  
Website: <https://AthenaInsurance.com>**