

# National Risk Solutions

Thank you for choosing National Risk Solutions. We look forward to providing you with a quick, competitive quote.

Please complete the following application in its entirety and include any pertinent underwriting information. Also, please be sure to include a fax # or e-mail below where we may return your quote promptly.

Once complete please:

1. E-Mail application to [NRSapps@NRSinsurance.com](mailto:NRSapps@NRSinsurance.com)  
OR
2. Fax application to (877)-743-4252

If you have any questions, please do not hesitate to contact us at (866)-417-4855.

We appreciate your business.

Sincerely,

*The National Risk Solutions Team*

Agency Name  
City, State, Zip  
Contact  
Email Address  
Phone Number  
Fax Number  
Additional Information

National Risk Solutions • PO Box 21407 • St. Petersburg, FL 33742



## Supplemental Farm Application - Personal Umbrella Product

All questions must be answered and application must be signed by the applicant to receive a New Business or Renewal quote.

Name of Applicant: \_\_\_\_\_ Name of Farm: \_\_\_\_\_

Named Insured as it appears on underlying farm policy(s) \_\_\_\_\_

Is the underlying Farm Liability provided in a personal lines policy?  Yes  No

Underlying carrier for Farm Liability: \_\_\_\_\_ Limit of Liability: \_\_\_\_\_

Ownership:  Individual;  Partnership;  Corporation;  Other (specify) \_\_\_\_\_

Description of Farm Operations: \_\_\_\_\_

Amount of Annual Gross Receipts from Insured operated Farm Operations \$ \_\_\_\_\_

### Location Information:

Location	Total Acres	Operated By Insured	Leased to Others	Describe Operation
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Lakes/Reservoirs:

	Number of	# Acres for each	Fenced?
Ponds			<input type="checkbox"/> Yes <input type="checkbox"/> No
Lakes			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reservoirs			<input type="checkbox"/> Yes <input type="checkbox"/> No

### Farm Animal Information:

Animal Type	Number of	Owned By Applicant?	Owned by those leasing Applicant Farm Acreage?
Head of Grazing Livestock: (Cattle, Dairy Cows, Buffalo, Goats, Sheep, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Horses/Saddle Animals		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swine		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Small animals (Rabbit, Fox, Mink, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Poultry		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Poultry Coops/Swine Houses		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Automobiles (Vehicles licensed for road use including Farm Trucks & Implements; Motor Homes; Motorcycles):

Year/Make/Model	Underlying Carrier	Policy Number	Limits of Liability
1.			
2.			
3.			
4.			

### Recreational Vehicles (Vehicles not licensed for road use)

Year/Make/Model	Underlying Carrier	Policy Number	Limits of Liability
1.			
2.			
3.			
4.			

**Eligibility Questions**

**Please answer the following questions.**

**For any "Yes" response, please provide complete information in remarks area.**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Does the farm operation include any manufacturing, processing or slaughtering?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are Farm Vehicles, Implements or Trucks operated outside a 50 mile radius of the principal farm location?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do any of the Farm Trucks carry goods for others?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the applicant conduct any logging, lumber, or saw-mill operations?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is there a Dude Ranch or Bed & Breakfast operated at any location?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Other than road-side vegetable stands, is the public permitted or invited on any premises for pick-your-own operations, sales, shows, auctions, hayrides, mazes, or cut-your-own tree or nursery sales? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are there any other business activities other than farming or ranching conducted at any location?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Is any farm equipment rented or leased to others?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are there grain elevator operations other than storage of the applicant's own grain on any premises?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are there any applicant operated Oil or Gas pumping wells or above ground pipelines at any location?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Is there a Dam of any kind at any location?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Are there any sinkholes, quarries, caves, mines, dumps or landfills at any location?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Does the farm include a confined animal feeding operation?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Are there any Veterinarian services performed by the applicant or any employee at any location?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Does the applicant board, breed, race, train, provide lessons or rent stable space to others for Horses at any location?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Does the applicant provide horse or saddle animal rental of any kind to others?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Does any underlying liability policy contain any sub-limit, have reduced limits of liability, or specifically exclude any coverage for any animals?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Remarks:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Broker