SFP "10"

☐ **Change**
☐ **Renewal**

Request

— **Shaded areas are for Home Office use only** —
Farm Family Casualty Insurance Company
United Farm Family Insurance Company

Instructions: ADD — Item not currently on policy.
CHANGE — Modify an existing item.
DELETE — Remove an item.
COMBINATION — A, C or D for one item, use a single line for each transaction. If removing a coverage (e.g., replacement cost) on an existing item, enter a pound sign (#) in the column.

PICTURES ARE:
☐ On File   ☐ Attached
☐ Refer to Policy No. _____

Type of Farming Change to:

ID #:

Hand Rated Items
☐ Reinsurance Div # _____
☐ Hand Rate Div # _____
☐ I   ☐ O   ☐ B

	Routing	Initials	Date
File Pulled			
UW			
CRT			

Policy Number	Expiration Date	Name of Insured	Eff. Date this Change	Effective Date

▼Add ▼Change ▼Delete
☐ ☐ ☐

Amend Ownership:
☐ **I**—Individual   ☐ **P**—Partnership   ☐ **C**—Corporation   ☐ **T**—Trust
☐ **J**—Joint Venture   ☐ **B**—Contract Buyer   ☐ **E**—Estate
☐ **L**—Limited Liability Company
(NOTE — A change in owner requires a NEW Application.)
Amend Insured's Name: _____

☐ Amend Mailing Address of Insured   ☐ Amend Billing Address (For Bills Only)

REASON: _____
☐ A   ☐ C   ☐ D

A C D
☐ ☐ ☐

☐ Loss Payee   ☐ Mortgagee/Secured Party   ☐ Add'l Insured - Life Estate
Loc. No. _____ Item No. _____ Acct. No. _____ Copy: ☐ Yes
Name _____
Address _____ Zip _____
Interest Is In:

☐ Loss Payee   ☐ Mortgagee/Secured Party   ☐ Add'l Insured - Life Estate
Loc. No. _____ Item No. _____ Acct. No. _____ Copy: ☐ Yes
Name _____
Address _____ Zip _____
Interest Is In:

	Item No.	Loc. No.	*B, P or L	LOCATION/DESCRIPTION (Complete for each location)	Zip Code	County	Cnty. Code	Terr.	Line Cont'd. Below
A ☐ **C** ☐ **D** ☐									→ 1
A ☐ **C** ☐ **D** ☐									→ 2

Cont'd. from above	State	State Code	Name of Fire Dist.	FD County	FD County Code	Miles From Fire Dept.	Feet From Hydrant	Prot. Class	Prem. Group	Over-Ride
→ 1										
→ 2										

Delete ▶ Div. No. _____ at Loc. No. _____   **Delete ▶** Div. No. _____ at Loc. No. _____   **Delete ▶** Div. No. _____ at Loc. No. _____

* **B** = Both Property & Liability;   **P** = Property only;   **L** = Liability only   ☐ Main Location is Loc. No. _____

REASON FOR CHANGE/REMARKS:

WEST VIRGINIA ONLY - Coal Mine Subsidence Waiver of Insurance: Coverage is optional in the following counties: Berkeley, Cabell, Calhoun, Hampshire, Hardy, Jackson, Jefferson, Monroe, Morgan, Pendleton, Pleasants, Ritchie, Roane, Wirt and Wood.

I (we) do not desire Coal Mine Subsidence Insurance coverage on any property at the location(s) indicated below, and hereby waive any right to such coverage, under this policy or any future policy concerning my (our) interest in the property described in the policy (in the application) at the location(s) indicated below, unless I (we) request Coal Mine Subsidence coverage, in writing, at some future date.

Waiver of coverage applies to property at the following location(s): _____

Date: ___/___/_____   Applicant's Signature: _____

X-2349 (Rev. 06/20)

● **RESIDENCES and HOUSEHOLD CONTENTS (☐ Check here if a supplement page is attached).**

A	C	D	Item No.	Loc. #	Res. #	Cov. Code	Amount of Insurance Previous	New	R C ✓	I.G. %	Occup. O ✓	T ✓	No. of Families	Sea-sonal Occ ✓	Year New	Year Reno-vated	Peril Grp.	Ded. Amt.	Line Cont'd. Below
☐	☐	☐																	→ 1
☐	☐	☐																	→ 2
☐	☐	☐																	→ 3
☐	☐	☐																	→ 4
☐	☐	☐																	→ 5

Line Cont'd. from above	Cstr. Cd. [1]	Rate Type	LtR Credit or Code 203 Tie-Down ✓	Prot. Device [2]	MA Relo. No. of Units	Vacancy Buyback ✓	Solid Fuel Heat Dev. [3] ✓	Non-Smokers Credit ✓	Excess Debris Removal [4] ✓	Ordinance or Law ✓	Re FA	H R	Premium
→ 1													
→ 2													
→ 3													
→ 4													
→ 5													

[1] **Construction Codes:** 1 - Frame; 2 - Veneer; 3 - Brick/Stone/Masonry; 4 - Fire Resistant; 5 - Mobile Home; 6 - Stucco; 7 - Specific Rate; 8 - Steel/Engineered Steel/All Metal; 9 - Modular Home
[2] Refer to the SFP "10" Rule pages for Protection Types.
[3] If box is checked **no** Residential Fuel Credit will be given.
[4] If box is checked Excess Debris Removal will be added to/deleted from **all** Division I coverages.

REASON FOR CHANGE/REMARKS - (Residences & Household Contents):

WEST VIRGINIA ONLY - Coal Mine Subsidence Waiver of Insurance

Coverage is optional in the following counties: Berkeley, Cabell, Calhoun, Hampshire, Hardy, Jackson, Jefferson, Monroe, Morgan, Pendleton, Pleasants, Ritchie, Roane, Wirt and Wood.

I (we) do not desire Coal Mine Subsidence Insurance coverage on the Residence(s) indicated below, and hereby waive any right to such coverage, under this policy or any future policy concerning my (our) interest in the Residence(s) described in the policy (in the application) and indicated below, unless I (we) request Coal Mine Subsidence coverage, in writing, at some future date.

Waiver of coverage applies to the following Residence(s): _____

Date ____/____/____   Applicant's Signature: _____

● **BUILDINGS AND CONTENTS (☐ Check here if a supplement page is attached).**

A	C	D	Item No.	Loc. #	Bldg. #	DESCRIPTION	Check if Cnts.	Cov. Code	Descrip. Code	Amount of Insurance		Line Cont'd. Below
										Previous	New	
☐	☐	☐										→ 1
☐	☐	☐										→ 2
☐	☐	☐										→ 3
☐	☐	☐										→ 4
☐	☐	☐										→ 5

Line Cont'd. from above	RC ✓	Year New	Year Renov.	Peril Grp.	Deductible Amount	Cstr. Code [1]	Rating Type	Lt. R Credit ✓	Prot. Device [2]	IRPM Factor [3]	Vac'y. Buyback ✓	Solid Fuel Heat ✓	Excess Debris Removal ✓ [4]	Ordin. or Law ✓	# of birds	Poultry Suffo-cation ✓	Sched-ule # [5]	Plastic Covered Greenhouse Thick-ness	Date Install. Mo/Yr.	Utility Value ✓	Re FA	HR	Premium
→ 1																							
→ 2																							
→ 3																							
→ 4																							
→ 5																							

[1] **Construction Codes:** 1 - Frame; 2 - Veneer; 3 - Brick/Stone/Masonry; 4 - Fire Resistant; 5 - Mobile Home; 6 - Stucco; 7 - Specific Rate; 8 - Steel/Engineered Steel/All Metal.
[2] Refer to the SFP "10" Rule pages for Protection Types.
[3] Print in decimal form (ex. for a 10% IRPM credit type .90).
[4] If box is checked Excess Debris Removal will be added to/deleted from **all** Division II coverages.
[5] Refer to the Underwriting Guidelines for schedule numbers.

REASON FOR CHANGE/REMARKS - (Buildings & Building Contents):

WEST VIRGINIA ONLY - Coal Mine Subsidence Waiver of Insurance

Coverage is optional in the following counties: Berkeley, Cabell, Calhoun, Hampshire, Hardy, Jackson, Jefferson, Monroe, Morgan, Pendleton, Pleasants, Ritchie, Roane, Wirt and Wood.

I (we) do not desire Coal Mine Subsidence Insurance coverage on the Building(s) indicated below, and hereby waive any right to such coverage, under this policy or any future policy concerning my (our) interest in the Building(s) described in the policy (in the application) and indicated below, unless I (we) request Coal Mine Subsidence coverage, in writing, at some future date.

Waiver of coverage applies to the following Building(s): _____

Date _____ / _____ / _____   Applicant's Signature: _____

● **FARM PERSONAL PROPERTY (❑ Check here if a supplement page is attached).**

BLANKET

A	C	D	Item No.	Peril Grp.	DESCRIPTION	Dairy Cows Only	Cov. Code	Amount of Insurance Previous	New	Deductible Amount	IRPM	Re FA	HR	Premium
❑	❑	❑			Livestock		471							
					❑ Animals Other Than Defined Livestock Give Description:									
❑	❑	❑			Farm Machinery Special Use % _____		XX 473							
❑	❑	❑			Farm Products, Supplies and Tools Excess Prop. Away % _____		XX 475							
					❑ Periodic Increase in Limits - Blanket Farm Products, Supplies and Tools → Annual Percentage (2% increments up to 10%):									
					❑ Boats, Skiffs, Rafts & Their Equipment Confined to Lobster Pounds									

SPECIFIC — Livestock (470), Farm Machinery (472), or Farm Products, Supplies & Tools (474), AVD Elec. Equip. (464) or Special Silo Unloader (476)

A	C	D	Item No.	Peril Grp.	DESCRIPTION Check box if ALL of coverage code is to be deleted. DO NOT list each item.	Cov. Code	Amount of Insurance Previous	New	Deductible Amount	IRPM	Re FA	HR	Premium
❑	❑	❑			❑ Livestock:	470							
					❑ Animals Other Than Defined Livestock Give Description:								
❑	❑	❑			❑								
❑	❑	❑			❑								
❑	❑	❑			❑								
❑	❑	❑			❑								

A	C	D	Item No.	Peril Grp.	DESCRIPTION	Cov. Code	Amount of Insurance Previous	New	Deductible Amount	IRPM	Re FA	HR	Premium
❑	❑	❑			Borrowed or Rented Farm Machinery	477							

A	C	D	❑ 650 PAC Item No.	Schedule #	Description of crops, feed, supplies, etc.	Peril Group	Deductible Amount	IRPM Factor	Re FA	HR	Premium
❑	❑	❑		#1							
❑	❑	❑		#2							

PAC #1	January $	February $	March $	April $
	May $	June $	July $	August $	September $
	October $	November $	December $	Total Est. Value $	Monthly Average $

PAC #2	January $	February $	March $	April $
	May $	June $	July $	August $	September $
	October $	November $	December $	Total Est. Value $	Monthly Average $

A	C	D	❑ **651** PAC - Grain, Hay, Straw, Fodder Item No.	Schedule #	Description of Item	Peril Group	Deductible Amount	IRPM Factor	Re FA	HR	Premium
❑	❑	❑		**#1**							
❑	❑	❑		**#2**							

PAC #1	January $	February $	March $	April $	**PAC #2**	January $	February $	March $	April $
May $	June $	July $	August $	September $	May $	June $	July $	August $	September $
October $	November $	December $	Total Est. Value $	Monthly Average $	October $	November $	December $	Total Est. Value $	Monthly Average $

REASON FOR CHANGE/REMARKS — (Farm Personal Property):

● **SCHEDULED PERSONAL PROPERTY** (Premium Group same as main location) (❑ **Check here if a supplement page is attached).**
ATTACH APPRAISALS OR ORIGINAL SALES INVOICES FOR ITEMS AS REQUIRED IN UNDERWRITING GUIDELINES.

A	C	D	Item No.	Cov. Code	Peril Grp.	DESCRIPTION — LIMIT TO 50 CHARACTERS (Include Mfg. Name, Serial No., Cost & Date Purchased) Use 2 or more lines if necessary, or attach a separate memo.	Amount of Insurance	Loc. No. for **413**	Vault Cr. **403, 407, 409** ✓	Gem Print **407** ✓	Pro. Use **402, 440** ✓	Unar'd. Vehicle **403, 409, 410, 411**	Student # Extent.	Pers. Eff. 410, 411 Limit. Peril ✓	Named Person* # ✓	Pro. Entertainer **410, 411** ✓	Ded 413	Re FA	HR	Premium
❑	❑	❑			8														
❑	❑	❑			8														
❑	❑	❑			8														
❑	❑	❑			8														

- Snowmobiles, ATV's and Watercraft: Please consult the New Business Application for available coverages and list appropriate information below. *Enter Named Person Here: _____
REASON FOR CHANGE/REMARKS - (Scheduled Personal Property):

● **LIABILITY** (❑ **Check here if a supplement page is attached).**

A	C	D			
❑	❑	❑	Liability Limits: Each Occurrence $ _____ General Aggregate $ _____ Products/Completed Operations Aggregate -- Same as General Aggregate Limit	Section B Medical Expenses $5,000 Section C Farm Chemical Transportation $25,000 Section D Fire Legal Liability $100,000 Section E Limited Farm Pollution Liability $50,000 (N/A in Vermont) Section F Personal/Advertising Injury Liability -- Same as Each Occurrence Limit Unless Excluded From Policy		

A	C	D	Item No.	Excess Medical Expenses Coverage **(CODE 108)**		Amount of Increase: $ _____
❑	❑	❑				

A	C	D	Item No.	Excess Fire Legal Liability Coverage **(CODE 129)**		Amount of Increase: $ _____
❑	❑	❑				

A	C	D	**Personal Liability (CODE 102)**	Item No.	List Multiple Personal Liability Exposures	HR	Premium
❑	❑	❑					
				NY, NH and NJ ONLY: ❑ 106 Mandatory Workers' Compensation - Residence Employees: # of In-Servants # of Out-Servants _____ # Private Estate Out - Servants (NJ Only): _____		

● **LIABILITY - continued**

A C D		Item No.	Description of Farm Exposure	No. of Livestock (Excluding Horses) small	large	Gross Farm Income[2]	Rate Type	SR Factor	HR	Premium
❑ ❑ ❑	**Farm Liability (CODE 101)**		1.							
❑ ❑ ❑			2.							
❑ ❑ ❑			3.							

A C D		Item No.	Description of Exposure:	Number of Horses	SR Factor	HR	Premium
❑ ❑ ❑	**Farm Liability (CODE 139)**		Owned Horses - No Off-Premises Exposure				

A C D		Item No.	Description of Exposure:	Number of Horses	SR Factor	HR	Premium
❑ ❑ ❑	**Farm Liability (CODE 140)**		Owned Horses - With Off-Premises Exposure				

A C D		Item No.	Describe Exposure	Loc. No.	Bldg. No.	Own Prod. Only ✓	Seasonal[1] ✓	Gross Sales[2]	Rate Type (circle)	SR Factor	HR	Premium
❑ ❑ ❑	**Business Liability (CODE 160)** Rate Type 1 and 2 only		1. Farm Stand:						1 2			
❑ ❑ ❑			2. Farm Stand:						1 2			

[1] Open over 10 months is non seasonal.   [2] State entire dollar value (ex: 800 or 24,000)

A C D		Item No.	Describe Exposure:	Class Code[1]	Rating Basis (e.g., Receipts, # of Horses)[1]	Rating Value[2]	SR Factor	HR	Premium
❑	**Business Liability (CODE 161)** Rate Type 7 Only								
❑ ❑ ❑			1.						
❑ ❑ ❑			2.						
❑ ❑ ❑			3.						
❑ ❑ ❑			4.						
❑ ❑ ❑			5.						

[1] Refer to state rate pages. [2] If dollar value, please state entire amount (ex: 800 or 24,000)

A C D		Item No.	Loc. #	STREET ADDRESS (No PO Box or Rural Route Numbers)	# of Families	Farm Employee Res. ✓	HR	Premium
❑	**Residences Rented to Others (CODE 104)**							
❑ ❑ ❑								
❑ ❑ ❑								
❑ ❑ ❑								

● **LIABILITY - continued**

A	C	D		Item No.	Loc. #	STREET ADDRESS (No PO Box or Rural Route Numbers)	# of Families	HR	Premium
❏	❏	❏	❏ **Additional Owner Occupied Residence (CODE 107)**						
❏	❏	❏							
❏	❏	❏							

A	C	D		Item No.	Year	Make/Model	S/A 2	Serial #	C.C.	H.P.	Max MPH	Period of Operation[3] From	To	Operator	Op Age	H R	Premium
❏	❏	❏	❏ **Snowmobile & ATV[1] Off-Premises (Code 116)**														
❏	❏	❏															

[1] Coverage is N/A in NY; No coverage for snowmobiles in NH, NJ and RI   [2] S= Snowmobiles; A= ATVs.   [3] Enter month and day for snowmobiles only.

A	C	D		Item No.	Type Code[2]	Year	Make/Model	H.P.	Max MPH	Length	Period of Navigation[3] From	To	H R	Premium
❏	❏	❏	❏ **Watercraft[1] Code 117**											
❏	❏	❏												

[1] Coverage is only for boats over 50 H.P. or sailboats over 26 feet.   [2] Type Code: 1=Outboard; 2=Inboard; 3=Inboard/Outboard; 4=Sail with power; 5 = Sail. [3] Enter month and day

A	C	D		Item No.	Year	Make/Model	VIN	H R	Premium
❏	❏	❏	❏ **Unlicensed Farm Truck Liab. (Code 141) PA Only**						
❏	❏	❏							

● **LIABILITY EXCLUSIONS AND DEDUCTIBLE - Subject to Underwriter Approval**

A	C	D	Item No.	❏ Exclusion-Specific Products:	❏ Exclusion-Specific Products PD Only:	❏ Special Deductible-PD for Milk:
❏	❏	❏				
❏	❏	❏	Exclusion-Personal Injury and Advertising Injury Liability Coverage			
❏	❏	❏	Exclusion-All Hazards in Connection with Designated Farm Location		Address/Description of Farm Location(s):	
❏	❏	❏	Exclusion for Designated Activities or Services[1]		Name/Description and Dates of Activities or Services:	
❏	❏	❏	Exclusion of Designated Animals[2]		Name/Description of Designated Animal(s):	
❏	❏	❏	Exclusion for Designated Premises		Address/Description of Designated Premises:	
❏	❏	❏	Exclusion of Designated Work		Description of Work:	

[1] Exclusion is N/A in New York; [2] Exclusion is N/A in New Jersey and New York

● **OPTIONAL COVERAGES FOR ALL DIVISIONS (DIV. I, II, III, IV, V) -** *Please consult the New Business Application for the available coverages and list the appropriate information below.*

A	C	D	Item No.	Cov. Code	Loc. No.	Bldg. No.	Applicable Division	Type Code	DESCRIPTION	Limit/Rating Value Previous	New	HR	Premium
❏	❏	❏											
❏	❏	❏											
❏	❏	❏											
❏	❏	❏											
❏	❏	❏											
❏	❏	❏											
❏	❏	❏											
❏	❏	❏											

REASON FOR CHANGE/REMARKS — (Optional Coverages & Additional Liability Coverages):

● **ADDITIONAL INSURED COVERAGE (CODE 135)**

A C D	Item #	Type Code¹: _____	Name:	Description of Interest:
❏ ❏ ❏		Address:		

A C D	Item #	Type Code¹: _____	Name:	Description of Interest:
❏ ❏ ❏		Address:		

¹ Type Codes: 0 = Co-Owner of Described Premises; 1 = Lessor of Equipment; 2 = Lessor of Premises; 3 = Mortgagee, Assignee or Receiver; 4 = Power of Attorney; 5 = Principal Interest; 6 = State or Political Subdivision - Premises Permits; 7 = Owners or Other Interests From Whom Premises Have Been Leased For Events

A C D	❏ Named Person or Organization (B)	Item #	Name:	Address:
❏ ❏ ❏			Description of Interest:	Do you want coverage for Personal Liability? ❏ Yes ❏ No

● **ADDITIONAL INSURED COVERAGE (CODE 135) — continued**

A C D	❏ Vendor of Your Products (C)	Item #			HR	Premium
❏ ❏ ❏			(1) Name:	Description of Products:		
			Address:			
A C D			(2) Name:	Description of Products:		
❏ ❏ ❏			Address:			
A C D			(3) Name:	Description of Products:		
❏ ❏ ❏			Address:			

A C D	❏ Trainer or Instructor (D)	Name of Trainer or Instructor:	HR	Premium
❏ ❏ ❏				
❏ ❏ ❏				

Additional Remarks: _____

_____

_____

Additional Remarks: _____

_____

_____

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

MARYLAND - "Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

NEW YORK - "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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

NEW JERSEY - "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

PENNSYLVANIA - "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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

RHODE ISLAND - "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

WEST VIRGINIA - "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

❑　　**NOT BOUND** - Use Only by Special Agreement with the Insured:
　　　　I understand that this Change/Renewal Request is not binding upon the Company until it is approved by the Company.

Insured's Signature: X _____　　Date: _____ / _____ / _____

I warrant that the information on this Change/Renewal Request it true and complete, and that the Insurance Company will rely upon the information herein, to the end that I may obtain the requested insurance.

Insured's Signature: X _____　　Date: _____ / _____ / _____

Agent's Signature: X _____　　Date: _____ / _____ / _____

AGENT CHECKLIST

❑　Change/Renewal Request Signed
❑　Photos of Residence over 20 years old.
❑　Photos of Outbuildings with a value of $15,000 and over.
❑　Photos of Solid Fuel Heating Device and Woodstove Supplement.
❑　Supplemental Horse Questionaire

❑　Cost estimator for Outbuildings with a value of $100,000 and over.
❑　Cost estimator for Residences valued over $150,000 or over 25 years old.
❑　Diagram for property exceeding $500,000 PML.
❑　Inventories

SFP "10" Class Codes & Rating Bases for Business Liability Coverage - Code 161 Type 7

CLASS CODE	DESCRIPTION	RATING BASIS - REQUIRED INFORMATION
61000	Bed and Breakfast	Per Room - Enter number of rooms
91200	Blacksmithing	Receipts - Enter total receipts
10331	Campgrounds	Receipts - Enter total receipts
82060	Childrens Playgrounds	Visitors - Enter total number of visitors
53565	Cider Pressing and Juice Manufacturing	Receipts - Enter total receipts
82070	Corn or Hay Mazes	Visitors - Enter total number of visitors
82090	Corn/Apple/Potato Cannons or Slingshots	Visitors - Enter total number of visitors
41421	Day Camps (non-horse)	Camper Days - Enter total number of camper days
43421	Exhibitions (no longer allowed for new business)	Admissions - Enter total number of admissions
82040	Farm Tours – Active (farm-type activities)	Visitors - Enter total number of visitors
82030	Farm Tours – Passive	Visitors - Enter total number of visitors
12583	Feed, Grain or Hay Dealers	Sales - Enter total sales
12683	Fertilizer Dealer and Distributor	Sales - Enter total sales
82080	Haunted Houses/Haunted Mazes	Visitors - Enter total number of visitors
82130	Hay Mountains, Hay Slides & Hay Tunnels	Visitors - Enter total number of visitors
99111	Horse - Boarding Only (no training)	Per Horse - Enter number of horses
80230	Horse - Breeding Operations - Mares and Foals	Per Horse - Enter MAX number of horses on premises at any one time
80231	Horse - Breeding Operations - Stallions Only (artificial insemination)	Per Horse - Enter MAX number of horses at any one time
80232	Horse - Breeding Operations - Stallions Only (live cover)	Per Horse - Enter MAX number of horses at any one time
80060	Horse - Clinics - Active (instructor has no insurance)	Per Clinic Day - Enter number of clinic days of this type per year
80050	Horse - Clinics - Active (instructor has own insurance)	Per Clinic Day - Enter number of clinic days of this type per year
80040	Horse - Clinics - Passive	Per Clinic Day - Enter number of clinic days of this type per year
80260	Horse - Day Camps	Camper Days - Enter total number of camper days
80131	Horse - Hunt Clubs	Members/Guests - Enter number of riding members & guests Events/Hunting Days - Enter number of public club events and hunting days Properties Crossed - Enter number of properties hunted
80240	Horse - Leasing to Individuals	Per Horse - Enter number of horses leased
80130	Horse - Polo Clubs	Members - Enter number of members Spectators - Enter number of spectators Event Days - Enter number of event days
80170	Horse - Pony Rides	Per Ride - Enter number of pony rides given
80210	Horse - Racehorse Owner (raced by insured)	Per Horse - Enter number of horses actively racing or in race training
80220	Horse - Racehorse Owner (raced by others)	Per Horse - Enter number of horses actively racing or in race training
80132	Horse - Riding Clubs	Members - Enter number of members Event/Activity Days - Enter number of public event and activity days
80010	Horse - Riding Lesons (student-owned horses)	Per Lesson - Enter number of lessons given
80020	Horse - Riding Lessons (school-owned horses)	Per Lesson - Enter number of lessons given
80200	Horse - Sales	Horses Sold - Enter number of horses sold Sales - Enter total sales
80150	Horse - Horse Shows	Horses - Enter total number of horses in show Spectators - Enter number of spectators Event Days - Enter number of event days (and event names)
80250	Horse - Swimming Pools (including aquatreds & aquacisers)	Per Pool - Enter number of pools
80035	Horse - Training (excluding boarding, excluding racehorses)	Per Horse - Enter number of horses trained per year
80030	Horse - Training (including boarding, excluding racehorses)	Per Horse - Enter number of horses trained per year
45224	Hunting	Receipts - Enter total receipts
82120	Inflatables	Visitors - Enter total number of visitors
45450	Kennels	Per Kennel - Enter number of kennels
63010	Lessors Risk - Dwellings (1 family)	Per Dwelling - Enter number of 1 family dwellings
63011	Lessors Risk - Dwelling (2 family)	Per Dwelling - Enter number of 2 family dwellings
63012	Lessors Risk - Dwelling (3 family)	Per Dwelling - Enter number of 3 family dwellings
63013	Lessors Risk - Dwelling (4 family)	Per Dwelling - Enter number of 4 family dwellings
61212	Lessors Risk - Land and Buildings	Rental Income - Enter total amount of rental income
45539	Lessors Risk - Land Only	Acreage - Enter total acreage
80126	Livestock Boarding - Other Than Horses	Animals Boarded - Enter total number of animals boarded
14855	Livestock Dealers	Sales - Enter total sales
80090	Livestock Drawn Carriage Rides (on premises)	Receipts - Enter total receipts
80100	Livestock Drawn Carriage Rides (on/off premises)	Receipts - Enter total receipts
80110	Livestock Drawn Hay, Sleigh or Wagon Rides (on premises)	Receipts - Enter total receipts
80120	Livestock Drawn Hay, Sleigh or Wagon Rides (on/off premises)	Receipts - Enter total receipts
52002	Manufacturing - Dairy Products	Sales - Enter total sales
53077	Manufacturing - Fertilizer	Receipts - Enter total receipts
53376	Manufacturing - Food (in glass containers)	Receipts - Enter total receipts
53377	Manufacturing - Food (not in glass containers)	Receipts - Enter total receipts

CLASS CODE	DESCRIPTION	RATING BASIS - REQUIRED INFORMATION
81005	Manufacturing - Non-food, Non-tack, Non-wool Items	Receipts - Enter total receipts
59989	Manufacturing - Wool Products	Receipts - Enter total receipts
59647	Maple Syrup	Sales - Enter total sales
56760	Meat Processing	Receipts - Enter total receipts
82100	Mini Golf	Visitors - Enter total number of visitors
98150	Oil and Gas Wells (operated by others only)	Per Well - Enter number of wells
82140	Other Agritainment Activities	Visitors - Enter total number of visitors
46604	Parking	Receipts - Enter total receipts
16402	Pet Grooming	Receipts - Enter total receipts
16404	Pet Training	Receipts - Enter total receipts
49902	Petting Zoo	Square Feet - Enter total number of square feet
82050	Picnic Areas	Visitors - Enter total number of visitors
16821	Refreshment Stands	Sales - Enter total sales
81002	Retail - Dairy Products	Sales - Enter total sales
18437	Retail - Excluding Food, Tack, Wool	Sales - Enter total sales
81004	Retail - Food in Glass Containers	Sales - Enter total sales
81003	Retail - Food Not in Glass Containers	Sales - Enter total sales
15224	Retail - Meat	Sales - Enter total sales
81001	Retail - Tack	Sales - Enter total sales
81006	Retail - Wool Products	Sales - Enter total sales
47474	Schools - Related to Farm Activity	Per Student - Enter total number of students
82020	Shows and Demonstrations (non-horse related)	Visitors - Enter total number of visitors
82010	Social/Business Events (hosted by insured)	Visitors - Enter total number of visitors
81010	Storage of Boats, Cars, Campers	Sales - Enter total sales
82110	Train Rides	Visitors - Enter total number of visitors
99851	Veterinarian or Vet Hospital	Receipts - Enter total receipts
97111	Wood Harvesting	Receipts - Enter total receipts