



Texas Specialty Underwriters, Inc.
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TEXAS FARM AND RANCH OWNER APPLICATION

Agent Name _____ No. _____

SECTION I

1. Name of Applicant: _____
2. Mail Address: _____, Texas _____
Route Box Town Zip
3. Legal Description: _____
4. Describe Dwelling No. 1 :

Acres	Distance	Direction	From Nearest Town	Name of Road	County
Primary Dwelling Const.: <input type="checkbox"/> BR <input type="checkbox"/> BV <input type="checkbox"/> AS Roof: <input type="checkbox"/> Metal <input type="checkbox"/> Composition <input type="checkbox"/> Cedarshake Age: _____					

Description of Unadjacent Farm Acreage:

Acres	Distance	Direction	From Nearest Town	Name of Road	County
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5. Policy period from _____ to _____ at 12:01 a.m. Standard Time.
6. First Mortgagee: _____
 Address: _____
7. Second Mortgagee: _____
 Address: _____
8. Coverage Desired: Form FRO-A Form FRO-B
 Replacement cost endorsement (FRO 401)? Yes No

COVERAGES

Section	Coverages	Limits of Liability/Dwelling Amount
I	A. Dwelling	\$
	B. Unscheduled household goods and personal effects	\$
	C. Loss of use	\$
	D. Scheduled farm personal property	\$
	E. Scheduled farm and ranch property	\$
II	F. Personal Liability-each occurrence	\$
	G. Personal medical payments-each person	\$
	H. Physical damage to property of others-each occurrence	\$

OPTIONAL COVERAGES

9. Resident Glass - FRO 405 Yes No
10. TV, Radio Antenna - FRO 420 Yes No \$ _____
11. Endorsement FRO 440 (Windstorm, Hurricane and Hail Exclusion - mandatory in first tier counties).
12. WaterCraft : /MOT1-HP _____ /Length Boat _____ /Max MPH _____ / Value \$ _____ /Make _____

13. Dwelling Underwriting Information :

#	Year Built	Construction	Square Feet	No. of Stories	Occupancy (Permanent or Secondary/Seasonal)	Age of Roof	Smoke of Burglar Alarms	For Dwelling Over 25 Years indicate if and when heating and wiring were updated.
_____	_____	_____	_____	_____	_____	_____	_____	_____

14. **SCHEDULED FARM PERSONAL PROPERTY**

Item No.	Amount of Coverage	Description	Manufacturer's Serial #	Age
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

15. **SCHEDULED FARM AND RANCH PROPERTY**

Item No.	Amount of Coverage	Description	Manufacturer's Serial #	Age
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

16. Mobile Agricultural Equipment TF2071 :

Amount of Insurance	Description (include SR#)
A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____
E. _____	_____
F. _____	_____

GENERAL UNDERWRITING INFORMATION

17. Previous Company: _____

18. Expiration Date: _____

19. Has any company declined, cancelled or non-renewed any insurance? Yes No

20. If yes, why? _____

21. Three year loss history :

Date	Type of Loss	Cause	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

22. Date the premises personally inspected: _____

23. Any camping areas? Yes No Receipts: \$ _____

24. Fishing or hunting facilities? Yes No Receipts: \$ _____

25. Petroleum production? Yes No Receipts: \$ _____

26. Rental or farm equipment? Yes No Receipts: \$ _____

27. Cattle or any other livestock? Yes No # of head: _____

28. Custom Farming:

Receipts: \$ _____ Description: _____

29. If dwelling is over 25 years old, have the following items been updated?

Wiring Yes No If yes, when? _____

Heating Yes No If yes, when? _____

Plumbing Yes No If yes, when? _____

Roofing Yes No If yes, when? _____

30. Any LPG or gas storage tanks? Yes No If so, give locations and installation method: _____

31. Are there any buildings on the premises which are unused? Yes No If so, describe: _____

32. Any unusual hazards? Yes No

Such as (but not limited to): Airstrips Dams /Lakes /Ponds Open dump pits /Landfills
 Silage pits Timber operations

If others, describe: _____

33. Any chemical applications? Yes No If so, what kind? Ground Air

List type and nature of chemicals: _____

