



Texas Specialty Underwriters, Inc.

510 Turtle Cove Blvd., Suite 200

Rockwall, Texas 75087

Voice (972) 771-5653 Fax (972) 722-5392 Watts (800) 442-7050

TEXAS FARM AND RANCH OWNER APPLICATION

Agent Name

No.

SECTION I

1. Name of Applicant:

2. Mail Address: Route Box Town Zip, Texas

3. Legal Description:

4. Describe Dwelling No. 1:

Acres Distance Direction From Nearest Town Name of Road County
Primary Dwelling Const.: BR BV AS Roof: Metal Composition Cedarshake Age:

Description of Unadjacent Farm Acreage:

Acres Distance Direction From Nearest Town Name of Road County

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

Table with 3 columns: Section, Coverages, Limits of Liability/Dwelling Amount. Rows include A-E (Section I) and F-H (Section II).

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 : \_\_\_\_\_
- \_\_\_\_\_

34. Any self - construction; remodeling?  Yes  No If so, describe: \_\_\_\_\_  
 \_\_\_\_\_
35. Is there a woodburning stove?  Yes  No If so, attach photo. Installed by : \_\_\_\_\_
36. Type of heating: \_\_\_\_\_
37. Installed by contractor?  Yes  No Installed by applicant?  Yes  No
38. Applicant: \_\_\_\_\_  
 Occupation Number of Years Date of Birth
39. Spouse: \_\_\_\_\_  
 Occupation Number of Years Date of Birth
40. Is this a detached single family dwelling?  Yes  No
41. Serviced by rural fire department ?  Yes  No Distance to fire protection: \_\_\_\_\_  
 Any other on site fire protection facilities ? If yes, describe : \_\_\_\_\_
42. How long have you known applicant ? \_\_\_\_\_
43. Does applicant reside full time in this dwelling?  Yes  No If no, explain : \_\_\_\_\_
44. Does applicant own another dwelling ?  yes  No If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_
45. Protection devices on premises:  Smoke  Burglar  Other: \_\_\_\_\_
46. Any business carried on at any location ?  Yes  No Describe: \_\_\_\_\_
47. Swimming pool?  Yes  No If yes, is it fenced with self-locking gate?  Yes  No
48. Agency Comments: \_\_\_\_\_  
 \_\_\_\_\_
49. All requests to bind coverage must be in writing (may be faxed).

### PRIVACY POLICY

I have received and read a copy of the companies Privacy Statement and Procedures. By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies. I understand and agree that any information about me that is contained in, or that is obtained in connection with this application or any policy issued to me may be used by any company listed on the Privacy Statement Brochure to issue, review and renew the insurance for which I am applying.

### Fair Reporting Act Notice

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

\_\_\_\_\_  
 Signature of Applicant  
 (must be personally signed)

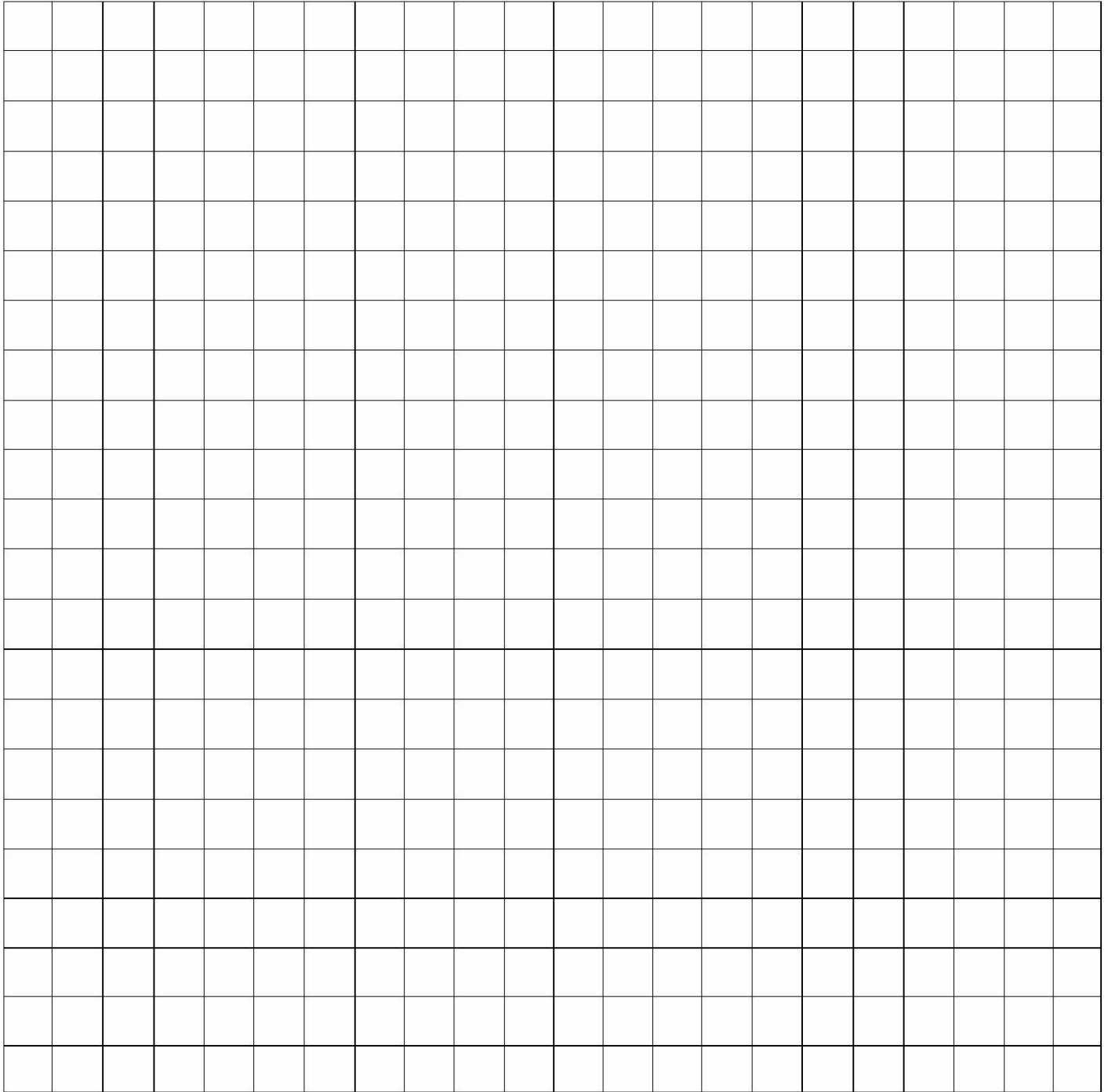
\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Agent, Broker, Solicitor  
 (must be personally signed)

<p><b>Please include a map or detailed directions to the applicant's premises.</b></p> <p>Contact person and phone to enable us to inspect the premises:</p> <p>Name: _____</p> <p>Phone: (      ) _____</p>
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A diagram of the property is mandatory. Identify all buildings, lakes, ponds and storage tanks.  
Show value of each and **distance between structures.**

Include photo of each building to be insured.



Attach additional diagram(s) for each unadjacent location.