

FARM POLICY PAK

Mid-America Specialty Markets Quote Information

Client _____

Submission Date _____

Submitted By _____

Please Quote These Lines of Coverage

- Farm Dwelling
- Farm Buildings
- Farm Blanket Personal Property
- Farm Scheduled Personal Property
- Farm Liability
- Auto, Recreational Vehicle
- Boat, Personal Watercraft
- Life
- Other Insurance

When submitting a request for quote please complete the general applicant information page along with the appropriate coverage section checked above. In addition please submit a copy of the clients' current policy declaration page(s) and any hard copy loss information for review.

Once complete fax or email these items to:

Mid-America Specialty Markets
Fax: 573-447-4998
Email: getquote@midaminsurance.com

GENERAL APPLICANT INFORMATION FARM LINES SUBMISSION DATE _____ AGENT _____

APPLICANT NAME _____

MAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

PHONE _____ FAX _____ CELL _____

INFO FOR CREDIT SCORING

NAME	DOB	SSN
_____	_____	_____
_____	_____	_____

Status of Submission

Quote - Need Quote Back: _____

: Current Carrier:
: Currently Insured ____ # Years
: With Who:
:
:

Notes and details to assist in quoting this risk:

FARM DWELLING

GENERAL INFORMATION

PRIMARY HOME SECONDARY DWELLING RENTERS NOW PAYING _____

LOCATION ADDRESS _____ ZIP _____ COUNTY _____

PRESENT INSURANCE COMPANY _____ HOW LONG WITH THEM _____

WHY DO YOU WANT A QUOTE: BETTER COVERAGE / BETTER PRICING / OTHER _____

INFO FOR CREDIT SCORING

NAME	DOB	SSN
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_____	_____	_____
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_____	_____	_____
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PROPERTY INFORMATION

VISIBLE TO NEIGHBORS - HOW FAR _____

CONSTRUCTION _____ FIRE CLASS _____ RESPONDING FIRE DEPT _____ DISTANCE FROM FIRE DEPT _____

INSIDE OR OUTSIDE OF TOWN _____ YEAR BUILT _____ ON HARD SURFACE ROAD _____ # ACRES _____ POOL _____

DOGS ON PREMISES - EXPLAIN TYPE AND WHERE KEPT _____

WOODBURNING HEAT OF ANY TYPE, EXPLAIN _____ TYPE OF FLUE _____

PRIMARY HEAT TYPE _____ AGE _____ ROOF TYPE _____ AGE _____

SHOW ANY UPDATES TO PROPERTY _____

DEDUCTIBLE	_____
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DWELLING VALUE	_____
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PERSONAL PROP	_____
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LOSS OF USE	_____
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OTHER STRUCTURES	_____
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LIABILITY LIMIT	_____
-----------------	-------

MED PAY	_____
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CURRENT PREMIUM	_____
-----------------	-------

STYLE OF HOUSE	_____
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TOTAL LIVING AREA	_____
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FOUNDATION TYPE	_____
-----------------	-------

EXTERIOR WALL TYPE	_____
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NUMBER OF FLOORS	_____
------------------	-------

DESCRIBE GARAGE	_____
-----------------	-------

DECK/PATIO AREA	_____
-----------------	-------

NUMBER/TYPE BATHS	_____
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DECK/PATIO AREA	_____
-----------------	-------

WALL COVERINGS	_____
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FLOOR COVERINGS	_____
-----------------	-------

INTERIOR QUALITY	_____
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EXTERIOR QUALITY	_____
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NOTES ABOUT OTHER COVERAGE, CONSTRUCTION, CLAIMS, SPECIAL HAZARDS OR FEATURES:

LOCATION SCHEDULE

Loc #	Number of Acres	Location Address / Legal Address	Describe Use of Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FARM LIABILITY

Bodily Injury & Property Damage Limit _____

Medical Payments _____

Total Number of Acres All Locations _____

Additional Residence Rented to Others Describe:

Farm Employees:

Workers Compensation Policy is In Force

Include Employers Liability

_____ Number of Full Time Employees

_____ Number of Part Time Employees

_____ Total Days Employed

_____ Total Payroll

Other Liability:

Hunting Fishing Allowed on Premises _____ Annual Receipts of Hunting Fishing

Equine Liability Required (complete horse supplemental application)

Custom Farming

Confinement Operations (complete confinement application)

Feedlot Operation (complete feedlot application)

Incidental Business Operations Describe:

Other Describe:

AUTO / RECREATIONAL VEHICLE SECTION

NOW PAYING _____

PRESENT AUTO INSURANCE COMPANY _____ HOW LONG WITH THEM _____
WHY DO YOU WANT A QUOTE: BETTER COVERAGE / BETTER PRICING / OTHER _____

LIST ALL PEOPLE IN THE HOUSEHOLD WITH A DRIVERS LICENSE WHETHER DRIVING OR NOT

	NAME	DOB	DL NUMBER	SSN
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

VEHICLE INFORMATION – LIMITS OF INSURANCE

YEAR _____ VIN _____ MAKE _____ MODEL _____ DRIVER # _____ USE _____

LIABILITY LIMIT _____ MED _____ UM/UIM _____ COMP _____ COLL _____

OTHER COVERAGE/DISCOUNTS _____

YEAR _____ VIN _____ MAKE _____ MODEL _____ DRIVER # _____ USE _____

LIABILITY LIMIT _____ MED _____ UM/UIM _____ COMP _____ COLL _____

OTHER COVERAGE/DISCOUNTS _____

YEAR _____ VIN _____ MAKE _____ MODEL _____ DRIVER # _____ USE _____

LIABILITY LIMIT _____ MED _____ UM/UIM _____ COMP _____ COLL _____

OTHER COVERAGE/DISCOUNTS _____

YEAR _____ VIN _____ MAKE _____ MODEL _____ DRIVER # _____ USE _____

LIABILITY LIMIT _____ MED _____ UM/UIM _____ COMP _____ COLL _____

OTHER COVERAGE/DISCOUNTS _____

SHOW ALL LIEN HOLDERS:

AUTO CLAIMS INFORMATION:

BOAT / PERSONAL WATERCRAFT QUOTE SHEET

PRESENT BOAT INSURANCE COMPANY _____ NOW PAYING _____
HOW LONG WITH THEM _____
WHY DO YOU WANT A QUOTE: BETTER COVERAGE / BETTER PRICING / OTHER _____

LIST ALL PEOPLE IN THE HOUSEHOLD DRIVING THE BOAT OR PWC

	NAME	DOB	DL NUMBER	SSN
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

BOAT INFORMATION – LIMITS OF INSURANCE

LIABILITY LIMIT _____ MED _____ UM/UIM _____ COMP _____ COLL _____

YEAR _____ SERIAL _____ INSURED LIMIT OF BOAT _____

MANUFACTURE _____ MODEL _____

OVERALL LENGTH _____ BEAM _____ HULL TYPE _____ TYPE OF BOAT _____

INBOARD # OF MOTORS _____ HP EACH MOTOR _____ MAX SPEED _____

OUTBOARD # OF MOTORS _____ HP EACH MOTOR _____ MAX SPEED _____ VALUE OF MOTORS _____

INBOARD/OUTDRIVE NUMBER OF MOTORS _____ HORSEPOWER EACH MOTOR _____ MAX SPEED _____

TROLLING MOTORS DESCRIBE:

TRAILER – YEAR _____ MFG _____ VIN _____ VALUE _____

PERSONAL PROPERTY ON BOAT LIMIT _____

OTHER EQUIPMENT DESCRIBE:

DESCRIBE THE USE OF THE BOAT AND WHERE IT IS PRIMARILY USED:

DESCRIBE WHERE BOAT IS KEPT DURING BOATING SEASON AND STORAGE:

DESCRIBE OTHER COVERAGE REQUESTED AND CLAIMS INFORMATION:

LIEN HOLDER:

LIFE INSURANCE SECTION

Name	DOB	Smoke Y/N	Describe Coverage Amount and Type Requested
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER INSURANCE SECTION

Describe Other Insurance Needed