

FARMOWNERS QUESTIONNAIRE FOR QUOTING PURPOSES

This form requests basic information to provide an estimated quote. For a firm quote, we will need a company specific application completed. To start coverage, we will need the company specific application, payment, and any other required documentation (including photos).

APPLICANT'S NAME _____

Address _____

Miles from the coast _____

Phone _____

COUNTY _____

OF ACRES _____

Email _____

website: _____

Current Insurance Company _____

expiration date? _____

Current premium \$ _____

DWELLING

POLICY DEDUCTIBLE \$ _____

Do you want coverage for

VALUE	SEWER BACK-UP	ALARM SYSTEM	CONSTRUCTION	YR BUILT	SIZE	HEAT TYPE	WOOD STOVE
\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					Yes <input type="checkbox"/> No <input type="checkbox"/>

YEAR OF RENOVATION:	WIRING	PLUMB	HEATING	ROOF	name	and distance to Fire Dept.	DISTANCE TO HYDRANT

FARM BUILDINGS, STABLES AND OTHER STRUCTURES

ITEM#	BLDG NAME	VALUE	CONSTRUCTION	# OF STALLS	SQ FT	HEAT TYPE	YR BUILT	Hay Storage?
1		\$						Yes <input type="checkbox"/> No <input type="checkbox"/>
2		\$						Yes <input type="checkbox"/> No <input type="checkbox"/>
3		\$						Yes <input type="checkbox"/> No <input type="checkbox"/>
4		\$						Yes <input type="checkbox"/> No <input type="checkbox"/>
5		\$						Yes <input type="checkbox"/> No <input type="checkbox"/>
6		\$						Yes <input type="checkbox"/> No <input type="checkbox"/>

Use reverse side if you need more room

What type of fencing is on the property _____

SCHEDULED ITEMS (JEWELRY, FURS, TACK, FARM EQUIPMENT)

ITEM #	DESCRIPTION (tack, tools, misc. can be grouped together)	AMOUNT
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$

Use reverse side if you need more room

Do you use your ATV off your premise? Yes No

Do you have a swimming pool/trampoline? Yes No

Have you filed BANKRUPTCY in last 7 years? Yes No

Do you RENT any above dwelling/bldgs to tenants? Yes No

Have you had any Claims Or Losses? Yes No

If Yes, provide details on a separate page

FRY'S EQUINE INSURANCE AGENCY ~ P.O. Box 820, Grove City, OH 43123
 Phone: 800-842-9021 ~ fax: 614-875-1549 ~ email: Info@FrysEquineInsurance.com

