MAGNOLIA EVANS MUTUAL INSURANCE COMPANY

416 W. MAIN STREET MCNABB, IL 61335

FARM APPLICATION

AGENT NAME

CODE

NAME AND MAILING ADDRESS

EFFECTIVE DATE / /

OFFICE USE ONLY

(H) PHONE

(W) PHONE

(C) PHONE

BILLING

☐ ANNUAL ☐ SEMI-ANNUA

APPLICANT IS: (Check One) OWNER OCCUPIED ☐ LANDLORD ☐ TENANT ☐

DEDUCTIBLE: 500 ☐ 1000 ☐

APPLICANT INFORMATION

DOB / / SS#

CO-APPLICANT INFORMATION

DOB / / SS#

LOCATION OF PROPERTY INSURED

LOC	ACRES	SEC	TWP	RGE	TOWNSHIP	COUNTY	ADDRESS	TOWN

PROPERTY COVERAGE

OFFICE USE ONLY

PERIL CODES
GROUP 1 - BASIC PERIL
GROUP 2 - BROAD FORM
GROUP 3 - OTHER PERILS

LOSS SETTLEMENT CODES
1. ACV 2. 100% RC - BUILDINGS
3. FUNCTIONAL RC - BUILDINGS
4. RC - PERSONAL PROPERTY

OPTIONAL COVERAGE & ENDORSEMENTS
INLAND MARINE - ATTACH APP
RV - ATTACH APP
BOAT - ATTACH APP

LOC		CLASS	AMOUNT OF COVERAGE	PERIL CODE	LS CODE	SIZE/CAPACITY W	L	H	CONSTRUCTION YR.	KIND	ROOF YR.	KIND	WIRING YR.	KIND
	DWELLING													
	PERS. PROP													
	LOSS OF USE													
	BLANKET													

TYPE OF LIABILITY

☐ FARM COMP. PERSONAL LIABILITY TOTAL ACRES_____

☐ FARMS RENTED TO OTHERS TOTAL ACRES_____

☐ FARMETTE TOTAL ACRES_____

LIABILITY LIMIT

MEDICAL PAYMENTS

FARM EMPLOYEES

☐ FULL TIME

☐ PART-TIME

NO. OF EMPLOYEES_____

UNDERWRITING QUESTIONS	YES	NO
(1) ARE THERE ANY PONDS / POOLS / TRAMPOLINES? IF YES, ARE THEY FENCED?		
(2) DOES APPLICANT(S) OWN ANY ANIMALS? IF YES, LIST TYPE AND NO.		
(3) HAVE YOU SEEN THE PROPERTY?		
(4) HAS ANY COMPANY EVER CANCELLED OR REFUSED TO WRITE OR RENEW A POLICY? IF YES, EXPLAIN		
(5) ANY SPACE HEATERS OR WOOD BURNING STOVE? TYPE OF HEATING & YEAR		
(6) ARE THERE ANY BUILDINGS TO BE EXCLUDED?		
(7) ANY BUSINESS CONDUCTED ON THE PREMISES? IF YES, EXPLAIN		

OTHER INTEREST

☐ CONTRACT ☐ LOSS PAYEE

☐ OTHER ☐ MORTGAGEE

REMARKS

(8) ARE YOU INSURING ANY RENTAL PROPERTY FOR LIABILITY ONLY?		
(9) DOES INSURED BABY-SIT? IF YES, HOW MANY?		
(10) IS THERE ANY LIVESTOCK ON THE PREMISES? CONDITION OF FENCES		
(11)HAS THERE EVER BEEN A BANKRUPTCY OR FORECLOSURE?		
(12)IS THE DWELLING SEASONAL?		
(13) NAME OF PREVIOUS CARRIER. ANY LOSSES? YES/NO LIST DATE, TYPE, AMOUNT PAID.		
(14) IF NEW PURCHASE, LIST DATE OF PURCHASE & PRICE.		
(15) IS THERE ANY MACHINERY THAT DOESN'T MEET STATE REQUIREMENTS FOR ON ROAD USE, LIGHTING, ETC.		
(16) ANY ADDITIONAL INSURED'S?		
(17) ANY MACHINERY WITHOUT PROTECTIVE SHIELDS? DESCRIBE		

MINE SUBSIDENCE WAIVER

I, We do not desire MINE SUBSIDENCE INSURANCE and hereby waive any right to such coverage under this policy or any future policy covering my (our) interest in the property unless I (we) request this coverage in writing at some future date.

APPLICANT'S SIGNATURE DECLINING COVERAGE

X

Applicant's Signature

Disclosure to Applicant given pursuant to the Fair Credit Reporting Act: You are hereby notified that an investigation consumer report MAY be obtained by the company. You may request in writing from the company disclosure of the nature and scope of such report if obtained. **AGREEMENTS…**THE APPLICANT agrees that the application contains a full and true description and statement of the condition, situation, value, encumbrance, occupancy and title of the property proposed to be insured, and agrees to notify the company of any change therein. **PROXY STATEMENT:** Upon policy being issued hereon, The APPLICANT, as a policyholder of **Magnolia Evans Mutual Insurance Company** and **Rockford Mutual Insurance Company** does hereby appoint the Proxy Committee of such company(s), as his lawful representative for the term of the policy herein applied for or until such power is revoked in writing to vote his proxy at any and all meetings in which the undersigned is not represented in person.

X

Producer's Signature Date

X

Applicant's Signature Date