

CHRIS-LEEF GENERAL AGENCY, INC  
 PO BOX 3747, SHAWNEE MISSION, KS 66203  
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 (800) 548-0491 PHONE (800) 383-1235 FAX  
 PERSONALLINES@CHRIS-LEEF.COM

**FARMERS PERSONAL LIABILITY APPLICATION**

Applicant's Name and Mailing Address

Producer's Name, Address and Phone Number

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policy Term - \_\_\_\_\_  
 Inception (Mo, Day, Yr.) Expiration (Mo, Day, Yr.)

New

Renewal

Previous Policy #: \_\_\_\_\_

Principal Location #1 is confined to \_\_\_\_\_ acres in the \_\_\_\_\_ of Section or Civil District \_\_\_\_\_ Township \_\_\_\_\_  
 Range \_\_\_\_\_ about \_\_\_\_\_ miles \_\_\_\_\_ from \_\_\_\_\_ and situated on \_\_\_\_\_ side of road leading to \_\_\_\_\_  
 \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_

Principal Location #1 is confined to \_\_\_\_\_ acres in the \_\_\_\_\_ of Section or Civil District \_\_\_\_\_ Township \_\_\_\_\_  
 Range \_\_\_\_\_ about \_\_\_\_\_ miles \_\_\_\_\_ from \_\_\_\_\_ and situated on \_\_\_\_\_ side of road leading to \_\_\_\_\_  
 \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_

| COVERAGES                      | LIMITS OF LIABILITY              | PREMIUM  |
|--------------------------------|----------------------------------|----------|
| L. Personal Liability          | \$ _____ each occurrence         | \$ _____ |
| M. Personal Medical Payment    | \$1000 each person each accident |          |
| N. Physical Damage to Property | \$ _____ each occurrence         |          |

PLEASE FURNISH THE FOLLOWING GENERAL INFORMATION

1. How long have you know the applicant? \_\_\_\_\_ Prior Carrier? \_\_\_\_\_

2. It NEW BUSINESS give loss history. List all losses, whether or not covered by Insurance for the last 3 years.  
 Date \_\_\_\_\_ Item \_\_\_\_\_ Cause \_\_\_\_\_ Amount of Loss \_\_\_\_\_

3. What activities other than farming are conducted on premises?

4. Does insured raise or board horses? Explain. \_\_\_\_\_ Any dogs? Explain. \_\_\_\_\_

5. Does insured have other sources of Income? Explain. \_\_\_\_\_

6. Principal type farming? \_\_\_\_\_ # of acres cultivated \_\_\_\_\_ Pastured \_\_\_\_\_

7. If any livestock on farm, describe fencing and condition. \_\_\_\_\_

**REPRESENTATIONS  
 TO INSURED AND TO AGENT**

The application and attachment, and the statements given therein are: (i) accurate and complete; (ii) representations You make to us on behalf of all persons and entities proposed to be covered; and (iii) a material inducement to Us to provide a proposal for Insurance and any policy that We issue is issued on reliance upon these representations. IF YOU ARE NOT A FARMER OR A RANCHER, YOU ARE NOT ELIGIBLE FOR THIS POLICY. ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE CONSIDERED A CRIME, ANY MISREPRESENTATIONS, OMISSIONS, INCORRECT STATEMENTS OR MISLEADING INFORMATION MAY BE GROUNDS FOR DENYING COVERAGE OR VOIDING THE POLICY FROM THE BEGINNING.

DATE \_\_\_\_\_ APPLICANT SIGNATURE (required) \_\_\_\_\_

I have seen  I have not seen the property

I recommend the risk for insurance. BROKER/AGENT SIGNATURE \_\_\_\_\_

