

**TEXAS FARMERS and RANCHERS
COMMERCIAL EXCESS LIABILITY APPLICATION**

THIS IS NOT A BINDER

HECK ONE \$1,000,000 \$2,000,000 \$3,000,000

Renewal # _____

New Proposed Quote Only

Applicant's Name _____ Effective _____

Address _____ City _____ County _____ State _____ Zip _____

Applicant is Individual Family Corporation Partnership Other _____

List all members of all household names, relationship, birthdates, and driver's license numbers of all licensed drivers. List all names of partners. List names, birthdates and driver's license numbers of all licensed drivers including employees who may drive vehicles.

| (attach separate sheet for additional space) | Birthdate | License # | Household | Partner | Active | Inactive | Employee |
|--|-----------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

REQUIRED MINIMUM UNDERLYING POLICY LIMITS

Farmers Comprehensive Personal Liability (F.C.P.L.)

Automobile, Motorcycle and Farm Vehicles Liability

Private Passenger, Light Trucks and Motorcycles

Straight Truck (grain and livestock hauling only)

Straight Trucks (all other)

\$500,000 CSL or 500/500 BI/100 PD

Deductible

Tractor-Trailers

\$10,000

Non-Licensed Recreational Vehicles (off premises)

Uninsured/Underinsured Motorists

Watercraft Liability

Custom Farming

Identical Business

Employer's Liability

Other-Submit

LIST ALL PRIMARY INSURER'S POLICY PERIODS, NUMBERS & LIABILITY LIMITS

(Must Carry A- or Better Rating)

| POLICY TYPE | INSURER | POLICY PERIOD | POLICY # | LIABILITY LIMIT |
|--|---------|---------------|----------|-----------------|
| Personal Auto/Light Truck Liability | | | | |
| Straight Trucks (grain/livestock hauling only) | | | | |
| Straight Trucks (all other) | | | | |
| Tractor Trailers (not for hire) | | | | |
| Motorcycle Liability | | | | |
| Farm Comp. Pers. Liability | | | | |
| Employers Liability (No Work. Comp.) | | | | |
| Recreational Vehicle Liability | | | | |
| Watercraft Liability | | | | |
| Other | | | | |
| Other | | | | |

PAST FIVE-YEAR LOSS EXPERIENCE & DRIVING RECORD

List any liability losses paid or outstanding, any moving vehicle traffic violations or driving under the influence by and for all applicants under this policy: _____

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. I understand this is not a **BINDER** and that no insurance is afforded unless and until application is accepted by the Company.

Date: _____ Date: _____

Agent: _____ Applicant's Signature: _____

Agency: _____ Applicant's Signature: _____

Address: _____ Agent's Signature: _____

City & State: _____ Agent's Signature: _____

Agency Code #: _____