

APPLICATION FOR LIABILITY

LEBANON CLYMAN MUTUAL INSURANCE CO
 N1803 HWY 109 P O BOX 88
 LEBANON WI 53047
 920-925-3755

Application for _____ F.C.P.L. _____ C.P.L.
 New Policy Number _____
 Renewal of Policy Number _____
 Policy Period: At 12:01 A.M. Standard Time at the address of named Insured
 From: _____ To: _____
 Named Insured _____
 Address _____
 Telephone Number _____
 Location of the Principal Residence (CPL or FCPL)

Sec	Town	Range	Township	County	State	Acres	Interest
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ADDITIONAL LOCATIONS - The Applicant owns, rents, operates or maintains

Section	Town	Range	Township	County	State	Acres	Contiguous		Interest
							Y	N	

LIMITS OF LIABILITY

Comprehensive Personal Liability	Each Occurrence	_____
Personal Medical Payments to Others	Each Person	_____
	Each Accident	25,000.00

Description of Coverages	Quan	Code	Premium
Total Premium:			

METHOD OF PREMIUM PAYMENT

Less than one year policy period, pro-rata premium
 One year policy, prepaid premium
 3 year policy period, prepaid premium
 3 year policy premium, annual premium installments

Description of Premises, Operations and Activities:

QUESTIONNAIRE

Please circle YES or NO

CPL and FCPL - Questions to be asked on each risk:

- | | | |
|--|-----|----|
| 1. Are the premises kept in a neat and orderly manner? | YES | NO |
| Does the applicant take reasonable steps to maintain and protect the property against loss? | YES | NO |
| 2. Is the applicant a responsible person? | YES | NO |
| 3. Are there special activities or features of the premises that would constitute an attractive nuisance?
(swimming pool, pond, etc.) If yes, explain _____ | YES | NO |
| 4. Are there any seasonally occupied premises? | YES | NO |
| 5. Any other land owned, rented or occupied by an Insured? | YES | NO |
| 6. Are there residences or other properties rented to others?
Do rental dwellings contain a smoke detector? (State Law) | YES | NO |
| 7. Is there a domestic employee who regularly works for the applicant? | YES | NO |
| 8. Are there any additional Insureds?
If yes, is comprehensive personal liability necessary? | YES | NO |
| 9. Are there incidental business activities?
If yes, indicate the gross receipts and explain the business activity. _____ | YES | NO |
| 10. Are there recreational vehicles?
Are there any 3-wheel vehicles?
If yes, are they used off the Insured's premises? | YES | NO |
| 11. Are there dogs on the premise?
If yes, has the dog caused injury to property or persons?
If yes, explain _____ | YES | NO |
| 12. Are there activities related to horses?
If yes, how many horses are owned or in the applicant's care? _____
What are the horses used for? _____ | YES | NO |
| 13. Are there any watercraft owned?
If yes, indicate horsepower _____ I/O _____ Inboard _____ Outboard _____ | YES | NO |
| 14. Is there a history of losses? | YES | NO |

FCPL - Questions to be asked on farm risks:

- | | | |
|--|-----|----|
| 15. Indicate the total acres used for farming purposes _____ | | |
| 16. Is there additional farmland rented, owned, maintained or occupied by the Insured? | YES | NO |
| 17. Does the applicant rent any farm buildings (Fire Legal Liability) | YES | NO |
| 18. Is the acreage contiguous to the main farm?
Does the Insured travel with farm machinery on the roads? | YES | NO |
| 19. Is there a business that is subsidiary to the farming operation?
If yes, explain _____ | YES | NO |
| 20. Are the fences of adequate construction and in good condition?
Is the insured aware of the legal definition of a fence?
Is there potential for cattle escaping onto neighboring fields or public roadways? | YES | NO |
| 21. Are there employees?
Are they competent and trained to operate farm machinery?
Who supervises the employees? _____
Are employees familiar with the equipment they operate?
Are there any relative residents who are employees? | YES | NO |
| 22. Are there custom farming activities?
If so, what operations are done? _____
What machinery and equipment is used? _____
What are the annual gross receipts? _____
Are any products sold by virtue of the custom farming operations?
Are employees hired to custom farm? | YES | NO |
| 23. Are there any activities related to bulls?
If there are bull(s) on premises, are they contained or do they run at large? _____ | YES | NO |
| 24. Does farm mach. have proper safeguards attached when traveling on public roadways?
(lights, SMV signs, etc.) | YES | NO |
| 25. Are safety guards kept on the machinery? | YES | NO |
| 26. Was an umbrella offered? If not, why? _____ | YES | NO |

The agent and applicant warrant that the information contained in this application is true and correct.

Applicant

Applicant

Dated

Agent

Dated