

**FARM ADMINISTRATION POLICY
CERTIFICATE APPLICATION**

Insured: _____

LOC. _____ ACRES _____ STATE _____ COUNTY _____

LEGAL DESCRIPTION: _____

LOC. _____ ACRES _____ STATE _____ COUNTY _____

LEGAL DESCRIPTION: _____

LOC. _____ ACRES _____ STATE _____ COUNTY _____

LEGAL DESCRIPTION: _____

SECTION I - REAL AND PERSONAL PROPERTY

<u>LOC.</u>	<u>DESCRIPTION</u>	<u>LIMIT OF INSURANCE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Property (Page 1 & Page 2):		\$ _____

(Please circle the correct information)
 Add'l. Insured (A) / Partner (P) / Other (O): _____

Contract Holder (C) / Loss Payee (L) / Mortgagee (M): _____

FRAUD WARNING
 Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals, for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and substantial civil penalties.