

The Hoffberger Insurance Group
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Farm Insurance Basic Questionnaire

Name: _____

Name of Farm: _____

Address: _____

County in Which Farm is Located: _____

Mailing Address (If Different from above): _____

Phone No: (_____) _____ - _____ Fax No: (_____) _____ - _____

Date Current Policy Expires: _____ Effective Date: _____

Current Carrier: _____

Number of Acres of Farm: _____

Are there any other locations: () Yes () No

If Yes: Location of those properties and number of acres of each: _____

Claims: The following is a list of claims that have occurred in the past three years:

Farm Insurance Basic Questionnaire

If horses of others are boarded, provide a brief description of that activity:

Average number of horses of others on the farm at any one time during the year: _____

Gross income from boarding of horses: _____

Type of Farm: _____

Percentage of farm owned: _____

Length of time you have lived at the farm: _____

Are lessons given on the farm: () Yes () No

If Yes, provide the following information:

- a.) who gives the lessons,
- b.) the gross amount of income from lessons,
- c.) number of lessons per year.

Other farm coverage:

A.) Value of miscellaneous equipment to be insured: \$_____

B.) Value of hay, straw and feed to be insured: \$_____

C.) Other: _____

Farm Insurance Basic Questionnaire

Scheduled Tractors and equipment to be insured:

Equipment Type /Name (serial # and age if available)	Value	Cause of Loss 1=Basic; 2=Broad; 3=Special

Additional Homeowners Information:

A.) Does the house have fire alarm(s)? _____

B.) Does the house have fire and/or burglar alarms that go to a central station?

C.) If any of the following are to be included in the quote the values should be listed below:

C1.) Jewelry: _____

C2.) Furs: _____

C3.) Silverware: _____

C4.) Guns: _____

C5.) Cameras: _____

Farm Insurance Basic Questionnaire

Building Information

The following information is required for each building to be insured:
 (Copies to be made as needed so information is available on each building)

	Building/House # _____	Building/House # _____
Name of Building (i.e., House, Main Barn, etc.)		
Insurance Amount \$		
Age of Building		
Construction of Building		
Roof Type		
If over 25 years approximate Date Wiring was Updated		
If over 25 years approximate Date Plumbing was Updated		
If over 25 years approximate Date Roof was Updated		
Square Feet of Building		
Number of Stories (Basement counts as 1)		

Mortgagee: _____

Loan Number (If known): _____

Farm Insurance Basic Questionnaire

Additional Insured: _____

Relationship between client and additional insured: _____
