

**FARM MUTUAL INSURANCE COMPANY OF LINCOLN COUNTY**

**IMPORTANT: THIS IS AN APPLICATION FOR AN ASSESSABLE POLICY**

**PERSONAL LIABILITY APPLICATION**

Policy Period from \_\_\_\_\_ to \_\_\_\_\_ Payment Options:  Annual  
 Quarterly  
 Monthly

Applicant \_\_\_\_\_ Agent \_\_\_\_\_ Code # \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

1. The principal residence premises are located at the above address, unless otherwise stated herein \_\_\_\_\_
2. Occupation of the applicant(s) \_\_\_\_\_
3. The limit of the company's liability against each coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

PREMIUMS	LIMITS OF LIABILITY	COVERAGE
\$ _____	dollars each occurrence	Liability
	dollars each person	Medical Payments
\$ INCLUDED	500 dollars each occurrence	Damage to Property of Others
\$ _____		Additional Charges
\$ _____	Total Premium	

4. (a) The principal residence premises designated above are the only premises where the applicant maintains a residence, other than business property and farms, except as herein stated \_\_\_\_\_
- (b) No business pursuits are conducted at the premises, except as herein stated \_\_\_\_\_
- (c) No similar insurance has been declined or cancelled by any company during the past three years, except as herein stated: (not applicable in Missouri) \_\_\_\_\_
- (d) Swimming pool on the premises?  NO  YES If YES, ATTACH PHOTO.
5. (a) \_\_\_\_\_ number of full time residence employees, wherever located, of the applicant
- (b) Does the applicant own a dog?  NO  YES Kind(s) \_\_\_\_\_
- (c) Does the applicant own a boat?  NO  YES  Inboard  Outboard  Under 16 MPH  
 16-30 MPH  over 30 MPH  
Horsepower of motor \_\_\_\_\_ Length of boat \_\_\_\_\_
- (d) During the past 3 years has the applicant sustained a loss covered by similar insurance?  NO  YES  
Explain \_\_\_\_\_
- (e) During the past year applicant's liability was insured by \_\_\_\_\_ Insurance Company.

I declare the facts above to be true and request the Company to issue the insurance in reliance thereon.

I hereby certify to the best of my knowledge and belief that the signature of the applicant is his personal signature.

\_\_\_\_\_  
**Signature of Applicant**                      **Date**                      **Signature of Agent**