APIARY PROGRAM



	· <u></u>
Full Legal Name of Applicant:	
	County:
Mailing Address: City:	State:Zip:
Phone: Fax:	Renewal Date:
BUSINESS INFORMATION:	
Applicant is a: () Corporation () Partnership () Individu	nal () Other:
Years in business: Acreage:	
Farmed By.	
CURRENT POLICY INFORMATION:	
• Current Carrier and Policy #	
Price Aside, Do You Have Any Concerns About Your Current Cover	erage?
How Would You Rate Your Current Agency Service? () Poor ()	Fair () Average () Good () Superior

Western Valley Insurance Associates, Inc.

Phone: 209-634-9031 Fax: 209-667-5234

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PROPERTY SECTION:

Building #1	Inform	nation: Address:				RC() ACV()
Age of Building:		Total Area:sqj	ft. Number of S	Stories	Type of roof:	
Construction:	() Frame	() Masonry-Wood Roof & Flo	oors () Metal			
		() Central Station Burgla	ry	() Central	Station Fire Alarm	
Distance to Fire	Station_					
Electrical Systems	Circuit B	reakers () Fuses ()				
Years Updated:	Wiring: _	Plumbing:	Roofing:	HV	AC:	
Building #2	Inform	nation: Address:sqfi				_RC() ACV()
Age of Building:		Total Area:sqft	t. Number of Sto	oriesT	ype of roof:	
Construction:	() Frame	() Masonry-Wood Roof & Flo	oors () Metal			
		() Central Station Burgla	ry	() Central S	Station Fire Alarm	
Distance to Fire	Station_					
Electrical Systems	Circuit B	reakers () Fuses ()				
Years Updated:	Wiring: _	Plumbing:	Roofing:	HV	AC:	
Building #3	Inform	nation: Address:				_RC() ACV()
Age of Building:		Total Area:sqft.	. Number of Sto	ries Ty	pe of roof:	
		() Masonry-Wood Roof & Flo				
() Central Air		() Central Station Burgla	ıry	() Central	Station Fire Alarm	
Distance to Fire Se Electrical Systems		reakers () Fuses ()				
Years Updated: \	Wiring:	Plumbing:	Roofing:	HV	'AC:	
Building #4	Inform	nation: Address:				_RC() ACV()
Age of Building:		Total Area:sqj	ft. Number of S	Stories 7	Type of roof:	
Construction: () Central Air Distance to Fire	() Frame Station:	() Masonry-Wood Roof & Flo () Central Station Burglar	oors () Metal		Station Fire Alarm	
Updates: Wirin	ıg:	Plumbing:	Roofing	;	HVAC:	

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INLAND MARINE SECTION - Coverage & Underwriting Information:

Equipment, Bees, Boxes	s, Honey, Tools:		
Name:	ID#	Price	RC() ACV()
Name:	ID#	Price	RC() ACV()
Name:	ID#	Price	RC() ACV()
Name:	ID#	Price	RC() ACV()
Name:	ID#	Price	RC() ACV()
Name:	ID#	Price	RC() ACV()
Name:	ID#	Price	RC() ACV()
Name:	ID#	Price	RC() ACV()
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Name:	ID#	Price	RC() ACV()
Name:	ID#	Price	RC() ACV()
Name:	ID#	Price	RC() ACV()

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LIABILITY SECTION - Coverage & Underwriting Information:

Questions:

Do you own or operate any other businesses?	
Any Previous Losses?	
Radius Bees are Transported:	
Are beehives or bee boards shipped through the ma	ail or by commercial carrier?
Does the applicant remove bees for a fee?	Amount of Gross sales?
Any woodstoves in any of the dwellings?	<u> </u>
Are all hives marked with a registered brand?	
Any maintenance performed on equipment?	If no by Whom:
Any policy declined or non-renewed?	
Any bankruptcies, or credit liens?	
Dogs?	
Deductible:	
Premium:	
Annual income from pollination receipts?	
Annual income from honey sales receipts?	
Does the applicant currently have life insurance?	

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COMPREHENSIVE LIABILITY SECTION - Coverage & Underwriting Information:

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Limits Requested:	() \$300,000 Per Occ	\$600,000 Aggregate
	() \$500,000 Per Occ	\$1,000,000 Aggregate
	() \$1,000,000 Per Occ	\$2,000,000 Aggregate

UMBRELLA - EXCESS LIABILITY

Limits Requested:	() \$ 1,000,000 Per Occ \$ 1,000,000 Aggregate	\$10,000 Retention
	() \$ 2,000,000 Per Occ \$ 2,000,000 Aggregate	\$10,000 Retention
	() \$ 3,000,000 Per Occ \$ 3,000,000 Aggregate	\$10,000 Retention
	() \$,000,000 Per Occ \$,000,000 Aggregate	\$10,000 Retention

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AUTO SECTION - Coverage & Underwriting Information:

Ouestions:

Vehicle #1 Model_____ Year____ Make_____ VIN_____ Vehicle #2 Model_____ Year____ Make VIN____ Vehicle #3 VIN Model_____ Year____ Vehicle #4 VIN____ Make Model Year Vehicle #5 VIN____ Make_____ Model____ Year____ Vehicle #6 Make Model Year VIN

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AUTO SECTION - Coverage & Underwriting Information:

Driver List:			
Name	DOB:	License #	
Name	DOB:	License #	
Name	DOB:	License #	
Name	DOB:	License #	
Name	DOB:	License #	

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