

# WESTERN VALLEY INSURANCE ASSOCIATES, INC. APIARY PROGRAM



Date: \_\_\_\_\_

Number of Hives: \_\_\_\_\_

Full Legal Name of Applicant: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

## BUSINESS INFORMATION:

Applicant is a: ( ) Corporation ( ) Partnership ( ) Individual ( ) Other: \_\_\_\_\_

Years in business: \_\_\_\_\_ Acreage: \_\_\_\_\_

Farmed By. \_\_\_\_\_

## CURRENT POLICY INFORMATION:

- Current Carrier and Policy #
- Price Aside, Do You Have Any Concerns About Your Current Coverage?
- How Would You Rate Your Current Agency Service? ( ) Poor ( ) Fair ( ) Average ( ) Good ( ) Superior

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### Western Valley Insurance Associates, Inc.

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600 E. Main Street, Suite 200, Turlock, California 95380  
810 West K Street, Los Banos, California 93635  
1090 Third Street, Crescent City, California 95531

Phone: 209-634-9031 Fax: 209-667-5234  
Phone: 800-924-4430  
Phone: 707-465-5999

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**PROPERTY SECTION:**

**Building #1 Information:** Address: \_\_\_\_\_ RC ( ) ACV ( )  
Age of Building: \_\_\_\_\_ Total Area: \_\_\_\_\_ sq. ft. Number of Stories \_\_\_\_\_ Type of roof: \_\_\_\_\_  
Construction: ( ) Frame ( ) Masonry-Wood Roof & Floors ( ) Metal  
( ) Central Air ( ) Central Station Burglary ( ) Central Station Fire Alarm  
Distance to Fire Station \_\_\_\_\_  
Electrical Systems Circuit Breakers ( ) Fuses ( )  
Years Updated: Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Roofing: \_\_\_\_\_ HVAC: \_\_\_\_\_

**Building #2 Information:** Address: \_\_\_\_\_ RC ( ) ACV ( )  
Age of Building: \_\_\_\_\_ Total Area: \_\_\_\_\_ sq. ft. Number of Stories \_\_\_\_\_ Type of roof: \_\_\_\_\_  
Construction: ( ) Frame ( ) Masonry-Wood Roof & Floors ( ) Metal  
( ) Central Air ( ) Central Station Burglary ( ) Central Station Fire Alarm  
Distance to Fire Station \_\_\_\_\_  
Electrical Systems Circuit Breakers ( ) Fuses ( )  
Years Updated: Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Roofing: \_\_\_\_\_ HVAC: \_\_\_\_\_

**Building #3 Information:** Address: \_\_\_\_\_ RC ( ) ACV ( )  
Age of Building: \_\_\_\_\_ Total Area: \_\_\_\_\_ sq. ft. Number of Stories \_\_\_\_\_ Type of roof: \_\_\_\_\_  
Construction: ( ) Frame ( ) Masonry-Wood Roof & Floors ( ) Metal  
( ) Central Air ( ) Central Station Burglary ( ) Central Station Fire Alarm  
Distance to Fire Station \_\_\_\_\_  
Electrical Systems Circuit Breakers ( ) Fuses ( )  
Years Updated: Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Roofing: \_\_\_\_\_ HVAC: \_\_\_\_\_

**Building #4 Information:** Address: \_\_\_\_\_ RC ( ) ACV ( )  
Age of Building: \_\_\_\_\_ Total Area: \_\_\_\_\_ sq. ft. Number of Stories \_\_\_\_\_ Type of roof: \_\_\_\_\_  
Construction: ( ) Frame ( ) Masonry-Wood Roof & Floors ( ) Metal  
( ) Central Air ( ) Central Station Burglary ( ) Central Station Fire Alarm  
Distance to Fire Station: \_\_\_\_\_  
Electrical Systems Circuit Breakers ( ) Fuses ( )  
Updates: Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Roofing: \_\_\_\_\_ HVAC: \_\_\_\_\_

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**INLAND MARINE SECTION - Coverage & Underwriting Information:**

**Equipment, Bees, Boxes, Honey, Tools:**

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 mail or by commercial carrier? \_\_\_\_\_

Does the applicant remove bees for a fee? \_\_\_\_\_ Amount of Gross sales? \_\_\_\_\_

Any woodstoves in any of the dwellings? \_\_\_\_\_

Are all hives marked with a registered brand ? \_\_\_\_\_

Any maintenance performed on equipment? \_\_\_\_\_ If no by Whom: \_\_\_\_\_

Any policy declined or non-renewed? \_\_\_\_\_

Do you rent or loan equipment to others? \_\_\_\_\_

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:**

• **PRIMARY LIABILITY**

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:**

**Questions:**

**Vehicle #1**

**Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Year** \_\_\_\_\_ **VIN** \_\_\_\_\_

**Vehicle #2**

**Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Year** \_\_\_\_\_ **VIN** \_\_\_\_\_

**Vehicle #3**

**Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Year** \_\_\_\_\_ **VIN** \_\_\_\_\_

**Vehicle #4**

**Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Year** \_\_\_\_\_ **VIN** \_\_\_\_\_

**Vehicle #5**

**Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Year** \_\_\_\_\_ **VIN** \_\_\_\_\_

**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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