



GREAT AMERICAN INSURANCE GROUP

- Great American Insurance Company
- Great American Alliance Insurance Company
- Great American Insurance Company Of New York
- Great American Lloyds (For Use In Texas Only)

POLICY # - _____ Pg ____ of ____

**CROP HAIL
APPLICATION FOR INSURANCE**

Check Applicable Box

- NEW APPLICATION
- RENEWING POLICY # _____
- REVISION TO CURRENT POLICY # _____

APPLICANT INFORMATION

Tax ID # _____ Personal Business
 Name: _____
 Address: _____
 City, St, Zip: _____
 Telephone: () _____ Cell: () _____
 Fax: () _____
 Email: _____

IMPORTANT INFORMATION

BINDER: Policy provisions shall take effect at 12:01 a.m. on the day immediately following the date you and the agent signed the application unless Agent provides us notice of completion of this application by Email or Fax in accordance with the instructions contained in our Crop-Hail manual, in which case Policy provisions shall take effect 2 hours after the time at which such notice is provided. However, if any acre of crop described in this application is damaged by any peril before the effective hour of this insurance, no insurance shall be in effect and within 72 hours after such damage you shall give us written notice and shall be entitled to return premium on such acre. This binder may be cancelled by us by written notice to you in accordance with the policy conditions.

Loss Payable To: _____

AGENCY INFORMATION

Agt # _____
 Agency: _____
 Address: _____
 City, St, Zip: _____
 Lic.Agent: _____
 Telephone: () _____
 Fax: () _____
 Email: _____

Line	FARM NAME	COUNTY	QTR	SEC(S)	TWP - RGE	INT	CROP	POLICY FORM	PRAC	ACRES	\$/ACRE	LIABILITY	RATE	PREMIUM
1														\$
2														\$
3														\$
4														\$
5														\$
6														\$
7														\$
8														\$
9														\$
10														\$

STATE: _____ TOTAL ACRES _____ TOTAL LIABILITY _____ TOTAL PREMIUM _____

UNDERWRITING QUESTIONS: (Please explain all 'Yes' answers)	YES	NO	PMP	%
1 Have any of the crops listed above been previously damaged by a peril covered under the policy you are applying for?	<input type="checkbox"/>	<input type="checkbox"/>	DISCOUNT	%
2 Have you purchased or applied for other like insurance on the same crops ? (Do Not Show MPC)	<input type="checkbox"/>	<input type="checkbox"/>	NET PREMIUM \$	
If 'Yes' show Name of Company and coverage: (1) _____ / \$ _____ (2) _____ / \$ _____			Pay Now <input type="checkbox"/> Pay by 7/1 <input type="checkbox"/> Fall Pay <input type="checkbox"/>	
3 Do you have additional acres of the above crops not shown on this application ?	<input type="checkbox"/>	<input type="checkbox"/>	If Payment Attached:	
4 Set Date (Tobacco) / Stand Date (Cotton): _____			Check # _____ Date _____	
5 My interest in the crops is <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Landlord <input type="checkbox"/> Other _____			1.25% interest per month will be added to all premium unpaid within 30 days of due date.	

I declare the facts stated herein to be true.
 Signed By Applicant : _____
 At _____ am / pm on this day of _____ / _____ / _____

Signed By Licensed Agent: _____
 Agency Name: _____

