



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 _____

**CITRUS FREEZE
APPLICATION FOR INSURANCE**

Check Applicable Box

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

APPLICANT INFORMATION

IMPORTANT INFORMATION

AGENCY INFORMATION

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

BINDER: Policy provisions shall take effect the later of 12:01 a.m. on November 15 of the current year, or 15 days after the Company approves this application and issues the policy. However, if any portion of the crop described in this application is damaged by any insured 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 acreage.

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

Loss Payable To: _____

Line	FARM NAME	COUNTY	SEC(S)	TWP - RGE	INT	CITRUS TYPE	COVERAGE FORM	RISK AREA	PROTECTION TYPE(S)	ACRES	\$/ACRE	LIABILITY	RATE	PREMIUM
1														\$
2														\$
3														\$
4														\$
5														\$
6														\$
7														\$
8														\$

STATE: **CALIFORNIA** TOTAL ACRES: _____ TOTAL LIABILITY: _____ TOTAL PREMIUM: _____

UNDERWRITING QUESTIONS: (Please explain all 'Yes' answers)	YES	NO	Discounts or Surcharges	%	N/A
1 Have any of the crops listed above been damaged by frost/freeze within the 120 days prior to signing this application? If "Yes", attach a listing of damaged locations and date of damage.				%	N/A
2 Has additional frost/freeze insurance been purchased on any of the above crops? If 'Yes' please indicate: (1) Company: _____ (2) Amount of insurance per acre _____			<input type="checkbox"/> Pay Now		
3 Are the crops listed on this application also insured under an MPCPI policy? If 'Yes' please indicate: (1) Company: _____ (2) Policy # _____ (3) Circle one: BUY-UP or CAT			Check # _____	Date _____	

NET PREMIUM \$ _____
 If Payment Attached: _____
 1.25% interest per month will be added to all premium unpaid within 30 days of the due date.

NOTICE: The applicant hereby certifies that this application contains all insurable acres of the crop type(s) listed in the county stated in which the applicant has an insurable interest, except those which are eligible for exclusion and that the insured has opted to exclude (acres, locations and varieties must be shown on attachment). Applicant also certifies that the information contained herein is accurate. The applicant also warrants that the description of Protection Type(s) listed above is accurate and complete.

I declare the facts stated herein to be true.
 Signed By Applicant : _____
 Dated this _____ day of _____, 20____, at _____ am / pm

Signed By Licenced Agent: _____
 Agency Name: _____

