



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 - BUSINESS INTERRUPTION 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: () _____
 Email: _____ Fax: () _____

IMPORTANT INFORMATION

BINDER: Policy provisions shall take effect the later of 12:01 a.m. on November 21 of the current year, or 20 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.

NOTICE: The insured value per carton cannot exceed the average price per carton for the prior three (3) years, or \$2.25 per carton, whichever is less. A list of all contributing properties and a schedule of the crops to be insured must accompany this application. The applicant hereby certifies that the information contained herein is accurate.

Loss Payable To: _____

AGENCY INFORMATION

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

Line	CITRUS TYPE	AVERAGE CARTONS PER ACRE	NUMBER OF SCHEDULED ACRES	LEVEL OF COVERAGE (40/50/60)	TOTAL CARTONS INSURED	INSURED VALUE PER CARTON	TOTAL LIMIT OF INSURANCE	RATE	PREMIUM
1									\$
2									\$
3									\$
4									\$
5									\$
6									\$
7									\$
8									\$

STATE: _____ 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 any peril prior to signing this application?					%	N/A
If "Yes", attach a listing of damaged locations.				NET PREMIUM \$ _____		
2 Do you have any other business interruption insurance on the above crops?				<input type="checkbox"/> Pay Now		
If 'Yes' please indicate: (1) Company: _____ (2) Amount of insurance per acre _____				If Payment Attached:		
3 Are all varieties packed, and all cartons of each variety, included above?				Check # _____	Date _____	
If not, please provide details: _____				1.25% interest per month will be added to all premium unpaid within 30 days of the due date.		

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: _____

