



**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 \_\_\_\_\_

**ELS COTTON  
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 the date the crop has been defoliated, or 12:01 a.m. on September 1 of the year in which coverage takes effect. 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.

Loss Payable To: \_\_\_\_\_

**AGENCY INFORMATION**

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

Line	FARM NAME	COUNTY	SEC(S)	TWP - RGE	INT	CROP	PRAC	DEDUCTIBLE	ACRES	\$/ACRE	LIABILITY	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 acres listed above been damaged by rainfall prior to signing this application? If yes, attach list of damaged locations.					N/A
2 Were all of the acres listed above planted by April 30 of the current crop year? If no, attach list of locations planted after April 30.					N/A
3 Has additional rain insurance been purchased on any of the above acres?			<input type="checkbox"/> Pay Now		
If 'Yes' please indicate: (1) Company: _____ (2) Amount of insurance per acre _____			If Payment Attached:		
4 Are the crops listed on this application also insured under an MPC1 policy?			Check # _____	Date _____	
If 'Yes' please indicate: (1) Company: _____ (2) Policy # _____ (3) Circle one: BUY-UP or CAT			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 for insurance contains all insurable acres of the crop type(s) listed above in the county stated in which the applicant has an insurable interest, and that the information contained herein is accurate.

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: \_\_\_\_\_

