



Crop Insurance Division

Nursery Catalog / Price List Checklist

Crop Year: _____

Date of Review: _____

Policyholder: _____

State: _____

County: _____

Policy Number: _____

Nursery Name on Catalog (if different than insured name): _____

Agent Name (not agency name): _____

Servicing Company (AIP): Great American Insurance Company

I have reviewed the attached, above-referenced nursery catalog or price list. For each minimum requirement, a "Y" indicates the minimum requirement has been met and "N" indicates the minimum requirement has not been met.

If a "N" is entered for one or more requirement 1-5, the nursery catalog or price list is returned to the insured with written notice that the application for insurance is refused because the inventory or nursery catalog or price list is not acceptable.

If a "Y" is entered for all requirements 1-5, one (1) copy of the nursery catalog or pricelist and a copy of this checklist are sent to the RMA Regional Office.

This nursery catalog or price list:	Y	N
1. Is type written and legible.	<input type="checkbox"/>	<input type="checkbox"/>
2. Shows an issue date on the cover page.	<input type="checkbox"/>	<input type="checkbox"/>
3. Contains the name, address, and phone number of the nursery.	<input type="checkbox"/>	<input type="checkbox"/>
4. Is provided to customers and used in the sale of plants.	<input type="checkbox"/>	<input type="checkbox"/>
5. Lists each plant's name, plant or container size, and wholesale price.	<input type="checkbox"/>	<input type="checkbox"/>
6. Date received is documented.	<input type="checkbox"/>	<input type="checkbox"/>

Name and Title of AIP Reviewer

Date