



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

**GRAPE CLUSTER 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 January 31 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	GRAPE TYPE & VARIETY	DEDUCTIBLE	PROTECTION LEVEL	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)**

QUESTION	YES	NO	ADDITIONAL INFO
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.			Discounts or Surcharges: _____ % 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 _____			NET PREMIUM: \$ _____ <input type="checkbox"/> Pay Now
3 Are the crops listed on this application also insured under an MPCl policy? If "Yes" please indicate: (1) Company: _____ (2) Policy # _____ (3) Circle one: BUY-UP or CAT			If Payment Attached: _____ Check # _____ Date _____ 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. 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: \_\_\_\_\_

