



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 _____

**RAISIN RECONDITIONING
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: The coverage applied for will not take effect until the later of: (1) the date and time that we accept your application; or (2) the date and time that the grapes are placed on trays in the insured vineyard

NOTICE: The applicant hereby certifies that this application for insurance contains all insurable acres of the above crop listed above in the county stated in which the applicant has an insurable interest, and that the information contained herein is accurate.

Loss Payable To: _____

AGENCY INFORMATION

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

Line	FARM NAME	COUNTY	QTR	SEC(S)	TWP - RGE	INT	CROP	POLICY FORM	PRAC	ACRES	\$/ACRE	LIABILITY	RATE	PREMIUM
1														\$
2														\$
3														\$
4														\$
5														\$
6														\$
7														\$
8														\$
9														\$
10														\$

STATE: _____ TOTAL ACRES _____ TOTAL LIABILITY _____ TOTAL PREMIUM _____

UNDERWRITING QUESTIONS: (Please explain all 'Yes' answers)	YES	NO	Discounts or Surcharges	%	N/A
1 Is any of the acreage planted in a North - South orientation?					N/A
2 Are all of the acres also insured under an MPCl policy?					N/A
If 'Yes' please indicate: (1) Company: _____ (2) Policy # _____ (3) Circle one: BUY-UP or CAT			<input type="checkbox"/> Pay Now		
3 Do you have any other grapes (for raisins) in this county that are not insured on this application?			If Payment Attached:		
			Check #	Date	

I declare the facts stated herein to be true.
 Signed By Applicant : _____
 At _____ am / pm on this day of _____ / _____ / _____

Signed By Licenced Agent: _____
 Agency Name: _____

