



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

**TOMATO XS RAINFALL  
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) 10 days following the date that the applicant and the agent sign the application; or (2) the date that we accept your application. If rainfall occurs before the coverage is effective, you must notify us and we will inspect the acreage. If we determine that we will not accept your application, you are entitled to a full refund of the premium paid on those acres.

**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 Are all of the acres above grown under contract with a bona fide canner or processor? If YES, attach a copy of the contract.				%	N/A
2 Are all of the acres also insured under an MPCl policy?			<b>NET PREMIUM</b>	\$	
If 'Yes' please indicate: (1) Company: _____ (2) Policy # _____ (3) Circle one: BUY-UP or CAT					
3 Do you have any other acres of tomatoes in the same county(ies) as above that are not on this application?			Please complete:		
			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: \_\_\_\_\_





