

APPLICATION FOR THE AGRIGUARD® OR EXCESS LIABILITY COVERAGE



GREAT AMERICAN INS. CO. (01)
 GREAT AMERICAN INS. CO. OF NY (03)
 ISSUE QUOTE

GREAT AMERICAN ALLIANCE INS. CO. (04)
 GREAT AMERICAN ASSURANCE CO. (02)
 OTHER _____
 RENEWAL POLICY NO. _____

APPLICANT FIRST NAMED INSURED	PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE
ADDRESS	PRODUCER	
CITY, STATE, ZIP CODE	AGENCY CODE NO.	CUSTOMER NO.
THE APPLICANT IS <small>An Individual A Corporation A Partners</small> <small>Other</small>	CHOICE BILL <small>Yes No</small>	AGENCY BILL? <small>Yes No</small>

Coverage is not bound by completion of this application for limits in excess of \$1,000,000. (Higher limits must be referred to Company)

REQUESTED LIMIT OF INSURANCE:
 \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000 \$

UNDERWRITING QUESTIONS	EXPOSURE		IS THERE PRIMARY COVERAGE?		IS UMBRELLA COVERAGE DESIRED?	
	YES	NO	YES	NO	YES	NO
1. Does the applicant have any owned or leased aircraft?						
2. Does the applicant custom apply farm chemicals for others?						
3. Do you use migrant workers in farming?						
4. Farm employees: WC EL						
5. Custom Farming - receipts over \$2,000 - \$						
6. Type of custom farming?						
7. Watercraft - Owned & Leased - Chartered (List Below)						
TYPE - LENGTH - SPEED - WHERE USED - COMMENTS						
(1)						
(2)						
(3)						
Type of Farm: Grain Field Crops Tobacco Vegetable <small>Dairy Horse Riding Horses Other Livestock</small>						
Other						
9. Does the applicant ever hire the services of others? If yes, explain below.						
10. Recreational vehicles: Number Type:						
11. Non farm income: Describe:						
12. Political office held? Position:						
13. Any vehicle owned or leased?						

TYPE	NO. OWNED	NON-OWNED	NO. LEASED	RADIUS	USE CARGO
PRIVATE PASSENGER					
TRUCKS	LIGHT				
	MEDIUM				
	HEAVY				
	EX. HEAVY				
TRUCKS/ TRACTORS	HEAVY				
	EX. HEAVY				
BUSES					

REMARKS:

LIABILITY LOSSES OVER \$10,000 - IF NO LOSSES STATE "NONE" None PREVIOUS CARRIER(S)

DATE OF LOSS	DESCRIPTION OF LOSS	B.I. OR P.D.	NO. OF CLAIMANTS	AMOUNT PAID	AMOUNT OUTSTANDING

SCHEDULE OF UNDERLYING INSURANCE

COMPANY(S)	TYPE OF COVERAGE	APPLICABLE LIMITS		ANNUAL PREMIUM	PREMIUM CALCULATION		
		SPLIT LIMIT OF INSURANCE	SINGLE LIMIT OF INSURANCE		%	UNITS	\$ PREMIUM
Great American Ins. Co. of NY Great American Assurance Co. Great American _____ Policy # _____ From _____ To _____	Employer's Liability	\$ _____,000 Each Accident by Accident* \$ _____,000 Policy Limit of Disease* \$ _____,000 Policy Employee by Disease*					
Great American Ins. Co. of NY Great American Assurance Co. Great American _____ Policy # _____ From _____ To _____	Automobile Liability Personal Commercial Non-owned Hired Recreational Vehicle	\$ _____,000 Bodily Injury each Person \$ _____,000 Bodily Injury each Accident \$ _____,000 Property Damage each Accident	\$ _____,000 each Accident \$ _____,000 each Occurrence				
Great American Ins. Co. of NY Great American Assurance Co. Great American _____ Policy # _____ From _____ To _____	General Liability Farm Commercial Personal & Advertising Products and Personal Liability Custom Farming Other		\$ _____,000 General Aggregate \$ _____,000 Products & Completed Operations Aggregate \$ _____,000 each "Occurrence" Limit Completed Operation \$ _____,000 Any One Person or Organization Limit				
Great American Ins. Co. of NY Great American Assurance Co. Great American _____ Policy # _____ From _____ To _____	Watercraft	\$ _____,000 Occurrence Limit \$ _____,000 Aggregate Limit	\$ _____,000				

Total Premium \$

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant's Signature _____ Date _____

Agent's Signature _____ Date _____

FRAUD STATEMENTS

THIS NOTICE IS PART OF YOUR APPLICATION FOR: _____
TYPE OF INSURANCE

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

Any person who knowingly and with intent to defraud any insurance company or another person files an

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer,

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company

AGENT'S SIGNATURE

DATE (MM/DD/YYYY)

APPLICANT'S SIGNATURE