

APPLICATION FOR THE AGRIGUARD® OR EXCESS LIABILITY COVERAGE

GREAT AMERICAN INS. CO. (01)
 GREAT AMERICAN INS. CO. OF NY (03)
 ISSUE QUOTE
 ATTACH TO POLICY _____

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 <input type="checkbox"/> An Individual <input type="checkbox"/> A Corporation <input type="checkbox"/> A Partners <input type="checkbox"/> Other _____	CHOICE BILL? <input type="checkbox"/> Yes <input type="checkbox"/> No	AGENCY BILL? <input type="checkbox"/> Yes <input type="checkbox"/> No

Coverage is not bound by completion of this application for limits in excess of \$1,000.00. (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)						
8 Type of Farm: <input type="checkbox"/> Grain <input type="checkbox"/> Field Crops <input type="checkbox"/> Tobacco <input type="checkbox"/> Vegetable	//////////	//////////	//////////	//////////	//////////	//////////
<input type="checkbox"/> Dairy <input type="checkbox"/> Horse <input type="checkbox"/> Riding Horses <input type="checkbox"/> Other Livestock	//////////	//////////	//////////	//////////	//////////	//////////
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/	HEAVY				
TRACTORS	EX. HEAVY				
BUSES					

REMARKS:

LIABILITY LOSSES OVER \$10,000 - IF NO LOSSES STATE "NONE" <input type="checkbox"/> 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				ANNUAL PREMIUM	PREMIUM CALCULATION		
COMPANY(S)	TYPE OF COVERAGE	APPLICABLE LIMITS			%	UNITS	\$ PREMIUM
		SPLIT LIMIT OF INSURANCE	SINGLE LIMIT OF INSURANCE				
<input type="checkbox"/> Great American Ins. Co. of NY <input type="checkbox"/> Great American Assurance Co. <input type="checkbox"/> Great American <input type="checkbox"/> _____ Policy # _____ From _____ To _____	Employer's Liability	\$ _____,000 Each Accident by Accident* \$ _____,000 Policy Limit of Disease* \$ _____,000 Policy Employee by Disease*					
<input type="checkbox"/> Great American Ins. Co. of NY <input type="checkbox"/> Great American Assurance Co. <input type="checkbox"/> Great American <input type="checkbox"/> _____ Policy # _____ From _____ To _____	Automobile Liability <input type="checkbox"/> Personal <input type="checkbox"/> Commercial <input type="checkbox"/> Non-owned <input type="checkbox"/> Hired <input type="checkbox"/> Recreational Vehicle	\$ _____,000 Bodily Injury each Person \$ _____,000 Bodily Injury each Accident \$ _____,000 Property Damage each Accident	\$ _____,000 each Accident \$ _____,000 each Occurrence				
<input type="checkbox"/> Great American Ins. Co. of NY <input type="checkbox"/> Great American Assurance Co. <input type="checkbox"/> Great American <input type="checkbox"/> _____ Policy # _____ From _____ To _____	General Liability <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Personal and Advertising Injury <input type="checkbox"/> Products and Completed Operations <input type="checkbox"/> Personal Liability <input type="checkbox"/> Custom Farming <input type="checkbox"/> Other		\$ _____,000 General Aggregate \$ _____,000 Products & Completed Operations Aggregate \$ _____,000 each "Occurrence" Limit Completed Operation \$ _____,000 Any One Person or Organization Limit				
<input type="checkbox"/> Great American Ins. Co. of NY <input type="checkbox"/> Great American Assurance Co. <input type="checkbox"/> Great American <input type="checkbox"/> _____ 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 _____