APPLICATION FOR THE AGRIGUARD® OR EXCESS LIABILITY COVERAGE

Issue: Yes  Quote: ❑  Other ______________________________________  Renewal Policy No. ❑

Great American Ins. Co. (01)  Great American Alliance Ins. Co. (04)
Great American Ins. Co. of NY (03)  Great American Assurance Co. (02)

Aplicant First Named Insured  Proigenous Effective Date  Proigenous Expiration Date

Address  Producer


The Applicant is ❑ An Individual  ❑ A Corporation  ❑ A Partners  ❑ Other __________________________  Choice Bill? ❑ Yes  ❑ No  AGENCY BILL? ❑ Yes  ❑ 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: ❑ Grain  ❑ Field Crops  ❑ Tobacco  ❑ Vegetable  ❑ Dairy  ❑ Horse  ❑ Riding Horses  ❑ 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:
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<tr>
<th>COMPANY(S)</th>
<th>TYPE OF COVERAGE</th>
<th>SPLIT LIMIT OF INSURANCE</th>
<th>SINGLE LIMIT OF INSURANCE</th>
<th>%</th>
<th>UNITS</th>
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<tbody>
<tr>
<td>Great American Ins. Co. of NY</td>
<td>Employer’s Liability</td>
<td>$0.00 Each Accident by Accident*</td>
<td>$0.00 Policy Limit of Disease*</td>
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<td>$0.00 Bodily Injury each Person</td>
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<td>General Liability</td>
<td>$0.00 General Aggregate</td>
<td>$0.00 Products &amp; Completed Operations Aggregate</td>
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Total Premium $