



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 _____