



Representing _____

(Insurance Company)

Application: _____

1. Applicant's Name		2. Identification Number Type <input type="checkbox"/> SSN <input type="checkbox"/> EIN		3. Crop Year		4. Policy Number	
5. Street or Mailing Address		6. Identification Number		7. State		8. County	
12. City, State and Zip		9. Check applicable box <input type="checkbox"/> New Policy <input type="checkbox"/> Renewal of Policy		10. Agency's Name		11. Agency Code Number	
14. Phone Home Office Cell		13. Street or Mailing Address		15. City, State and Zip		16. Agency's Phone	

The premium for each growing season will be calculated on the basis of rates in effect for such season for the limit of insurance in effect.

Line	17. County	18. County	19. Sec Twp Rng	20. Quarter / Farm Name / FSA Farm / Tract / Field #	21. Crop	22. Auto Crop	23. Binder	24. My Share %	25. Policy Form	26. Acres	27. Insurance Per Acre (IPA)	28. Liability	29. Rate	30. Premium
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	0.00%						
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	0.00%						
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	0.00%						
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	0.00%						
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	0.00%						
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	0.00%						
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	0.00%						
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	0.00%						
Totals												\$ 0		
Form(s) and Endorsement(s) made part of this Policy at time of issue. Insert Form Number(s)												Net Premium	\$0 00	

The limit of insurance shown for each crop is not to be considered an agreement as to the value of the crop at any time nor the amount payable.

Schedule of Insurance

31. Underwriting Data - Please initial before appropriate answer box and explain a "Yes" answer

Yes No a. Have any of the crops listed above been damaged by Hail, Wind or Fire prior to signing this application?

Yes No b. Has any additional insurance been purchased on the above crops? Name of Company _____ Amount of Insurance Per Acre _____

Yes No c. Plant/Seed/Stand Date (if required) _____

Yes No d. Are these crops grown under irrigation?

Binder: Policy Provisions shall take effect at 12:01 a.m. on the next day following the date you and the agent signed the application. However, if any acre(s) of crop described in this application is damaged by any insured per before the effective hour of this insurance, no insurance shall be in effect.

Any insured per before the effective hour of this insurance, no insurance shall be in effect.

Applicant agrees to make payment to the Company, on or before the due date, all premiums owing for the insurance coverage as shown on the Schedule of Insurance issued by the Company. Applicant also agrees to pay reasonable attorney's fees and collection costs incurred by the Company if action is taken for collection of premium and any interest owing on the premium balance accruing from the due date.

I authorize the following individual(s) to provide any required information or sign any required documents under this policy on my behalf, and I hereby ratify any such information provided or attested to:

Name: _____

This agency is a licensed insurance agency representing and compensated by the insurer or its managing general agent based on the amount of insurance sold.

Signed by Applicant _____ o'clock _____ M, _____ YEAR

I declare the facts stated herein to be true.

32. Applicant's Signature _____ Date _____

33. Licensed Agent's Signature _____