



Grape Cluster Freeze Named Peril Insurance Application

Representing _____ Insurance Company

(INSERT COMPANY NAME)

1. APPLICANT'S NAME			11. CROP YEAR		12. POLICY NUMBER		
2. STREET ADDRESS			13. AGENCY'S NAME			14. CODE NUMBER □□-□□□□-□□	
3. CITY		4. STATE	5. ZIP CODE	15. STREET ADDRESS			
6. TELEPHONE NUMBER		7. TAX ID TYPE <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER	8. TAX ID NUMBER		16. CITY		17. STATE
18. ZIP CODE		9. CHECK APPLICABLE BOX NEW POLICY <input type="checkbox"/> POLICY CHANGE <input type="checkbox"/>			10. PREVIOUS MPC I POLICY (if transferred)		
19. TELEPHONE NUMBER							

The premium for each season will be calculated on the basis of rates in effect for that season.

Schedule of Insurance													
The liability shown is not to be considered an agreement as to the value of the crop at any time nor to the amount payable.													
ITEM NO.	20. COUNTY CODE	21. LOCATION					22. FROST PROTECTION TYPE	23. ACRES INSURED	24. IPA	25. PERCENT SHARE	26. TOTAL LIMIT OF INSURANCE	27. RATE	28. PREMIUM
		SEC NUMBER	TWP.	N S	RANGE SURVEY	E W							
1.								x	x	=	x	=	
2.								x	x	=	x	=	
3.								x	x	=	x	=	
4.								x	x	=	x	=	
5.								x	x	=	x	=	
6.								x	x	=	x	=	
7.								x	x	=	x	=	
29. SUBTOTALS:										\$	XXXXXX	\$	
										30. PREMIUM TAX		\$	
										31. TOTAL		\$	

32. Underwriting Data:	Explain all "Yes" answers.
1. Have any of the crops listed above been damaged by freeze within the 120 days prior to signing this application? *If Yes, attach a listing of damaged locations.	<input type="checkbox"/> Yes* <input type="checkbox"/> No
2. Has additional insurance been purchased on the above crops? _____ NAME OF COMPANY AMT. OF INSURANCE PER ACRE	<input type="checkbox"/> Yes <input type="checkbox"/> No

Binder: Policy Provisions shall take effect at the time specified in the applicable current year Named Peril Insurance Policy. However, if any portion of the crop described in this application is damaged by any insured peril before the effective hour of this insurance, no insurance shall be in effect and within 72 hours after such damage you shall give us written notice and shall be entitled to return premium on such acreage.

The applicant hereby certifies that this application for insurance contains all insurable acres of the crop type(s) listed above in the county stated in which the applicant has an insurable interest.

WARNING: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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.

"I declare the facts stated herein to be true."		33. Signed by Applicant _____ o'clock ____ M, _____, 20 ____	
34. APPLICANT'S SIGNATURE	DATE	35. LICENSED AGENT'S SIGNATURE	DATE