



# APPLICATION FOR CROP HAIL & DECLARATION PAGE

Issued by Producers Lloyds Insurance Company

Producers Ag Insurance Group®, 5601 Interstate 40 W, Suite 204, Amarillo, TX 79106

Date \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

APPLICANT'S NAME:			AGENCY NAME:			AGENCY CODE NUMBER:			POLICY NUMBER:					
STREET AND/OR MAILING ADDRESS:						AGENT'S STREET AND/OR MAILING ADDRESS:						NEW/RENEWAL/CHANGE (CURRENT);		
CITY:		STATE:		ZIP CODE:		CITY:		STATE:		ZIP CODE:		ENDORSEMENT (SEASON);		
TELEPHONE NUMBER:				CELL:		TELEPHONE NUMBER:				ARCH TO MPCY POLICY NUMBR:		POLICY RENEWAL:		
IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER TYPE:		PERSON TYPE:		LOSS PAYABLE TO APPLICANT AND:						TERM POLICIES: The premium for each growing season will be calculated on the basis of the rates in effect for such season for the limit of insurance in effect.		

**SCHEDULE OF INSURANCE**—The limit of insurance shown for each crop is not to be considered and agreement as to the value of the crop at anytime nor the amount payable.

	County Code	Location				Farm Number	Common Farm Name	My % Int. in Crop	Kind of Crop	Practice	Policy Form	Policy Form Code	Endorsement	No. Acres Insured	Ins Per Acre	Amount of Liability or Insurance	Rate	Whole Dollar Premium	Office Use Only		
		Quarter Block	Sec No.	Twp N/S	Range E/W																
1														\$	\$		\$				
2														\$	\$		\$				
3														\$	\$		\$				
4														\$	\$		\$				
5														\$	\$		\$				
6														\$	\$		\$				
7														\$	\$		\$				
<b>COUNTY.....[ ] STATE.....[ ]</b>														<b>TOTAL:</b>		XXXX	\$	XXXX	\$		
														<b>Cash Discounts/Surcharge</b>		\$	\$		\$		
														<b>Net Premium</b>		\$	\$		\$		

Form(s) and Endorsements made part of this Policy at time of issue: Insert Number(s)

<b>Underwriting Data:</b>	Explain all "YES" answers.		<b>BINDER</b> —Coverage shall take effect at the time and date stated in the crop provisions for the state in which the policy is issued. However, if any acre of crop described in this application is damaged by any 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 acre. This binder may be cancelled by us by written notice to you in accordance with the policy conditions.	
	1. Have any of the crops listed above been hailed upon prior to signing this application? _____	YES		NO
	2. Has additional insurance been purchased on the above crops? _____	_____		_____
	3. Do you have additional acres of the above crops not included in this application? (Provide diagram with locations and crops.) _____	_____		_____
4. I am ___ tenant ___ landlord & live ___ miles (N/S) & ___ miles (E/W) from _____ (town) The ___ tenant ___ landlord _____ (Name) lives ___ miles from _____ (town)				

I promise to pay Producer's Agriculture Insurance Company \_\_\_\_\_ Dollars, on or before \_\_\_\_\_. This amount is payment of the premium earned on the above numbered policy plus interest, if any. In the event of a loss, any unpaid premium plus interest will be deducted from the loss payment. If the premium is not paid by the due date shown above, add 1.5% interest per month, or any portion thereof.

**Applies in North Dakota Only:** I, the insured, understand that if I do not submit the premium due on this policy by July 1 (or with policy if application is made after July 1) that I waive my right to receive the cash discount. \_\_\_\_\_

**Michigan Disclaimer (Only Applies to the State of Michigan)** This is a commercial insurance policy and as such thus is exempt from the filing requirements of the state of Michigan (section 2236 of the insurance code of 1956, 1956 PA 218, MCL 500.2236.) \_\_\_\_\_ (Insured's Initials)

**OTHER INSURANCE**—It is hereby agreed that if other insurance is written on the insured interest in the above described crops this Company will be notified in writing of the amounts of such other insurance, including Federal Crop Insurance Corporation Coverage. For purposes related to this insurance I hereby authorize representative(s) of the company access pertaining to the above described farm in the appropriate F.S.A. or other governmental office(s).



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Policy No. \_\_\_\_\_ Crop Year \_\_\_\_\_ Date \_\_\_\_\_ Page \_\_ of \_\_

## REQUIRED STATEMENTS FOR CROP HAIL POLICIES BY STATE:

**ARKANSAS and LOUISIANA**—WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ARIZONA**—For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**CALIFORNIA**—For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO**—It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**FLORIDA**—Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**IDAHO**—Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**INDIANA**—Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**KANSAS** - Any act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for the personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered fraud.

**KENTUCKY**—Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**MARYLAND**—WARNING: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE**—WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**MINNESOTA**—A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NEW JERSEY**—Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO**—WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**OHIO**—Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud

**OKLAHOMA**—WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**PENNSYLVANIA**—WARNING: Any person who knowingly, and with intent to defraud any insurance company or other person files any application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**TENNESSEE, VIRGINIA, and WASHINGTON**—It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, or a denial of insurance benefits.

**UTAH**—Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of the American Arbitration Association, a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

**For All Other States:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### Please see the Policy Jacket for Privacy Notice.

I certify that the information that I have furnished on this form is complete and accurate. I understand that any false or inaccurate information on this form may result in the imposition of sanctions outlined in my policy and administrative, civil, and criminal sanctions under 18 U.S.C. 1001,1006 and 1014; 7 U.S.C. 1515; 31 U.S.C. 3729 and 3730 and any other applicable 21 federal statutes.

<p>I declare the facts stated herein to be true. By _____ (Applicant's Signature)</p>	<p>Signed by Applicant _____ o'clock _____ M, _____ Year _____ By _____ Agent Code _____ (Licensed Agent's Signature)</p>
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