



Crop Hail Application

Name: _____		Agency: Erickson's 9:25 Insurance-Farmers Union Ins-S Erickson	
Street and/or Mailing Address: _____		Agent: PO BOX 238 HOBSON, MT 59452-0238	
City, State, Zip: _____		Agency Code: 300212	
Phone: _____		Business: (406) 366-1287	
Policy #: _____		Mobile: (406) 366-1287	
Identification: _____		Business Fax: (406) 423-5515	
Identification Type: SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN <input type="checkbox"/>		Email: _____	
Entity Type: _____			
Email: _____			

State Corporation was formed in: _____	Loss Payable to me and: _____
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CHECK IF APPLICABLE:	<input type="checkbox"/> CASH Application
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Single Season Application Only. **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.**

SCHEDULE OF INSURANCE

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 to the amount payable.

County	Farm Name	LOCATION						Share	Kind of Crop	Policy Form Code	Stand Date*	Optional Provisions Applicable	No. Acres Insured	Limit of Insurance Per Acre Not Exceeding	Limit of Insurance Not Exceeding	Rate	Whole Dollar Premium
		Qtr. Block	Sec. No.	Twp.	N S	Range Survey	E W										

*Stand Date is only required for Cotton and Sunflowers Totals:

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

Explain all "Yes" answers

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? _____ Yes No
 (Name of Company) (Amount of insurance per acre)
3. Do you have additional acres of the above crops not included in this application? (Provide diagram with locations and crops.) Yes No
4. I am tenant landlord & live _____ miles _____ & _____ miles _____ from _____
 (N/S) (E/W) (Town)
- The tenant landlord _____ lives _____ miles from _____
 (Name) (Town)

Binder:

Policy Provisions shall take effect at 12:01 am on the day following the date you and the agent signed the application. 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. The binder may be cancelled by us by written notice to you in accordance with the policy conditions.

If your premium is not paid within thirty (30) days of the due date, interest will accrue at the rate of 1.25% per calendar month, or any portion thereof, and will be imposed on all overdue amounts including premium, fees, reasonable attorneys' fees, legal expenses, court costs, and collection costs (collectively referred to in your policy as "premiums payable to the company").

I declare the facts stated herein to be true. Signed by Applicant _____ o'clock _____ M, _____ Year _____

 (Insured Printed Name) (Insured Signature) (Date) (Agent Printed Name) (Agent Signature) (Date) 300212 (Agency Code)

If coverage state is:

Policy Issuing Company will be:

AL, AZ, AR, CA, CO, CT, DE, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY	American Agri-Business Insurance Co.

