


APPLICATION FOR PRIVATE CROP INSURANCE												Policy No.
KENTUCKY												
 Diversified Crop Insurance Services 1608A W. Lafayette, Jacksonville IL 62650												
APPLICANT (Please Print Clearly)						AGENCY (Please Print Clearly)						
Name						Name						
Address						Address						
Phone						Agent						
Tax ID						Phone						Email

Assignment of Indemnity: _____

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.

Line #	Cnty Code	LOCATION			Crop	Plan/Opt Endorsement	# of Acres Insured*	% Share	Coverage Per Acre	Per Acre Liability	Total Liability	Price per \$100	Total Premium
		FSN	Farm Name	Sec#									
*If acres are not specified on the application for all lines, all acres of that crop in the county will be covered.						TOTALS							
						Cash Discounts							
						Total Due After Discount							

County: _____ County Code: [] State: _____ State Code []

Underwriting Data	Yes	No
1. Have any of the crops listed above been hailed upon or damaged by a named peril prior to signing this application?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has additional private insurance?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have additional acres of the above crop not included in this application?	<input type="checkbox"/>	<input type="checkbox"/>
4. Where applicable set or stand date _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Harvested Tobacco ONLY: Estimated max acreage or pounds stored in any one barn _____		
6. Harvested Tobacco ONLY: Does this premises have any other fire insurance: _____ If yes, Company and Policy # _____		

Binder: Policy provisions shall take effect at the time and dates stated in the crop provision provided for the state in which policy was issued. However, if crop described is damaged by a peril before the effective hour of this insurance, no insurance shall be in effect and within 72 hours after such damage you shall give written notice and shall be entitled to return premium on such acres. The binder may be cancelled by us by written notice to you in accordance with the policy conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

I declare the facts stated herein to be true: Signed by: _____ Print Name: _____ Date: _____ Time: _____ am / pm	Agency Information Agency Name: _____ Agent Signature: _____ Date: _____ License #: _____ Phone: _____
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If premium accompanies the application, send the check with a copy of the application to the address listed above, Attn: Accounting.
 If premium is not paid by the due date stated on the invoice, interest will accrue at the rate of 1.25% per month.

