Allianz | Trusted Choice® | Big "I" PROFESSIONAL LIABILITY

Crop Insurance Supplemental Application

1. Name of Applicant:

2. Crop coverage: Please indicate the revenue derived from each type of crop coverage.

a. Crop/Hail:

b. Multiple-Peril Crop:

3. Agency Staff: Please indicate those members of the staff that will handle crop insurance.
[**If additional space is required, please continue on an additional supplement**].

Employee Name	Years of Crop Insurance Experience	Crop Insurance Licensed	
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No

4. Crop Carriers: List the top 3 insurance companies through which insurance coverage is placed.

Crop Insurance Carrier	Annual Revenue	A.M. Best's Rating	Binding Authority	
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No

5. Does the agency have an established procedure for ensuring crop:

a. Insurance sales closing date? ☐ Yes ☐ No

b. Final planting date? ☐ Yes ☐ No

c. Acreage reporting date? ☐ Yes ☐ No

d. Crop losses reported? ☐ Yes ☐ No

e. Insurance policy schedule of insurance delivery confirmation? ☐ Yes ☐ No

6. Do you require all agency staff to attend the crop update seminars? ☐ Yes ☐ No

7. Does your agency: ☐ Yes ☐ No

a. Accept brokered crop business? ☐ Yes ☐ No

If yes, how much? %

b. Write crop insurance through a broker? ☐ Yes ☐ No

If yes, how much? %

c. Require proof of E&O insurance from these brokers? ☐ Yes ☐ No

Name: Title:

[Print Name] [Print Title]

Signature: Date:

[Must be signed by Owner, Partner or Senior Officer] [Month/Day/Year]

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