



**GROWERS' SERVICES PROGRAM**

**INLAND MARINE & OFFICE CONTENTS SUPPLEMENTAL APPLICATION**

**A. PROPOSED APPLICANT**

- 1. Name of Applicant: \_\_\_\_\_
- 2. Principal Business Address: \_\_\_\_\_

**B. SERVICE ACTIVITIES AND SPECIALTY**

- 1. Have you been in business under the same name less than two (2) years?  Yes  No
- 2. Has your insurance ever been cancelled?  Yes \*  No  
\* **If yes, for:** non-payment of premium? \_\_\_\_\_ Date(s) \_\_\_\_\_  
other reason (explain) \_\_\_\_\_ Date(s) \_\_\_\_\_
- 3. Losses within the past three (3) years? \_\_\_\_\_
- 4. Any bankruptcies in the past 5 years?  Yes  No
- 5. Involvement in any of the following?  
Crane usage (either owned or rented)  Yes  No  
Leased or rental of equipment to others  Yes  No
- 6. Submission Requirements:  
\*Acord Application plus Inland Marine and Property Sections as applicable  
\*Company Loss Runs or Policyholder Signed Statement of No Known Losses

**NOTICE TO APPLICANT – PLEASE READ CAREFULLY**

It is hereby understood and agreed that the information provided above is true and correct, is material to the Insurer in deciding whether to issue its policy to the Applicant. Further, if such information is false or incomplete, it may constitute a misrepresentation that will: (a) permit the Insurer to modify the terms and conditions of the policy issued to the Applicant (including without limitation to excluding any claim arising from or relating to the false information or non-disclosure): or, (b) void the policy.

**Must be signed and dated by owner, partner or senior officer.**

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date: Mo/Day/Yr)

\_\_\_\_\_  
(Print or Type Name & Title)