

*All Proposal Forms must be submitted at least 6 weeks prior to intended start date

PLEASE COMPLETE THE FOLLOWING QUESTIONS IN FULL:

1. **INSURED NAME** _____

2. **BUSINESS ADDRESS** _____

3. **LOCATION OF GROW SITE** _____

(Longitude / Latitude Coordinates Preferable)

4. **GOOGLE EARTH SNAPSHOT WITH INSURED AREA HIGHLIGHTED AS A SEPARATE APPENDIX**

5. **ACREAGE** _____

6. **PLEASE INDICATE IN THE TABLE BELOW WHAT PERILS ARE REQUIRED FROM**

Excess Rainfall Lack of Rainfall Hail Frost Drought Wildfire Tornado Hurricane

*Please note that we do not offer cover for 'all perils.' Please attempt to accurately identify your most urgent requirements. Please also indicate the value insured per month. The value is entirely flexible according to your requirements. It can vary from the seed value up to wholesale value or loss of revenue.

MONTH	PERIL 1	PERIL 2	PERIL 3	VALUE INSURED (USD)
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

7. **COPY OF STATE ISSUED LICENSE (OR RELEVANT AUTHORITY) AS A SEPARATE APPENDIX**

8. **SIGNATURE** _____