



AGRIBUSINESS DIVISION, P.O. BOX 5425, CINCINNATI, OH 45201-5425

FARM AUTO RENEWAL APPLICATION

| | |
|----------|----------------|
| Insured: | Policy Number: |
|----------|----------------|

A. Vehicle Use

| Auto Number | Pleasure Use | To/From Work Under 15 - Over 15 Miles | Farm Use Only | Name of Primary Driver |
|-------------|--------------|---|------------------|---------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |

| B. Operator(s) | License No. | Date of Birth | State |
|----------------|-------------|---------------|-------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |

| C. Unlicensed Family Members | Date of Birth |
|------------------------------|---------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

| D. Vehicles | Eligible For | Lay-Up Credit | Lay-Up Period |
|-------------|--------------|---------------|---------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

E. Are all autos for all household members insured with Great American Insurance Group?
 Yes No If "No", please provide details: _____

F. **IS GREAT AMERICAN INSURANCE GROUP PROVIDING LIABILITY INSURANCE COVERAGE FOR ALL SNOWMOBILES, WATER-CRAFT AND RECREATIONAL VEHICLES OF ALL TYPES:**
 Yes No IF "NO", PLEASE EXPLAIN: _____

| | |
|----------------------------|------------|
| Insured's Signature _____ | Date _____ |
| Producer's Signature _____ | Date _____ |