

Application

Seedman's Errors & Omissions / Commercial General Liability



This application and policy was designed by seed growers for seed growers specifically. When the application is complete and signed, please mail it in the postage-paid envelope provided to Astro Insurance 1000 Inc, #100, 542 - 7th Street South, Lethbridge, AB, T1K 2H1 or fax it to Astro Insurance at 1-403-320-1962. It is important that the application be completed accurately and in full. Misrepresentation or omission in this application could invalidate a policy underwritten and issued on the basis of this information.

Farm Name: _____ Farm Phone No: _____

Seedman Name: _____ Farm Fax No: _____

Farm Address: _____

Seedman Errors and Omissions (E&O)

Total: Total Seed Sales (Include Seed, Treatment & Cleaning* - All Seed Sales): \$ _____

Break-down: Farm Produced seeds sales: \$ _____

(These 3 sum to Total)

Third party Resales: (Gross Receipts) \$ _____

(e.g..bought seeds and chemicals)

* Seed Cleaning by authorized establishment only

Acres Farmed: _____

Number of Employees: _____

Describe Previous E&O Claims related to your Seedman Business (Year, Description, Size of Settlement) - continue on additional pages as required.

Describe In-Process Circumstances or Occurrences related to your Seedman Business, that Could Lead to an E&O Claim *** - continue on additional pages as required.

*** e.g. The receipt of notice from any person or entity of their intention to make a Claim against your seedman business for the results of any error or omission, or any circumstances of which you are aware that might reasonably be expected to give rise to a Claim.

Important Note:

Once you send in your application you will be contacted to discuss the transitioning of your existing coverage to the new coverage. It is important that you do not cancel your existing E&O policy or allow it to expire prior to the discussion of transitioning and confirmation of coverage under the new group plan to be sure there are no gaps in insured period.

Applicant's Signature: _____

Date: _____

This signature verifies that the information provided on this application is truthful, accurate and complete.