

SERFF Tracking Number: AMLX-125506023 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$70
Company Tracking Number: CH AR0236301F01
TOI: 02.1 Crop Sub-TOI: 02.1000 Crop-Hail Sub-TOI Combinations
Product Name: ASI Crop Hail Program 2008
Project Name/Number: 2008 Form/Rate/Rule /CH AR0236301F01

Filing at a Glance

Company: American Alternative Insurance Corporation

Product Name: ASI Crop Hail Program 2008 SERFF Tr Num: AMLX-125506023 State: Arkansas
TOI: 02.1 Crop SERFF Status: Closed State Tr Num: EFT \$70
Sub-TOI: 02.1000 Crop-Hail Sub-TOI Co Tr Num: CH AR0236301F01 State Status: Fees verified and received
Combinations
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: SPI Disposition Date: 03/03/2008
AmericanAlternativeInsurance
Date Submitted: 02/25/2008 Disposition Status: Approved
Effective Date Requested (New): 04/01/2008 Effective Date (New): 04/01/2008
Effective Date Requested (Renewal): Effective Date (Renewal): 04/01/2008

State Filing Description:

General Information

Project Name: 2008 Form/Rate/Rule
Project Number: CH AR0236301F01
Reference Organization:
Reference Title:
Filing Status Changed: 03/03/2008
State Status Changed: 03/03/2008
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile: Authorized
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:
Deemer Date:

The purpose of this filing is to adopt the revised NCIS forms as contained in NCIS form filing number 2008NCISCH-AR2; AR-PC-07-025889.

In addition, AAIC submits our independent revised & newly introduced forms below:

SERFF Tracking Number: AMLX-125506023 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$70
Company Tracking Number: CH AR0236301F01
TOI: 02.1 Crop Sub-TOI: 02.1000 Crop-Hail Sub-TOI Combinations
Product Name: ASI Crop Hail Program 2008
Project Name/Number: 2008 Form/Rate/Rule /CH AR0236301F01

Revised Forms:

Application, Version 2.1 Crop Hail Application/Change/Renewal Form
VPA, Version 1.3 Value Per Acre Agreement

New Forms:

2008 ASI-BFSP-V Crop Hail Policy - Basic Form Special Provisions Amendatory Endorsement
2008 ASI-SGS Optional Fire and Lightning Coverage on Crops Planted in Small Grain Stubble

Note that all other forms previously approved remain in effect.

Company and Contact

Filing Contact Information

Kathryn Sine, Senior State Filing Analyst ksine@munichreamerica.com
555 College Road East (609) 243-5630 [Phone]
Princeton,, NJ 08543-5241 (609) 275-2147[FAX]

Filing Company Information

American Alternative Insurance Corporation CoCode: 19720 State of Domicile: Delaware
555 College Road East Group Code: 361 Company Type:
Princeton,, NJ 08543-5241 Group Name: Munich Re Group State ID Number:
(800) 305-4954 ext. [Phone] FEIN Number: 52-2048110

Filing Fees

Fee Required? Yes
Fee Amount: \$70.00
Retaliatory? No
Fee Explanation: ARDOI \$70.00
E Check 1700000173
02/13/2008
KS-020808a
Per Company: No

SERFF Tracking Number: AMLX-125506023 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$70
Company Tracking Number: CH AR0236301F01
TOI: 02.1 Crop Sub-TOI: 02.1000 Crop-Hail Sub-TOI Combinations
Product Name: ASI Crop Hail Program 2008
Project Name/Number: 2008 Form/Rate/Rule /CH AR0236301F01

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| American Alternative Insurance Corporation | \$70.00 | 02/25/2008 | 18135200 |

SERFF Tracking Number: AMLX-125506023 State: Arkansas
 Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$70
 Company Tracking Number: CH AR0236301F01
 TOI: 02.1 Crop Sub-TOI: 02.1000 Crop-Hail Sub-TOI Combinations
 Product Name: ASI Crop Hail Program 2008
 Project Name/Number: 2008 Form/Rate/Rule /CH AR0236301F01

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 03/03/2008 | 03/03/2008 |

Amendments

| Item | Schedule | Created By | Created On | Date Submitted |
|------------------------|---------------------|---|------------|----------------|
| Independent Forms List | Supporting Document | SPI AmericanAlternativ eInsurance | 02/25/2008 | 02/25/2008 |

SERFF Tracking Number: *AMLX-125506023* *State:* *Arkansas*
Filing Company: *American Alternative Insurance Corporation* *State Tracking Number:* *EFT \$70*
Company Tracking Number: *CH AR0236301F01*
TOI: *02.1 Crop* *Sub-TOI:* *02.1000 Crop-Hail Sub-TOI Combinations*
Product Name: *ASI Crop Hail Program 2008*
Project Name/Number: *2008 Form/Rate/Rule /CH AR0236301F01*

Disposition

Disposition Date: 03/03/2008

Effective Date (New): 04/01/2008

Effective Date (Renewal): 04/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLX-125506023 State: Arkansas
 Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$70
 Company Tracking Number: CH AR0236301F01
 TOI: 02.1 Crop Sub-TOI: 02.1000 Crop-Hail Sub-TOI Combinations
 Product Name: ASI Crop Hail Program 2008
 Project Name/Number: 2008 Form/Rate/Rule /CH AR0236301F01

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03)) | Approved | Yes |
| Supporting Document | AR - FORM FILING ABSTRACT F-1 | Approved | Yes |
| Supporting Document | Crop Hail Application with marked changed, VPA Application with marked changed | Approved | Yes |
| Supporting Document | Independent Forms List | Approved | Yes |
| Form | Crop Hail Application/Change/Renewal Form | Approved | Yes |
| Form | Value Per Acre Agreement | Approved | Yes |
| Form | Crop-Hail Policy - Basic Form Special Provisions Amendatory Endorsement | Approved | Yes |
| Form | Optional Fire and Lightning Coverage on Crops Planted in Small Grain Stubble | Approved | Yes |

SERFF Tracking Number: AMLX-125506023 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$70
Company Tracking Number: CH AR0236301F01
TOI: 02.1 Crop Sub-TOI: 02.1000 Crop-Hail Sub-TOI Combinations
Product Name: ASI Crop Hail Program 2008
Project Name/Number: 2008 Form/Rate/Rule /CH AR0236301F01

Amendment Letter

Amendment Date:

Submitted Date: 02/25/2008

Comments:

Independent Forms List attached for your reference.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Independent Forms List

Comment:

Independent Forms List.PDF

SERFF Tracking Number: AMLX-125506023 State: Arkansas
 Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$70
 Company Tracking Number: CH AR0236301F01
 TOI: 02.1 Crop Sub-TOI: 02.1000 Crop-Hail Sub-TOI Combinations
 Product Name: ASI Crop Hail Program 2008
 Project Name/Number: 2008 Form/Rate/Rule /CH AR0236301F01

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|---|--------|--------------|---|---|-------------|---------------------|
| Approved | Crop Hail Application/Change/Renewal Form | CH APP | Version 3.0 | Application/ Replaced Binder/Enrollment | Replaced Form #:0.00 Application 36890 Previous Filing #: | | CH APP.PDF |
| Approved | Value Per Acre Agreement | VPA | Version 1.3 | Application/ Replaced Binder/Enrollment | Replaced Form #:0.00 VPA Previous Filing #: | | VPA.PDF |
| Approved | Crop-Hail Policy - 2008 ASI- Basic Form Special Provisions Amendatory Endorsement | BFSP-V | 2008 | Endorsement/Amendment/Conditions | | 0.00 | 2008 ASI-BFSP-V.PDF |
| Approved | Optional Fire and Lightning Coverage on Crops Planted in Small Grain Stubble | SGS | 2008 | Endorsement/Amendment/Conditions | | 0.00 | 2008 ASI-SGS.PDF |



Company - 9
American Alternative Insurance Corp

Crop Hail Application / Change / Renewal Form

| | | | |
|--|---|---|---|
| Applicant's Name/Address <input type="checkbox"/> ADM Customer # S.S. or Tax I.D. # _____ | Agency _____ <input type="checkbox"/> Active Synch | Policy <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Renewal | Policy Number Last Years Policy Number _____ |
|--|---|---|---|

| | | | | |
|--------------------|--|---|---|--|
| Phone Number _____ | Owner <input type="checkbox"/> Tenant <input type="checkbox"/> | Billing Spring Billing <input type="checkbox"/> Fall Billing <input type="checkbox"/> | June 15 <input type="checkbox"/> Nov. 1 Note <input type="checkbox"/> | Product <input type="checkbox"/> BASIC <input type="checkbox"/> DXS 5 <input type="checkbox"/> DXS 10 <input type="checkbox"/> XS5 <input type="checkbox"/> XS10 <input type="checkbox"/> XS20 <input type="checkbox"/> XS25 <input type="checkbox"/> XS5 IP <input type="checkbox"/> XS10 IP <input type="checkbox"/> XS15 IP <input type="checkbox"/> XS20IP <input type="checkbox"/> XS25 IP <input type="checkbox"/> Other _____ |
|--------------------|--|---|---|--|

| Line | County | County Code | Section or FSN | Twp/Quad | N or S | Rnge | E or W | Farm Nickname | My % Int. in Crop | Crop | Crop Code | Acres | X | My Ins per Acre | = | Insured Amount | X | Rate / \$1000 Coverage | = | Whole Dollar Premium |
|------|--------|-------------|----------------|----------|--------|------|--------|---------------|-------------------|------|-----------|-------|---|-----------------|---|----------------|---|------------------------|---|----------------------|
| 0 | | | | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | |

Mortgagee _____
 Address _____
 City/State/Zip _____

Company Use Only

Approved By: _____
 Date: _____

I, the undersigned applicant, hereby apply for insurance on the property indicated above, against direct loss by the named perils, and subject to all terms of the policy hereafter issued. I hereby declare that the crops to be insured have not been damaged by a peril to be covered, and that I have no other Crop Hail Insurance (or application for such insurance pending) on any part or all of the crops included in this application. I further agree to the terms printed on the back of this form.

Premium Received \$ _____ Check # _____
 Cash

In consideration of the insurance coverage provided by the policy, I agree to pay to the agent, or the Company, the total premium when due. Policy premium not paid by the applicable due date is subject to policy cancellation. In case of delinquency in payment on this policy and/or interest due, I agree to pay all costs and attorney's fees *. I further agree that if the Company pays any loss because of damage to insured crops, by the perils named in the policy, the Company is authorized and hereby instructed to deduct any unpaid premium due, from the amount of loss payable. *In Wisconsin all statutory costs and attorney's fees. All information on this application is required. Applications missing information are subject to rejection. Products and endorsements are subject to state and rate availability.

APPLICATION EFFECTIVE AT TIME AND DATE AS STATED IN BINDER (Both Signatures Required)

Applicant Signature: _____ Date & Time Signed: _____ A.M. P.M.
 Agent Signature: _____

| | |
|--|-------------------------------|
| Total --->> Amount Insured | Total --->> Line Item Premium |
| Optional Endorsement(s) (Signed Form Required) | |
| <input type="checkbox"/> Wind <input type="checkbox"/> 5% Corn <input type="checkbox"/> 10% Corn <input type="checkbox"/> Tobacco <input type="checkbox"/> Wind/Harvest <input type="checkbox"/> 5% Corn <input type="checkbox"/> 10% Corn <input type="checkbox"/> Green Snap <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> Delete Escalator <input type="checkbox"/> Open Boll <input type="checkbox"/> Other _____ <input type="checkbox"/> Agristore | |
| Endorsement Liability Total | Endorse Prem Total |
| Total Base Premium | |
| DXS5 Deductible (IL, IN, MO Only) (-) 10% of Total Line Item Premium | |
| November 1 Note (+) 10% of Total Base Premium | |
| Total Premium Due | |


 000000000277

Version: 3.0
 Printed: 01/10/2008

BINDER

The Company shall assume liability for loss by hail and additional perils, if any, named in this policy beginning 12:01 A.M. the second day following the date this application is last signed by both the applicant and the Company's Agent.

The Company may, within 240 hours after this application is received in the home office, reject this application. The Company's liability shall terminate immediately and absolutely when notice of rejection is received by the applicant. If rejection is by telegram or registered mail, notice shall be conclusively presumed to be received by the applicant when such notice reaches the telegraph or post office at the applicant's address shown in this application. If notice is not received within the time specified, the application shall be conclusively presumed to be accepted.

The foregoing binder is subject to the representations and provisions of this application, to the conditions of the Crop Hail Policy and to the provisions of any endorsement attached thereto. A copy of this application or abstract thereof, and of any endorsement shall be attached to the policy if issued by the Company and together with the policy shall constitute the insurance contract; the original application will be on file with the Company.

AGREEMENT

The applicant warrants that the application contains a full and true description and statement of the conditions, location, value, encumbrance, occupancy, and title of the property proposed to be insured, and agrees to notify the company of any change therein. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

36890, 1/04 Binder



Company - 9
American Alternative Insurance Corp

Value Per Acre Agreement

Continuous

Effective Year _____

State _____ Page ___ Of ___

| Applicant's Name and Address | Agency Information | V.P.A. Policy Number |
|--|--|---|
| Type of Entity <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Tax ID # _____ <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other | Agency Name _____ Agency Address _____ Agency Address _____ Agency City/St/Zip _____ Agency Phone _____ Agency Number _____ Agency Email _____ | _____ MPCI Policy Number(s) _____ Policy Number & County _____ _____ ADM Customer Number <input type="checkbox"/> |
| Applicant Name _____ Officer Name/Title and/or Authorized Representative _____ Address _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____ | | |

| Coverage for County 1 | Coverage for County 2 | Coverage for County 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------|------|--|--|-------------|--|--|-------|--|--|----------|--|--|---|------|----------------|------------|------|--|--|-------------|--|--|-------|--|--|----------|--|--|--|------|-----------------|------------|------|--|--|-------------|--|--|-------|--|--|----------|--|--|
| <input type="checkbox"/> Application <input type="checkbox"/> Amendment County Name _____ MPCI Policy Number _____ Type of Coverage <input type="checkbox"/> Full <input type="checkbox"/> 5% Ded. <input type="checkbox"/> Other _____ | <input type="checkbox"/> Application <input type="checkbox"/> Amendment County Name _____ MPCI Policy Number _____ Type of Coverage <input type="checkbox"/> Full <input type="checkbox"/> 5% Ded. <input type="checkbox"/> Other _____ | <input type="checkbox"/> Application <input type="checkbox"/> Amendment County Name _____ MPCI Policy Number _____ Type of Coverage <input type="checkbox"/> Full <input type="checkbox"/> 5% Ded. <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Crop</th> <th>*Value Per Acre</th> <th>Est. Acres</th> </tr> </thead> <tbody> <tr><td>Corn</td><td></td><td></td></tr> <tr><td>Small Grain</td><td></td><td></td></tr> <tr><td>Wheat</td><td></td><td></td></tr> <tr><td>Soybeans</td><td></td><td></td></tr> </tbody> </table> | Crop | *Value Per Acre | Est. Acres | Corn | | | Small Grain | | | Wheat | | | Soybeans | | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Crop</th> <th>Value Per Acre</th> <th>Est. Acres</th> </tr> </thead> <tbody> <tr><td>Corn</td><td></td><td></td></tr> <tr><td>Small Grain</td><td></td><td></td></tr> <tr><td>Wheat</td><td></td><td></td></tr> <tr><td>Soybeans</td><td></td><td></td></tr> </tbody> </table> | Crop | Value Per Acre | Est. Acres | Corn | | | Small Grain | | | Wheat | | | Soybeans | | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Crop</th> <th>*Value Per Acre</th> <th>Est. Acres</th> </tr> </thead> <tbody> <tr><td>Corn</td><td></td><td></td></tr> <tr><td>Small Grain</td><td></td><td></td></tr> <tr><td>Wheat</td><td></td><td></td></tr> <tr><td>Soybeans</td><td></td><td></td></tr> </tbody> </table> | Crop | *Value Per Acre | Est. Acres | Corn | | | Small Grain | | | Wheat | | | Soybeans | | |
| Crop | *Value Per Acre | Est. Acres | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Corn | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Small Grain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wheat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Soybeans | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crop | Value Per Acre | Est. Acres | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Corn | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Small Grain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wheat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Soybeans | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crop | *Value Per Acre | Est. Acres | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Corn | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Small Grain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wheat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Soybeans | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

I (we), the undersigned applicant, hereby make application to American Alternative Insurance Corporation (the Company) for insurance against all direct loss by HAIL and as covered in the FIRE, LIGHTNING, THEFT, VANDALSIM, and MALICIOUS MISCHIEF provision, to only my interest in all of the specified growing crops which are insured on the described premises in the indicated Multiple Peril Insurance Policy, in the amount per acre enumerated and indicated above until cancelled by you or the Company, and in the same amount enumerated and indicated above during the same term against all direct loss to stored crops as covered in the STORED CROPS provision, the insurance to be effective 48 hours from the date and hour of this signature but not prior to January 1 of the effective year. The crop seasons shall commence and terminate in accordance with the dates set out in the policy provisions. I agree to be governed by the policy of the said Company and the Provisions and Insuring Agreements expressed in the Crop Hail policy provisions. Notice of rejection of this application by the Company mailed by certified mail to the last mailing address of applicant known by the Company shall be a sufficient notice.

I certify that the crops have not been damaged by the perils herein covered previous to the day and hour this application is signed. I certify that my share of the above mentioned crops will be covered by Multiple Peril Crop Insurance (MPCI) of Federal Crop Insurance Corporation (FCIC). I authorized the Company to verify the number of acres and my interest in the crops planted and I agree to supply any records to aid in that verification. I certify that I have read this application and each and every representation herein contained has been carefully considered and is true and correct in every particular.

The value per acre may not be changed after March 15 or before harvest unless approved by the Company

PREMIUM: In consideration of the benefits provided for under this policy, I agree to pay Agriserve, Inc. following the billing guidelines of the above mentioned MPCI policies, and in each subsequent year during the life of this contract, a premium calculated by applying the rates for that year (as filed with the Commissioner of Insurance for this state) to the amounts of insurance applied for herein plus applicable November Note fees. Policy Premium not paid by applicable due date is subject to cancellation. In case of delinquency in any payment of the premium and/or the additional amount provided for in the Provisions and Insuring Agreements, I agree to pay interest, costs, and reasonable attorney fees. I agree to allow indemnity payments to be used to pay premium due on my Hail and MPCI policies written through American Alternative Insurance Corporation.

| | | | |
|----------------------------------|---|--|-------------------------------------|
| Applicant Signature: _____ | Date & Time Signed: _____ | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | Version: 1.3 Printed: 01/10/2008 |
| Producing Agent Signature: _____ | Code: 0000-00 | 000000000280 | |

BINDER

The Company shall assume liability for loss by hail and additional perils, if any, named in this policy beginning 12:01 A.M. the second day following the date this application is last signed by both the applicant and the Company's Agent.

The Company may, within 240 hours after this application is received in the home office, reject this application. The Company's liability shall terminate immediately and absolutely when notice of rejection is received by the applicant. If rejection is by telegram or registered mail, notice shall be conclusively presumed to be received by the applicant when such notice reaches the telegraph or post office at the applicant's address shown in this application. If notice is not received within the time specified, the application shall be conclusively presumed to be accepted.

The foregoing binder is subject to the representations and provisions of this application, to the conditions of the Crop Hail Policy and to the provisions of any endorsement attached thereto. A copy of this application or abstract thereof, and of any endorsement shall be attached to the policy if issued by the Company and together with the policy shall constitute the insurance contract; the original application will be on file with the Company.

AGREEMENT

The applicant warrants that the application contains a full and true description and statement of the conditions, location, value, encumbrance, occupancy, and title of the property proposed to be insured, and agrees to notify the company of any change therein. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

36890, 1/04 Binder

**CROP-HAIL INSURANCE
MANDATORY ENDORSEMENT**

2008 ASI-BFSP-V

**CROP-HAIL POLICY - BASIC FORM
SPECIAL PROVISIONS
AMENDATORY ENDORSEMENT**

In compliance with the insurance regulations in the applicable state, Crop-Hail Policy-Basic Form Special Provisions is amended as follows to include:

1. PERILS INSURED AGAINST.

We insure for direct loss to the crops described in the Schedule of Insurance caused by:

e. *Vandalism*

**OPTIONAL FIRE AND LIGHTNING COVERAGE ON CROPS
PLANTED IN SMALL GRAIN CROP, STUBBLE, OR RESIDUE**

In consideration of the additional premium charge, your Fire and Lightning coverage is extended to crops that have been planted in small grain crop, stubble, or residue. This endorsement only applies to those crops for which fire and lightning coverage is provided for in the Special Provisions or State Amendatory Endorsement. We will pay the lesser of the percentage of loss or the actual cash value of the crop.

Signature of Applicant

Date

Signature of Licensed Agent

Date

A copy of this endorsement signed by the applicant and agent must be submitted along with the crop hail application submitted to the company.

SERFF Tracking Number: *AMLX-125506023* *State:* *Arkansas*
Filing Company: *American Alternative Insurance Corporation* *State Tracking Number:* *EFT \$70*
Company Tracking Number: *CH AR0236301F01*
TOI: *02.1 Crop* *Sub-TOI:* *02.1000 Crop-Hail Sub-TOI Combinations*
Product Name: *ASI Crop Hail Program 2008*
Project Name/Number: *2008 Form/Rate/Rule /CH AR0236301F01*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLX-125506023 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$70
Company Tracking Number: CH AR0236301F01
TOI: 02.1 Crop Sub-TOI: 02.1000 Crop-Hail Sub-TOI Combinations
Product Name: ASI Crop Hail Program 2008
Project Name/Number: 2008 Form/Rate/Rule /CH AR0236301F01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 03/03/2008

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF

Satisfied -Name: AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03)) **Review Status:** Approved 03/03/2008

Comments:

Attachment:

AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4_30_03)).PDF

Satisfied -Name: AR - FORM FILING ABSTRACT F-1 **Review Status:** Approved 03/03/2008

Comments:

Attachment:

AR - FORM FILING ABSTRACT F-1.PDF

Satisfied -Name: Crop Hail Application with marked changed, VPA Application with marked changed **Review Status:** Approved 03/03/2008

Comments:

Attachments:

Crop Hail Application with marked changed.PDF
VPA Application with marked changed.PDF

Review Status:

SERFF Tracking Number: AMLX-125506023 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$70
Company Tracking Number: CH AR0236301F01
TOI: 02.1 Crop Sub-TOI: 02.1000 Crop-Hail Sub-TOI Combinations
Product Name: ASI Crop Hail Program 2008
Project Name/Number: 2008 Form/Rate/Rule /CH AR0236301F01

Satisfied -Name: Independent Forms List Approved 03/03/2008

Comments:

Attachment:

Independent Forms List.PDF

Property & Casualty Transmittal Document

| | | | | | |
|---|---|--------------|--|------------------|--|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes | New Business | | Renewal Business | |
| New Business | | | | | |
| Renewal Business | | | | | |

| | |
|----------------------|---------------------|
| 3. Group Name | Group NAIC # |
| Munich Re Group | 0361 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|--|----------|--------|------------|---------|
| American Alternative Insurance Corporation | DE | 19720 | 52-2048110 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|-----------------------------------|-----------------|
| 5. Company Tracking Number | CH AR0236301F01 |
|-----------------------------------|-----------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|--|--------------------------------|---------------------------|--------------|---------------------------|
| | Kathryn R. Sine, CWCP 555 College Road East Princeton, NJ 08543-5241 | Senior State Filing Analyst | 800-305-4954 Ext. 5630 | 609-275-2147 | ksine@munichreamerica.com |

| | |
|---|--|
| 7. Signature of authorized filer |  |
| 8. Please print name of authorized filer | Kathryn R. Sine, CWCP |

Filing Information (see General Instructions for descriptions of these fields)

| | |
|---|--|
| 9. Type of Insurance (TOI) | 02.1 Crop |
| 10. Sub-Type of Insurance (Sub-TOI) | 02.1000 Crop-Hail Sub-TOI Combinations |
| 11. State Specific Product code(s) (if applicable) [See State Specific Requirements] | |
| 12. Company Program Title (Marketing Title) | ASI Crop Hail |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested | New: 4/1/20078 Renewal: 4/1/2008 |
| 15. Reference Filing? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Reference Organization (if applicable) | NCIS |
| 17. Reference Organization # & Title | 2008NCISCH-AR2 2008 Forms |
| 18. Company's Date of Filing | 2/25/2008 |
| 19. Status of filing in domicile | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

Property & Casualty Transmittal Document

| | | |
|------------|--|-----------------|
| 20. | This filing transmittal is part of Company Tracking # | CH AR0236301F01 |
|------------|--|-----------------|

| | |
|------------|--|
| 21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|------------|--|

The purpose of this filing is to adopt the revised NCIS forms as contained in NCIS form filing number 2008NCISCH-AR2; AR-PC-07-025889.

In addition, AAIC submits our independent revised & newly introduced forms below:

Revised Forms:

Application, Version 2.1 Crop Hail Application/Change/Renewal Form
VPA, Version 1.3 Value Per Acre Agreement

New Forms:

2008 ASI-BFSP-V Crop Hail Policy - Basic Form Special Provisions Amendatory Endorsement
2008 ASI-SGS Optional Fire and Lightning Coverage on Crops Planted in Small Grain Stubble

Note that all other forms previously approved remain in effect.

| | |
|------------|---|
| 22. | Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
| | <p>Check #: E Check 1700000173 Amount: \$70.00 \$50 per filing (ind. forms) \$20 per filing (adv. org. forms)</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> |

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

| | | |
|-----------|--|-----------------|
| 1. | This filing transmittal is part of Company Tracking # | CH AR0236301F01 |
|-----------|--|-----------------|

| | | |
|-----------|---|-----|
| 2. | This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable) | n/a |
|-----------|---|-----|

| 3. | Form Name /Description/Synopsis | Form # Include edition date | Replacement Or Withdrawn? | If replacement, give form # it replaces | Previous state filing number, if required by state |
|----|--|-----------------------------|---|---|--|
| 01 | Crop Hail Application/Change/Renewal Form | CH APP Version 3.0 | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | CH APP Version 2.0 | |
| 02 | Value Per Acre Agreement | VPA Version 1.3 | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | VPA Version 1.1 | |
| 03 | Crop-Hail Policy - Basic Form Special Provisions Amendatory Endorsement | 2008 ASI-BFSP-V 2008 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 04 | Optional Fire and Lightning Coverage on Crops Planted in Small Grain Stubble | 2008 ASI-SGS 2008 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 06 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 07 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 08 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 09 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 10 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 11 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Stephen J. Corbett, Vice President of
 (Name) (Title of Authorized Officer)

American Alternative Insurance Corporation
 (Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

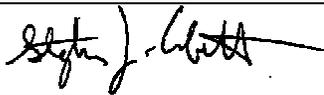
3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

| | |
|---|-----|
| Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> • | Yes |
|---|-----|

If "NO", to which companies does this Certification apply?

| Company Name(s) | NAIC # |
|-----------------|--------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | |
|---|--|
| Company Tracking Number • CH AR0236301F01 | |
| Signature of Authorized Officer • |  |
| Name of Authorized Officer • | Stephen J. Corbett |
| Title of Authorized Officer • | Vice President |
| Email address of Authorized Officer • | scorbett@munichreamerica.com |
| Telephone # of Authorized Officer • | 609-243-5620 |
| Date • | 2/25/2008 |

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us

ARKANSAS INSURANCE DEPARTMENT

FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 2/25/2008

2. Company Name(s) American Alternative Insurance Corporation

Group Name Munich Re Group NAIC No. 19720 Group No. 0361

3. (a) Annual Statement Line of Business Number (Page 14) 2.1

(b) Class of Business Allied Lines

© Coverages Affected Crop Hail

4. (a) Name of Advisory Organization, if any NCIS

(b) Affiliations with Advisory Organization: Member () Subscriber ()

5. Is this a reference filing? Yes () No () If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company)
NCIS

(b) Date of Filing Efft 01/01/2008

© Filing Designation Number or Description 2008NCISCH-AR2; AR-PC-07-025889

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?
Yes

8. Is the form filed in response to or due to legislation? If so, specify legislation.
No

9. Is the form in response to or due to recent court decisions? If so, give citation.
No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Kathryn R. Sine

Signature

Kathryn R. Sine, CWCP

Title

609-243-5630

Telephone Number

| Old Form No. | Proposed Effective Date of New Form | New Form No. | Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage |
|-------------------------------|-------------------------------------|----------------------|---|
| Application 36890 Version 2.0 | 04/01/2008 | CH APP Version 3.0 | Crop Hail Application/Change/Renewal Form |
| VPA Version 1.1 | 04/01/2008 | VPA Version 1.3 | Value Per Acre Agreement |
| | 04/01/2008 | 2008 ASI-BFSP-V 2008 | Crop-Hail Policy - Basic Form Special Provisions Amendatory Endorsement |
| | 04/01/2008 | 2008 ASI-SGS 2008 | Optional Fire and Lightning Coverage on Crops Planted in Small Grain Stubble |



Company -
American Alternative Insurance Corp

| | | |
|--------------------------|---|---|
| Applicant's Name/Address | <input type="checkbox"/> ADM Customer # | Agency |
| S.S. or Tax I.D. # _____ | | AGRISERVE, INC. 1 ASI DRIVE P O BOX 470 FINDLAY, IL 62534 217-459-2836 ASI@ |

| | | | | | |
|--------------|--|---------|---|---|---------------------------------------|
| Phone Number | Owner <input type="checkbox"/> Tenant <input type="checkbox"/> | Billing | Spring Billing <input type="checkbox"/> Fall Billing <input type="checkbox"/> | June 15 <input type="checkbox"/> Nov. 1 Note <input type="checkbox"/> | Product <input type="checkbox"/> BASK |
|--------------|--|---------|---|---|---------------------------------------|

| State: _____ / _____ | | | | | | | | | | |
|----------------------|--------|-------------|----------------|----------|--------|-------|--------|---------------|-------------------|----|
| Line | County | County Code | Section or FSN | Twp/Quad | N or S | Range | E or W | Farm Nickname | My % Int. In Crop | Cn |
| 0 | | | | | | | | | | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |

| | |
|----------------------|-----------------------------|
| Mortgages _____ | Cor Approved By Date: |
| Address _____ | |
| City/State/Zip _____ | |

I, the undersigned applicant, hereby apply for insurance on the property indicated above, against direct loss by the fire to all terms of the policy hereafter issued. I hereby declare that the crops to be insured have not been damaged by fire and that I have no other Crop-Hall Insurance (or application for such insurance pending) on any part or all of the crops involved. I further agree to the terms printed on the back of this form.

Premium Received \$ _____
 Check # _____
 Cash

In consideration of the insurance coverage provided by the policy, I agree to pay to the agent, or the Company, the full Policy premium not paid by the applicable due date is subject to policy cancellation. In case of delinquency in payments interest due, I agree to pay all costs and attorney's fees. I further agree that if the Company pays any loss because of loss payable. *In Wisconsin all statutory costs and attorney's fees. All information on this application is required. All information are subject to rejection. Products and endorsements are subject to state and rate availability.

Agent : _____ **Both Signatures Required**

Crop Hail

Application / Change / Renewal Form

| | | |
|--|---|---|
| <input type="checkbox"/> Active Synch ASI-AGRISERVE.COM | Policy <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Renewal | Policy Number <hr/> Last Years Policy Number |
|--|---|---|

| | | | | | |
|---------------------------------|-------------------------------|-------------------------------|----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> DXS 5 | <input type="checkbox"/> XS5 | <input type="checkbox"/> XS20 | <input type="checkbox"/> XS5 IP | <input type="checkbox"/> XS15 IP | <input type="checkbox"/> XS25 IP |
| <input type="checkbox"/> DXS 10 | <input type="checkbox"/> XS10 | <input type="checkbox"/> XS25 | <input type="checkbox"/> XS10 IP | <input type="checkbox"/> XS20IP | <input type="checkbox"/> Other _____ |

| Crop | Crop Code | Acres | X My Ins per Acre | = Insured Amount | X Rate / \$1000 Coverage | = Whole Dollar Premium |
|------|-----------|-------|-------------------|------------------|--------------------------|------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Company Use Only

covered perils, and subject to the terms, conditions, coverages, exclusions, and limitations of the policy. This application is subject to the terms, conditions, coverages, exclusions, and limitations of the policy. This application is subject to the terms, conditions, coverages, exclusions, and limitations of the policy.

Total premium when due. Payment on this policy and/or other policies of damage to insured property shall be the amount of premium due, from the amount of premium due.

| | | | |
|--|---------------------------------|------------------------------------|----------------------------------|
| Total -->> Amount Insured | | Total -->> Line Item Premium | |
| Optional Endorsement(s) (Signed Form Required) | | | |
| <input type="checkbox"/> Wind | <input type="checkbox"/> 5% Com | <input type="checkbox"/> 10% Com | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Wind/Harvest | <input type="checkbox"/> 5% Com | <input type="checkbox"/> 10% Com | |
| <input type="checkbox"/> Green Snap | <input type="checkbox"/> 5% | <input type="checkbox"/> 10% | |
| <input type="checkbox"/> Delete Escalator | | <input type="checkbox"/> Open Boll | |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Agristore | |
| Endorsement Liability Total | | Endorse Prem Total | |
| Total Base Premium | | | |
| DXS5 Deductible (IL, IN, MO Only) | | | |
| (-) 10% of Total Line Item Premium | | | |
| November 1 Note | | | |
| (+) 10% of Total Base Premium | | | |
| Total Premium Due | | | |

APPLICATION EFFECTIVE AT TIME AND DATE AS STATED IN BINDER

Application signed on date : _____ at _____ A.M.
 P.M.

By _____



Company - 9
American Alternative Insurance Corp

Value Per Acre Agree

Continuous
Effective Year _____

| Applicant's Name and Address | Agency Information |
|---|---|
| Type of Entity <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | Agency Name _____ Agency Address _____ Agency City/State/Zip _____ Agency Phone _____ Agency Number _____ Agency Email _____ |
| Tax ID # _____ <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Other | |
| Applicant Name _____ | |
| Officer Name/Title and/or Authorized Representative _____ | |
| Address _____ | |
| Address _____ | |
| City _____ State _____ Zip Code _____ | |
| Phone Number _____ | |

| Coverage for County 1 | Coverage for County 2 |
|--|--|
| <input type="checkbox"/> Application <input type="checkbox"/> Amendment | <input type="checkbox"/> Application <input type="checkbox"/> Amendment |
| County Name _____ MPCl Policy Number _____ | County Name _____ MPCl Policy Nu _____ |
| Type of Coverage <input type="checkbox"/> Full <input type="checkbox"/> 5% Ded. <input type="checkbox"/> Other _____ | Type of Coverage <input type="checkbox"/> Full <input type="checkbox"/> 5% Ded. <input type="checkbox"/> Other _____ |

| Crop | *Value Per Acre | Est. Acres | Crop | Value Per Acre |
|-------------|-----------------|------------|-------------|----------------|
| Corn | | | Corn | |
| Small Grain | | | Small Grain | |
| Wheat | | | Wheat | |
| Soybeans | | | Soybeans | |
| | | | | |

I (we), the undersigned applicant, hereby make application to American Alternative Insurance Corporation (the Company LIGHTNING, THEFT, VANDALSIM, and MALICIOUS MISCHIEF provision, to only my interest in all of the specified grow Insurance Policy, in the amount per acre enumerated and indicated above until cancelled by you or the Company, and in direct loss to stored crops as covered in the STORED CROPS provision, the insurance to be effective 48 hours from the seasons shall commence and terminate in accordance with the dates set out in the policy provisions. I agree to be governed expressed in the Crop Hill policy provisions. Notice of rejection of this application by the Company mailed by certified mail notice.

I certify that the crops have not been damaged by the perils herein covered previous to the day and hour this application Multiple Peril Crop Insurance (MPCI) of Federal Crop Insurance Corporation (FCIC). I authorized the Company to verify records to aid in that verification. I certify that I have read this application and each and every representation herein contained. The value per acre may not be changed after March 15 or before harvest unless approved by the Company

PREMIUM: In consideration of the benefits provided for under this policy, I agree to pay Agriserve, Inc. following the bill during the life of this contract, a premium calculated by applying the rates for that year (as filed with the Commissioner of November Note fees. Policy Premium not paid by applicable due date is subject to cancellation. In case of delinquency Provisions and Insuring Agreements, I agree to pay interest, costs, and reasonable attorney fees. I agree to allow Indem through American Alternative Insurance Corporation.

| | | | |
|---------------------------|---------|------|---------------------|
| Producing Agent Signature | 0000-00 | Code | Applicant Signature |
|---------------------------|---------|------|---------------------|

ment



State _____ Page ____ Of ____

| | |
|--|--------------------------|
| | V.P.A. Policy Number |
| | _____ |
| | MPCI Policy Number(s) |
| | _____ |
| | Policy Number & County |
| | _____ |
| | _____ |
| | _____ |
| | ADM Customer Number |
| | <input type="checkbox"/> |

| | | |
|--------|--------------------------------------|--|
| | Coverage for County 3 | |
| | <input type="checkbox"/> Application | <input type="checkbox"/> Amendment |
| number | County Name _____ | MPCI Policy Number _____ |
| | Type of Coverage | <input type="checkbox"/> Full <input type="checkbox"/> 5% Ded. <input type="checkbox"/> Other _____ |

| Est. Acres | Crop | *Value Per Acre | Est. Acres |
|------------|-------------|-----------------|------------|
| | Corn | | |
| | Small Grain | | |
| | Wheat | | |
| | Soybeans | | |
| | | | |

...) for Insurance against all direct loss by HAIL and as covered in the FIRE, insuring crops which are insured on the described premises in the indicated Multiple Peril policy for the same amount enumerated and indicated above during the same term against all perils named in the policy from the date and hour of this signature but not prior to January 1 of the effective year. The crop loss shall be covered by the policy of the said Company and the Provisions and Insuring Agreements attached hereto shall be a sufficient

is signed. I certify that my share of the above mentioned crops will be covered by the number of acres and my interest in the crops planted and I agree to supply any information required to be furnished hereon and that the information obtained has been carefully considered and is true and correct in every particular.

ing guidelines of the above mentioned MPCI policies, and in each subsequent year I shall pay (or cause to be paid) the amount of insurance applied for herein plus applicable taxes and any payment of the premium and/or the additional amount provided for in the policy to be used to pay premium due on my Hail and MPCI policies written

a.m.
 p.m.

_____ Date and time signed

| <u>FORM #</u> | <u>STATE</u> | <u>FORM TITLE</u> | <u>USAGE</u> |
|--------------------------|---------------------|--|--|
| 2005 | | | |
| 2003-ASI-OBC | Arkansas | Open Boll Endorsement | Optional |
| 2003-ASI DXSS5 | Arkansas | Crop Hail Special Plan Endt. (Disappearing at 25% dedt) | Optional |
| 2004-ASI 3AR | Arkansas | AR Mandatory Endorsement | Mandatory All Policies |
| ASI-AS-2002 | Arkansas | Harvested Grain Coverage - Agristore | Included for free in AR, IN, IL, Optional all others. Corn,Soybeans,Wheat, Rice only |
| 2004-ASI-ARAMEND-1 | Arkansas | AR Amendatory Endorsement | Mandatory All Policies |
| 2004-ASI-AR-DELESC | Arkansas | Crop Hail Optional Endt - Cotton Delete Escalator Endt. | Optional-Cotton Only |
| 2003-ASI SG | Arkansas | Optional Fire & Lightning - Small Grain Stubble | Optional |
| ASI-1-88 | Arkansas | Peas for Canning Reject Endorsement | Optional-Peas for Canning only |
| ASI-2-84 | Arkansas | Sweet Corn for Canning (Reject Endorsement) | Optional-Canning Sweet Corn Only |
| Application, Version 2.0 | Arkansas | Crop Hail Application/Change/Renewal Form | Application |
| VPA, Version 1.1 | Arkansas | Value Per Acre Agreement | Application/Agreement |
| CH301 | Arkansas | Crop Hail Declaration | Declaration |
| Changes for 2007 | | | |
| ASI 3AR | Arkansas | AR Mandatory Endorsement | Mandatory All Policies |
| ASI-ARAMEND-1 | Arkansas | AR Amendatory Endorsement | Mandatory All Policies |
| 2007-ASI-Cotton Mod | Arkansas | Cotton Module Coverage Endorsement | Optional |
| Change for 2008 | | | |
| Application, Version 3.0 | Arkansas | Crop Hail Application/Change/Renewal Form | Application |
| VPA, Version 1.3 | Arkansas | Value Per Acre Agreement | Application/Agreement |
| 2008 ASI-BFSP-V | Arkansas | Crop Hail Policy - Basic Form Special Provisions Amendatory Endt. | Mandatory Endt. |
| 2008 ASI-SGS | Arkansas | Optional Fire and Lightning Coverage on Crops Planted in Small Grain Stubble | Optional |