

**NEBRASKA FARMERS MUTUAL REINSURANCE ASSOCIATION**  
**General Liability Application**  
**Owners, Landlords & Tenants**

Item 1. Applicant:

\_\_\_\_\_

Street City State Zip

Item 2. Policy Period From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M. Standard Time at the address of the Applicant named herein.

Applicant is: Individual Corporation LLC Trust Other \_\_\_\_\_

Interest of applicant in Insured premises (check below)

Owner Tennant Other \_\_\_\_\_

Part occupied by applicant: \_\_\_\_\_

Business of Applicant is: \_\_\_\_\_

Item 3.

**COMBINED SINGLE LIMIT OF LIABILITY**

Coverage	Limits of Liability	Advance Premiums
Bodily Injury Liability and Property Damage Liability	each occurrence aggregate	
Coverage	Limits of Liability	Advance Premiums
Premises Medical Payments	dollars	
(a) Premises and Operations	each person	

**Description of Risk(s):**

Item 4. During the past three years no Insurer has cancelled similar insurance, except as herein stated: \_\_\_\_\_

Item 5. The named insured does not use the premises for any undisclosed purposes, and does not conduct any business operations at any undisclosed location, except as herein stated: \_\_\_\_\_

This Application shall not be binding unless and until a policy shall be issued and a down payment made and then only as of the commencement date of said policy and in accordance with all terms thereof, and the said applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant; and the same are thereby made the basis and a condition of the insurance.

Date \_\_\_\_\_

Applicant \_\_\_\_\_

Agent \_\_\_\_\_

**Description of Risk(s) - Cont'd:**

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as extended on December 2, 2005, that you now have a right to purchase insurance coverage for losses resulting from acts of terrorism as *Defined in Section 102(1) of the Act*: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury - In concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, of infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign Interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THE POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 90% (85% IN 2007) OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

**Acceptance or Rejection of Terrorism Insurance Coverage**

	<p><b>I hereby elect to purchase Terrorism coverage for a prospective premium of</b> \$ _____</p>
	<p><b>I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.</b></p>

\_\_\_\_\_  
Policy Holder/Applicant's Signature

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date