

IRRIGATION EQUIPMENT INSURANCE APPLICATION



Applicant: _____ Date: _____

Telephone: _____
Email: _____

Mailing Address: _____

Desired Effective Date of Insurance: _____

Farm Location (Number of acres, legal description; use separate sheet if necessary):

Years of Operation: _____

Type of Farming Performed: _____

Schedule of Equipment to be Insured: Complete second page

Loss Experience:	# of Claims	Total Amount of Losses	Causes of Loss
Last 12 months:	_____	_____	_____
Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____

Previous Insurer: _____

I hereby certify that the foregoing is a good faith representation of the information requested

(Name / Title)

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SCHEDULE OF EQUIPMENT

Applicant: _____

Model Year	Make	Model	Serial Number	Description*	Towed? Y/N	Length	Amount of Coverage**	ACV or RC?
1	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____	_____	_____

* Description - Please identify any Corner Units listed above. Also, please list all any submersible pumps, generators, power units, power wire, or other ancillary or accessory equipment separately below:

** Amount of Coverage - Please show 100% of replacement cost if **Replacement Cost** coverage is desired, or 90% of replacement cost if **AVC** coverage is desired.

Deductible Desired: _____