

MOBILE AGRICULTURAL EQUIPMENT INSURANCE APPLICATION

Page One - To be completed by applicant

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: _____ Annual Gross Revenue: _____

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)

