



## **Diversified Agrisurance Company**

14010 FNB PARKWAY, SUITE 400  
OMAHA, NE 68154-5206

(402) 964-8050  
(800) 444-3584  
(402) 964-8131 fax

### **CLAIM CHECKLIST**

Please notify your **Agent** or **Diversified Agrisurance** as soon as a loss is discovered.

All claim requests must have the following items completed. Authorization for repairs cannot be given without Diversified Agrisurance receiving each item. Please send us all items at once for the fastest service.

#### **ENCLOSE:**

- SWORN STATEMENT IN PROOF OF LOSS**
- DETAILED REPAIR ESTIMATE**
- PHOTOS OF DAMAGE**
- LIGHTNING AFFIDAVIT** (only required for lightning claims)
- COPY OF SHERIFF'S REPORT** (only required for theft or vandalism claims)

#### **PLEASE REMEMBER:**

- You are responsible for repairs made without prior approval from Diversified Agrisurance.
- Claims must be reported within 90 days from the date of loss.

Please call if you have any questions, our toll-free number is (800) 444-3584 or email us at [claims@dfsfin.com](mailto:claims@dfsfin.com)



# Diversified Agrisurance Company

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14010 First National Bank Parkway • Suite 400 • Omaha Nebraska 68154-5206  
402.964.8040 • Toll Free 800.444.3584 • Fax 402.964.8131  
www.DACins.com

## IMPORTANT CLAIMS PROCEDURES

- Your agent **must** be notified of any loss **within 90 days** from the date of loss.
  - Any repairs made without authorization from Diversified Agrisurance will not be paid.
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Please provide the following to obtain authorization:

- *Sworn Statement in Proof of Loss*: Complete and sign.
- *Itemized repair estimate*: Contact whomever you would like to do the repairs and have them prepare a detailed estimate.
- *Photos of any visible or structural damage*: Photos must clearly show the condition of the system and damage.
- *Lightning Affidavit*: For lightning claims only, please complete and sign.
- *Sheriff's report*: For theft or vandalism claims only. Theft and vandalism are excluded losses on Stated Value policies.

The **email** address for claim information is: [claims@dfsfin.com](mailto:claims@dfsfin.com)

The **fax** number for claim information is: (402) 964-8131

The **address** for claim information is: Diversified Agrisurance  
14010 FNB Parkway  
Suite 400  
Omaha NE 68154-5206

Do not fax photos, they must be mailed or emailed.

If you have any questions please call. Our toll-free number is 1-800-444-3584

Do not repair any damage before repair is authorized by Diversified Agrisurance. You are responsible for any repairs made without the prior approval of Diversified Agrisurance Company.

Note: (Irrigation Equipment Coverage Only)

Losses resulting from collisions with permanent obstacles are not covered unless due to the failure of a properly installed end-of-field stop and then only if policy has been endorsed with 11713 (Mechanical/Electrical Failure Coverage). You are responsible for making sure that the system clears all obstructions and that end-of-fields stops, if required, have been properly installed.

Diversified **Agrisurance** Company

**SWORN STATEMENT IN PROOF OF LOSS**

\* \* \* Claims MUST be received within 90 days of the date of loss \* \* \*

\* \* \* Items in **bold** and signature required \* \* \*

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

**NAME OF INSURED:** \_\_\_\_\_

PROPERTY DAMAGED

**SERIAL NUMBER:** \_\_\_\_\_ Make \_\_\_\_\_

Location of Loss: \_\_\_\_\_

**CAUSE OF LOSS & DAMAGE:** \_\_\_\_\_

**DATE OF LOSS:** \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Other insurance?  Yes  No. If yes, name of company \_\_\_\_\_

Mortgagee or lienholder \_\_\_\_\_

THE AMOUNT OF COVERAGE on the insured property at the time of loss..... \$ \_\_\_\_\_

TOTAL ESTIMATED REPAIR COST to the described property at time of loss was..... \$ \_\_\_\_\_

LESS AMOUNT OF DEDUCTIBLE..... \$ \_\_\_\_\_

AMOUNT CLAIMED..... \$ \_\_\_\_\_

Please Note: No payment will be made based on an estimate. Payment will be made only after the unit has been repaired and we have received the final invoice.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

\_\_\_\_\_  
Signature of Insured Date

PLEASE DIRECT ANY QUESTIONS TO 800.444.3584

Diversified**Agrisurance**Company

**LIGHTNING LOSS AFFIDAVIT**

\* \* \* This affidavit is required for lightning loss claims \* \* \*

(Repairman or Appraiser)

Name of Insured \_\_\_\_\_

Address \_\_\_\_\_

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

1. Date of loss \_\_\_\_\_

2. Date reported for repair \_\_\_\_\_

3. Fuses blown (if any) \_\_\_\_\_

4. List of damages by bolt of lightning \_\_\_\_\_

5. Description of damaged property

    Make \_\_\_\_\_

    Model \_\_\_\_\_

    Serial Number \_\_\_\_\_

6. Are the damaged parts available for inspection or testing?  Yes  No

7. Age of equipment or parts damaged by lightning \_\_\_\_\_

8. State reasons why loss appeared to be a result of lightning

\_\_\_\_\_  
\_\_\_\_\_

It is my firm conviction that this loss was a direct result of lightning and was not occasioned by low voltage, mechanical or electrical breakdown, wear and tear or because of a defect.

Signature of Insured: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Inspector: \_\_\_\_\_

Company: \_\_\_\_\_

PLEASE DIRECT ANY QUESTIONS TO 800.444.3584

\*\*\*This affidavit must be completed and signed\*\*\*