

Diversified **Agrisurance**

* * * This map is a required supplement to your application for insurance * * *

Name of proposed insured: _____

Location (legal description): _____
County _____

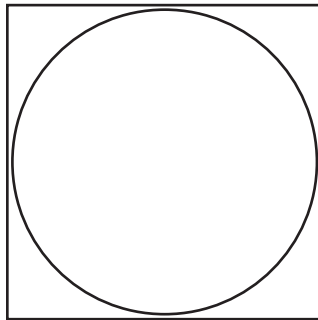
Year Manufactured	Make of Unit	Serial #
_____	_____	_____
_____	Length (feet or # of spans)	Type (towable, non-tow, corner)

Please circle “yes”, “no” or “not applicable”:

1. Does your irrigation unit make a full circle with no obstructions? YES / NO
2. Are there permanent obstructions such as trees or buildings preventing your irrigation unit from making a full circle? YES / NO
3. Do you have properly installed end-of-field stops and/or barricades to prevent collision with any permanent obstructions? YES / NO / NA
4. Does your irrigation system cross paths with another irrigation unit? YES / NO

The circle below represents an overhead view of your irrigated field.

Mark and identify *all permanent obstructions* in this field such as trees, buildings, fences, oil wells, ditches, power poles, etc.



If this field has any type of obstruction, coverage for collision damage with this obstruction will be excluded unless physical barricades or end-of-field stops are properly installed to prevent such collision **and** have the mechanical/electrical endorsement.

This policy does not provide coverage for damage resulting from collision with another irrigation unit, regardless of the cause.

I understand that this map will be used in underwriting and rating acceptable risks. I attest that the information contained in this application supplement is accurate and I understand that any omissions or misrepresentations will void this insurance coverage:

Signature of Insured: _____ Date: _____

* * * This map must be completed and signed * * *