

Diversified Agrisurance

Replacement Cost

Irrigation Equipment Policy Application

New. Binder Number _____

Dealer _____

Change. Policy Number _____

Name of Policy Holder: _____

Address: _____

City, State, Zip

Phone: () _____

MAIL, FAX OR EMAIL APPLICATION TO:
Diversified Agrisurance
14010 FNB Parkway, Suite 400
Omaha, NE 68154-5206
 Phone: (800) 444-3584
 Fax: (402) 964-8131
 Email: dacapplications@dfsfin.com

I wish to apply for insurance to cover the following irrigation equipment: Irrigation unit description must include length
Identify all towable or corner units. Identify all submersible pumps. LIST ALL ANCILLARY EQUIPMENT SEPARATELY; E.G.: GENERATORS, POWER UNITS, POWER WIRE, ETC.

YEAR	MODEL	MAKE	DESCRIPTION <small>(e.g. towable, corner, submersible)</small>	LENGTH <small>(feet or spans)</small>	SERIAL NO	AMOUNT OF COVERAGE*
1.						
2.						
3.						
4.						
5.						

*Amount of replacement cost including freight and installation.

Insured Amount: _____

Deductible: \$500 \$1,000 \$2,500

Mech/Elec. Endorsement: Yes No

The mechanical/electrical endorsement is not available for ancillary equipment or on units 20 years old or older.

NOTE: A signed and completed map on each irrigation unit must accompany this application.

Location of Equipment: Exact Legal Description
 County & State _____

AGENCY _____

AGENT _____

SIGNATURE _____

Premium Due: _____

Effective Date: _____

Term: _____

Loss Payee (if any) to: _____

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.

APPLICANT'S SIGNATURE _____

DATE _____

Binding Authority is Limited to Maximum of 15 Days

Please make check payable to: Diversified Agrisurance Company