

Diversified **Agrisurance** Company  
**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 Company**  
**14010 FNB Parkway, Suite 400**  
**Omaha, NE 68154-5206**  
 Phone: (800) 444-3584  
 Fax: (402) 964-8131  
 Email: [dacapplications@dfsfin.com](mailto: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.						

\*100% 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 without a valid serial number

**NOTE: Coverage for collision damage with an obstruction will be excluded unless physical barricades/end-of-field stops are installed to prevent such collision and have the Mech/Elec endorsement. This policy does not provide coverage for collision with another irrigation unit, regardless of the cause.**

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**