

Diversified Agrisurance

Stated Value

Irrigation Equipment Policy Application

New
 Change. Policy Number _____

Dealer _____

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.						

*ACTUAL CASH VALUE INCLUDING FREIGHT AND INSTALLATION

Insured Amount: _____

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

Premium Due: _____

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

Subject to approval by Diversified Agrisurance Company.

Effective Date: _____

Term: _____

Location of Equipment: Exact Legal Description

County & State _____

AGENCY _____

AGENT _____

SIGNATURE _____

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 _____

Agent has no binding authority

DATE _____

Please make check payable to: Diversified Agrisurance Company