

INSURANCE CORPORATION OF HANNOVER

Print this form, complete and fax to: 620-353-1115

BINDER _____
 NEW
 CHANGE

Irrigation Equipment Policy APPLICATION

ADD TO POLICY _____

DEALER NAME _____

NAME IN WHICH POLICY IS TO BE WRITTEN _____

ADDRESS _____

CITY, STATE ZIP _____ TELEPHONE _____

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 GENERATORS, POWER UNITS, POWER WIRE, ETC., SEPERATELY.**

ITEM	YEAR	MODEL	MAKE AND DESCRIPTION	SERIAL NO.	AMOUNT OF COVERAGE*

**100 % of replacement cost including freight and installation.*

DEDUCTIBLE: \$200 \$500 \$1,000
 MECH./ELEC. ENDORSE. YES NO

The mechanical/electrical endorsement applies to irrigation units only. Units 10 years old and older require an inspection which must be approved and accepted by Diversified Agrisurance prior to this endorsement taking effect.

Insured Amt. _____
 Premium Due _____
 Effective Date _____
TERM

Loss Payee (if any) to:

Location of Equipment: Exact Legal Description

County & State

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Agency Diversified Agrisurance Company
 Agent Ray Barton

APPLICANT'S SIGNATURE _____

Signature _____

DATE _____

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

Please make check payable to : Diversified Agrisurance Company
 14010 FNB Parkway, Suite 205
 Omaha, NE 68154
 1-800-648-8026

Binding Authority is Limited to a Maximum of 15 Days