

**DIVERSIFIED AGRISURANCE COMPANY
INSPECTION REPORT**

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

Owner of the inspected irrigation unit: _____

Make of Unit: _____ Model: _____ SN: _____ Year: _____

Does system make a full circle? _____ If no, are end-of-field stops or barricades installed? _____

Pivot Point: Is the pivot pipe properly greased? _____
Pivot Pad: Is it properly secured? _____ Are there any cracks? _____
Control Panel: Is it properly secured? _____ Are there any problems? _____
If so, explain: _____
Collector ring: Is the packing good? _____

Switches: Are all forward/reverse and safety switches working properly? _____
Did you replace all bad switches? _____
Tower Motors: Is there bearing noise? _____
Have all bad motors been repaired or replaced? _____

Hydraulics: Are all valves, guidance valves and guidance cables working properly? _____
Have all bad valves & cables been replaced? _____
Oil Lines: Are all oil lines in good condition? _____
Have all defective lines been repaired or replaced? _____

Drive Units: Are base beams sound? _____
Gear Boxes: Is there bearing noise? _____
Have all bad gear boxes been repaired or replaced? _____
Spans: Do spans have correct arch? _____ Are bolts tight? _____
Pipe: Is it sound? _____ Pipe diameter: _____
Is it galvanized? _____
What is your opinion of the stability of the pipe? _____

What is your overall professional opinion of the structural, electrical and mechanical integrity of this irrigation unit? _____

I understand that the above information will be used for the underwriting and rating of acceptable risk. I have physically inspected this irrigation unit and attest to these findings.

Signature of inspector: _____ Date: _____

Employer: _____ Phone: _____

Employer's address (street): _____

City: _____ State: _____ Zip: _____

I am not aware of any mechanical/electrical defects that would affect the structural or mechanical integrity of this irrigation unit. I also understand that the inspection fee, if any, is my responsibility.

Signature of insured: _____ Date: _____