

PLEASE COMPLETE THIS MAP

*** **This map is a supplement to your application for insurance.** ***

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

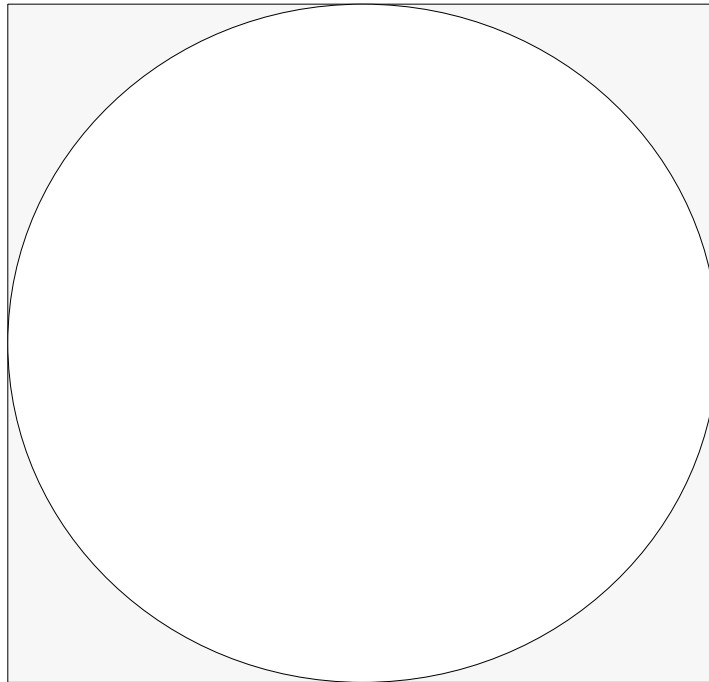
The circle below represents an overhead view of your irrigated field.

- **You must mark and identify all obstructions in this field** such as trees, buildings, oil rigs, fence lines, power and light poles, ditches, bridges, etc...
- **IDENTIFY ANY IRRIGATION UNITS ("UNIT") THAT CROSS PATHS WITH OTHER IRRIGATION UNITS.**
- Identify ANY reasons that this unit will not make a full circle.
- If your field has no obstacles and makes a full circle, please write **"NO OBSTACLES"** on the map.
- **BE SPECIFIC! THIS MAP IS A PART OF YOUR APPLICATION FOR INSURANCE. FAILURE TO COMPLETELY DISCLOSE ANY OBSTRUCTION WILL INVALIDATE THIS INSURANCE COVERAGE.**

Name of proposed insured: _____

Equipment Description: Make _____ Year _____ Model _____ SN _____

Location (Legal Description): _____



If this field has any type of obstructions, coverage for collision damage with these obstructions will be excluded unless permanent physical barricades or end-of-field stops are properly **installed** and maintained to prevent such collision. Note the type of barricades or end-of-field stops which are being utilized. Permanent end-of-field stops do **NOT** include auto reverse mechanisms located at the pivot point.

THIS POLICY DOES NOT PROVIDE COVERAGE FOR DAMAGES RESULTING FROM THE COLLISION OF TWO OR MORE UNITS.

I understand that this map will be used in underwriting and rating acceptable risks. I attest that the information contained in this application supplement is accurate, and **I UNDERSTAND THAT ANY OMISSIONS OR MISREPRESENTATIONS WILL VOID THIS INSURANCE COVERAGE.**

Signature of Insured: _____ **Date:** _____