



Replacement Cost Irrigation Equipment Policy Application

New Policy Number: _____

Agency: _____

Change

Name of Policy Holder: _____

Address: _____
City, State, Zip

Phone: _____

Mail or Email Application to:
DFS Insurance
14010 FNB Parkway, Suite 400
Omaha, NE 68154-5206
Phone: (800) 444-3584
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 items separately; e.g. generators, power units, power wire, etc.

Year	Model	Make	Description (e.g. towable, corner, submersible)	Length (feet or spans)	Serial No.	M&E	Amount of Coverage*

*100% of replacement cost including freight and installation

Insured Amount: _____

Deductible:

Pivot:	\$1,000	\$2,500	\$5,000	\$10,000
Ancillary:	\$1,000	\$2,500	\$5,000	\$10,000

Premium Due: _____

Effective Date: _____

Term: _____

Loss Payee (if any) to: _____

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 and State:

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.

Agency _____

Applicant's Signature _____

Agent _____

Date _____

Signature _____

Binding Authority is Limited to Maximum of 15 Days