



Stated Value
Irrigation Equipment Policy Application

New Binder Number: _____

Dealer: _____

Change Policy Number: _____

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.

Table with 7 columns: Year, Model, Make, Description (e.g. towable, corner, submersible, poly, underslung), Length (feet or spans), Serial No., Amount of Coverage*. Includes a row for Insured Amount.

*ACTUAL CASH VALUE INCLUDING FREIGHT AND INSTALLATION

Deductible: \$1,000 \$2,500 \$5,000

Premium Due: _____

Effective Date: _____

This application and coverage is subject to approval by DFS Insurance.

Term: _____

Loss Payee (if any) to:

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 _____

Agent has no binding authority