



# Stated Value 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](mailto: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.	Amount of Coverage*

\*ACTUAL CASH VALUE INCLUDING FREIGHT AND INSTILLATION

Insured Amount: \_\_\_\_\_

**Deductibles:**

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

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

**Premium Due:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Term:** \_\_\_\_\_

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

**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.**