

CENTRAL STATES INDEMNITY CO. OF OMAHA



BINDER _____

- NEW
 CHANGE

ADD TO POLICY # _____

DEALER NAME _____

NAME IN WHICH POLICY IS TO BE WRITTEN _____

ADDRESS _____

TEL. () - _____

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 GENERATORS, POWER UNITS, POWER WIRE, ETC., SEPARATELY.

| YEAR | MODEL | MAKE | DESCRIPTION (Non-tow, tow, corner) | LENGTH | SERIAL NO. | AMOUNT OF COVERAGE* |
|------|-------|------|---------------------------------------|--------|------------|---------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |

****100% of replacement cost including freight and installation.***

DEDUCTIBLE: \$200 \$500 \$1,000 \$2,500

MECH./ELEC. ENDORSE. YES NO

The mechanical/electrical endorsement applies to irrigation units only. Units 10 years old and older require an inspection which must be approved and accepted by Diversified Agrisurance prior to this endorsement taking effect. Not available on units 20 years old or older. An inspection is required on all units 20 years old or older.

Location of Equipment: Exact Legal Descriptor

County & State _____

Agency _____

Agent _____

Signature _____

NOTE: A signed and completed map on each irrigation unit must accompany this application.

Insured Amt. _____

Premium Due _____

Effective Date: _____ Term: _____

Loss Payee (if any) to:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

APPLICANT'S SIGNATURE _____

DATE _____

Please make check payable to: Diversified Agrisurance Company
 14010 FNB Parkway, Suite 205
 Omaha, NE 68154