

# CENTRAL STATES INDEMNITY CO. OF OMAHA



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.						

*Actual cash value including freight and installation, subject to approval by Diversified Agrisurance Company.*

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

\*Inspection required on all pivots.

Subject to approval by Diversified Agrisurance Company.

Insured Amt. \_\_\_\_\_

Premium Due \_\_\_\_\_

Effective Date: \_\_\_\_\_ Term: \_\_\_\_\_

Location of Equipment: Exact Legal Description  
County & State

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.

Agency \_\_\_\_\_

Agent \_\_\_\_\_

Signature \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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