

SECURE IRRIGATION INSURANCE

New
 Policy Change Endorsement
 Policy # _____

**Application for Physical Damage Insurance
on Irrigation Equipment**

Effective Date: _____ Expiration Date: _____
 Name: _____
 Address: _____

 Phone: _____
 Email Address: _____

CALL, FAX or EMAIL APPLICATION TO:
Secure Irrigation Insurance
 Phone: (800) 216-7505
 Fax: (515) 221-7190
 Email: rquigley@holmesmurphy.com

Insured Entity: Individual Corporation Partnership Joint Venture

This insurance will cover the following irrigation equipment. Please list both the Actual Cash Value (ACV) and the Replacement Cost (RC) of all your equipment. You must also specify whether you want actual cash value or replacement cost as your insurance valuation on each piece of equipment. You must also identify all towable units, corner units, submersible pumps, generators, power units, power wire, etc. separately in order for coverage to apply to these specialty types of equipment.

Unit #	Year	Model #	Make & Description	Equip. Type (1, 2, 3 or 4) ⁽¹⁾	Serial # ⁽¹⁾	Length	ACV	RC	Valuation Desired (ACV or RC) ⁽²⁾

- ⁽¹⁾ Equipment Type:
 1. Standard Unit
 2. Ancillary Equipment
 3. Towable, Corner Unit or >2,700 Feet
 4. Submersible Pumps

Rating Example:
 Total Insurance Value ÷ 100 x Rate = Annual Premium

⁽²⁾ Valuation includes installation and freight

Deductible: \$250 \$500 \$1,000 \$2,500
 Mechanical/Electrical Endorsement: Yes No (Mechanical & Electrical coverage is not available on ancillary equipment & submersible pumps)
 Estimated Annual Premium: \$ _____ Minimum Policy Premium = \$200
 Payment Plan: Annual Semi-Annual Quarterly 6 Pay Plan 10 Equal Installments

Loss Payee: _____

Disclaimer:
 ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND PENALTIES.

Zimmatic/Greenfield Dealer Nearest You:

 Dealer Code: _____
 Dealer Phone: _____
 Dealer Fax: _____

Applicant's Signature

 Date

NOTE: A supplemental application on each irrigation unit must accompany this application.