



MOBILE AGRICULTURAL EQUIPMENT INSURANCE APPLICATION

Application Date: _____

Effective date of coverage: _____

Applicant's full business name: _____

Applicant's entity (*Individual, LLC, Corp, Partnership, Trust*): _____

Applicant's mailing address: _____

Applicant's mailing city: _____

Applicant's mailing state: _____

Applicant's mailing zip code: _____

Years of operation: _____

Gross Annual Farming Revenues: _____

Type of farming performed: _____

Previous insurer: _____

Expiring/target premium: _____ **Minimum premium: \$2,500**

Agent/CSR name: _____

Farm Location (*Number of acres, legal description; use separate sheet if necessary*):

Loss experience: **No claims within the past 5 consecutive years**

	<u>Claim date:</u>	<u>Total amount of loss:</u>	<u>Description of loss:</u>
Last 12 months:	_____	_____	_____
Prior 2 years:	_____	_____	_____
Prior 3 years:	_____	_____	_____
Prior 4 years:	_____	_____	_____
Prior 5 years:	_____	_____	_____

For new accounts, currently dated loss runs reflecting the past 5 consecutive years will be required.

I hereby certify that the foregoing is a good faith representation of the information requested.

Name/Title



MOBILE AGRICULTURAL EQUIPMENT INSURANCE APPLICATION

Insured: _____

Date: _____

EQUIPMENT SCHEDULE

INDICATE ACV OR RC FOR ALL EQUIPMENT

	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Value</u>	<u>Serial #</u>
Tractors:	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Combines:	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Implements & Other Self- Propelled:	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

TOTAL AMOUNT OF COVERAGE: _____ *Please note: The form will total automatically from both pages*



MOBILE AGRICULTURAL EQUIPMENT INSURANCE APPLICATION

Insured: _____

Date: _____

EQUIPMENT SCHEDULE continued

	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Value</u>	<u>Serial #</u>
Additional:	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

EQUIPMENT MAINTENANCE PROCEDURES

Describe maintenance routines, procedures and frequency:
