

IRRIGATION PIVOT INTAKE FORM

Application Date: Effective Date:

INSURED INFO

Full Name:

Address:

City, State, Zip:

Phone Number:

Email Address:

Entity Type: ☐ Individual ☐ LLC ☐ Corp ☐ Trust ☐ Other

Prior Carrier:

Prior Premium:

Prior Deductible

ADDITIONAL INTERESTS

Full Name:

Address:

City, State, Zip:

THREE YEAR LOSS RUNS ARE REQUIRED WITH ALL NEW APPLICATIONS!

Type of Farming: Year Established:

AGENT INFO

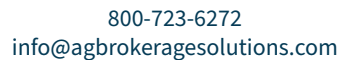
Agent Name: Agency Name:

Agent Email: ABS Code (if known):

SIGNATURE OF APPLICANT: DATE:

I certify the information contained in this application to be accurate to the best of my knowledge.
EMAIL COMPLETED APPLICATIONS TO PIVOTS@AGBROKERAGESOLUTIONS.COM

See Next Page for Scheduled



CHECK THE BOX TO INCLUDE TERRORISM COVERAGE (TRIA):

ANY ANCILLARY EQUIPMENT OR ACCESSORY MUST BE SCHEDULED SEPERATELY IMMEDIATELY FOLLOWING THE PIVOT

[illegible]

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