

STROUD NATIONAL AGENCY INC.
P.O. BOX 3240, RUIDOSO, NM 88345
1-800-654-4056

IRRIGATION QUOTE/APPLICATION

TODAY'S DATE:

EFFECTIVE DATE:

AGENT INFORMATION:

AGENCY NAME-

AGENCY CODE-

AGENT CONTACT:

NAME-

PHONE #-

EMAIL-

FAX-

APPLICANT INFO:

NAME-

ENTITY-

MAILING ADDRESS-

CITY-

STATE-

ZIP-

PHONE #-

ADD'L PHONE #-

IRRIGATION EQUIPMENT INFORMATION

Any person who, knowingly with intent to defraud any insurance company or other person, files an application for insurance containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

PIVOT DESCRIPTION:

DESIRED DEDUCTIBLE- COVERAGE AMOUNT PIVOT ONLY-

MAKE- SERIAL #- YEAR-

LENGTH IN FEET- FARM NAME-

IS THERE A CORNER UNIT ON THIS PIVOT? YES OR NO

DOES THE PIVOT MAKE A FULL CIRCLE? YES OR NO IF NO, EXPLAIN:

PIVOT LEGAL ADDRESS:

STATE- COUNTY- ZIP-

QUARTER/SECTION- TOWNSHIP- RANGE-

NEED FOR TEXAS LEGAL ADDRESS-

LATITUDE- LONGITUDE-

#1 pivot

ANYTHING THAT DOES NOT COME WITH THE PIVOT, MUST BE SCHEDULED AS ANCILLARY EQUIPMENT TO BE COVERED UNDER THIS POLICY. EXAMPLE- MOTORS, PANELS, PUMPS, WIRING, ETC.

ANCILLARY EQUIPMENT FOR ABOVE PIVOT- LIST ITEM AND DESIRED COVERAGE AMOUNT:

	ITEM:	COVERAGE:
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>

PIVOT COVERAGE AMOUNT=

ANCILLARY EQUIPMENT COVERAGE TOTAL=

TOTAL OF BOTH=

#1 pivot

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QUARTER/SECTION- TOWNSHIP- RANGE-

NEED FOR TEXAS LEGAL ADDRESS-

LATITUDE- LONGITUDE-

#2 pivot

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3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>

PIVOT COVERAGE AMOUNT=

ANCILLARY EQUIPMENT COVERAGE TOTAL=

TOTAL OF BOTH=

#2 pivot

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QUARTER/SECTION- TOWNSHIP- RANGE-

NEED FOR TEXAS LEGAL ADDRESS-

LATITUDE- LONGITUDE-

#3 pivot

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1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>

PIVOT COVERAGE AMOUNT=

ANCILLARY EQUIPMENT COVERAGE TOTAL=

TOTAL OF BOTH=

#3 pivot

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NEED FOR TEXAS LEGAL ADDRESS-

LATITUDE- LONGITUDE-

#4 pivot

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1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>

PIVOT COVERAGE AMOUNT=

ANCILLARY EQUIPMENT COVERAGE TOTAL=

TOTAL OF BOTH=

#4 pivot

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NEED FOR TEXAS LEGAL ADDRESS-

LATITUDE- LONGITUDE-

#5 pivot

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3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>

PIVOT COVERAGE AMOUNT=

ANCILLARY EQUIPMENT COVERAGE TOTAL=

TOTAL OF BOTH=

#5 pivot

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LATITUDE- LONGITUDE-

6. pivot

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4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>

PIVOT COVERAGE AMOUNT=

ANCILLARY EQUIPMENT COVERAGE TOTAL=

TOTAL OF BOTH=

#0 pivot

DRIP IRRIGATION: ANCILLARY EQUIPMENT WITHOUT PIVOT:

ANCILLARY EQUIPMENT FOR DRIP SYSTEM LEGAL ADDRESS:

STATE- COUNTY- ZIP-

SECTION- TOWNSHIP- RANGE-

FOR TEXAS LEGALS-

LATITUDE- LONGITUDE-

ITEM:	COVERAGE:
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>

10

TOTAL ANCILLARY EQUIPMENT WITH DRIP SYSTEM=

LOSS PAYEE:

NAME OF INSTITUTION-

ADDRESS-

CITY STATE ZIP

PHONE #

We will need a copy of the loss history for the past 5 years.

I attest that the information contained in this application supplement is accurate, and I UNDERSTAND FAILURE TO COMPLETELY DISCLOSE ANY OBSTRUCTIONS, ANY OMISSIONS OR MISREPRESENTATIONS WILL VOID THIS INSURANCE COVERAGE:

SIGNATURE: DATE: