



Aegis Agribusiness Division
 4507 North Front Street, Suite 200
 Harrisburg, PA 17110
 800-935-6276 riah@aegisag.com

INLAND MARINE APPLICATION

Effective Date:

Today's Date:

NAMED INSURED:
ADDRESS:
CITY, STATE, ZIP:
PHONE:
EMAIL:
ENTITY TYPE:

I wish to apply for insurance to cover the equipment described on the following pages headed "Irrigation System Details."
I understand that subject to underwriting acceptability, items must be scheduled for coverage to apply. If issued, the applicant will accept a pdf or other electronic delivery of this policy.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

How many years of experience does the insured/irrigation operator have? _____

Maintenance details:

Do you have a service/maintenance contract with an irrigation dealer or reputable repair company? Yes No
 Name of Dealer/Repair Company: _____ Phone: _____
 Frequency of service/maintenance: Choose an item. If other, please explain: _____

Prior Carrier:

Prior Losses – Submit hard copy 3-year loss run

Prior 3 Year Loss Ratio (If over 60%, please contact MARM prior to proceeding):

Occurrence Deductible:

Total Insured Limit -- All locations \$ _____

Number of Irrigation Locations _____ (Complete and attach Irrigation Schedule Detail for each pivot)

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

Agent: _____

Agency: _____

Agency Code: _____

Applicant's Signature _____

Agent Signature: _____

Thank You for Your Business!



IRRIGATION SYSTEM DETAILS

Location #: _____

Location Name: _____

Loss Payee: _____

Prior Loss on this Location: Yes No

Location details:

Physical Location State: _____ County: _____

Qtr: _____ Sec: _____ Twp: _____ Rge: _____

Latitude: _____ Longitude: _____

Pivot details:

Year: _____

Make: _____

Model: _____ S/N: _____ Length of pivot (in feet): _____

Length of corner, if applicable (in feet): _____ Type of Pipe: Choose an item.

Total Limit for Pivot: _____ Total Limit for Corner: _____

Does pivot make a complete circle? Yes No

*If no, please explain stops & obstacles in path: _____

Is this an Underslung pivot or has it been significantly altered from its originally manufactured design? Yes No

Consequential Loss Endorsement? Yes No

Ancillary Equipment Details:

In addition to the pivot (as shipped by the manufacturer), we can insure scheduled Ancillary Equipment for the same coverage and settlement provisions as provided for the pivot. For coverage to apply, each item **must** be listed on the schedule. The total insured values are then combined to establish the location limit. To schedule coverage, select the equipment type and establish a total value (subject to a minimum value).

- | | | |
|---|---|---|
| <input type="checkbox"/> Agri Tracs \$ _____ | <input type="checkbox"/> Filter System \$ _____ | <input type="checkbox"/> Power Unit – Diesel \$ _____ |
| <input type="checkbox"/> Anti-Theft Monitor \$ _____ | <input type="checkbox"/> Fuel/Liquid Tank \$ _____ | <input type="checkbox"/> Power Unit – LP, NG, or Gas \$ _____ |
| <input type="checkbox"/> Barricade/Stop \$ _____ | <input type="checkbox"/> Gear Drive \$ _____ | <input type="checkbox"/> Pump \$ _____ |
| <input type="checkbox"/> Booster Pump \$ _____ | <input type="checkbox"/> Gearhead \$ _____ | <input type="checkbox"/> Submersible <25hp w/panel \$ _____ |
| <input type="checkbox"/> Chemical Injector System \$ _____ | <input type="checkbox"/> GPS \$ _____ | <input type="checkbox"/> Submersible 25-50hp w/panel \$ _____ |
| <input type="checkbox"/> Cover/Shelter/Shed \$ _____ | <input type="checkbox"/> Lubrication System \$ _____ | <input type="checkbox"/> Submersible >50hp w/panel \$ _____ |
| <input type="checkbox"/> Electric Motor & Panel <50hp \$ _____ | <input type="checkbox"/> Panel \$ _____ | <input type="checkbox"/> Underground Pipe \$ _____ |
| <input type="checkbox"/> Electric Motor & Panel 50-100hp \$ _____ | <input type="checkbox"/> Phase Converter/Rotophase \$ _____ | <input type="checkbox"/> Underground Wiring \$ _____ |
| <input type="checkbox"/> Electric Motor & Panel >100hp \$ _____ | <input type="checkbox"/> Pivot Pad \$ _____ | <input type="checkbox"/> Variable Frequency Drive \$ _____ |
| <input type="checkbox"/> Field Monitor Equipment \$ _____ | <input type="checkbox"/> Power Generator \$ _____ | <input type="checkbox"/> Water Meter \$ _____ |

Total Limit for Ancillary Only: \$ _____

Total Location Limit (Include Corners and/or Ancillary, if applicable): _____

Comments:

Thank You for Your Business!