



**Aegis Agribusiness Division**  
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**SCHEDULED AGRICULTURAL EQUIPMENT APPLICATION**

**Effective Date:**

**Today's Date:**

**NAMED INSURED:**

**ADDRESS:**

**CITY, STATE, ZIP:**

**PHONE:**

**EMAIL:**

**ENTITY TYPE:**

**Payment Method:**

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 Aegis Ag prior to proceeding):

Occurrence Deductible:

Total Insured Limit -- All locations \$ \_\_\_\_\_

Number of Irrigation Locations \_\_\_\_\_ (Complete and attach Irrigation System Details for each pivot)

I attest that the information contained in this application supplement is accurate. I have read the Antifraud Warnings on Page 2 of this application, and **I UNDERSTAND THAT ANY OMISSIONS OR MISREPRESENTATIONS WILL VOID THIS INSURANCE COVERAGE.**

Agent: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency Code: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Thank You for Your Business!

## ANTIFRAUD WARNINGS:

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.



## 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: _____                                      | Coverage Type: _____             |
| 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!