



**MOBILE AGRICULTURAL EQUIPMENT INSURANCE APPLICATION  
FOR CUSTOM FARMING/SPRAYING/HARVESTING**

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 FOR CUSTOM FARMING

Insured: \_\_\_\_\_

Date: \_\_\_\_\_

**RADIUS OF OPERATIONS:** \_\_\_\_\_

## EQUIPMENT SCHEDULE

**INDICATE ACV OR RC FOR ALL EQUIPMENT**

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

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



# MOBILE AGRICULTURAL EQUIPMENT INSURANCE APPLICATION FOR CUSTOM FARMING

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:

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