



IDEAL MARINE IRRIGATION EQUIPMENT INSURANCE APPLICATION

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: _____ **Additional Named Insured:**

Applicant's mailing zip code: _____

Years of operation: _____

Type of farming performed: _____

Previous insurer: _____

Expiring/target premium: _____ *Minimum premium: \$2,500*

Agent/CSR name: _____

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

IDEAL MARINE IRRIGATION EQUIPMENT INSURANCE APPLICATION



APPLICANT: _____

DATE: _____

SCHEDULE OF EQUIPMENT (CONTINUED)

Year	Make	Model	Serial Number	Material Composite*	Tower Count/ Length	Amount of RC Coverage	Amount of ACV Coverage	Pivot Location (State, county, legal description)
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

REPLACEMENT COST & INSPECTIONS

IDEAL Agriculture & Marine,
A product of Wichert Insurance
1200 Graham Road, Cuyahoga Falls, OH 44224

REPLACEMENT COST VALUATION ELIGIBILITY

- Replacement cost valuation is available for pivots 20 years of age or younger AND upon receipt of favorable inspection reports for pivots between **21-30 years old**
- Replacement cost is only available on mobile ag equipment (*i.e. tractors, combines, pickers, headers, implements*) that are 5 years of age or newer
- No replacement cost or mechanical breakdown will be provided on pivots over 30 years old
- Actual cash value only on all pivots over 20 years of age until favorable inspections are provided
- Mechanical breakdown coverage is included on replacement cost pivots unless rejected by the insured
- Mechanical breakdown coverage is not available for actual cash valuation pivots
- Mechanical breakdown coverage is not available for pivot motors, pumps, or wiring, unless the associated pivot has mechanical breakdown coverage
- Valuation of motors, pumps, etc must follow the valuation of the pivot
- If model years are not provided on the application, then the system is not eligible for replacement cost coverage
- 90% coinsurance applies

DEALER INSPECTION FORMS

- Dealer inspection reports are not required for a quote, however, they are required within 30 days of the policy effective date at submissions@idealam@wichert.com
- Fully completed dealer inspection reports are required for all replacement cost pivots between **21-30 years old**
- Current dealer inspection reports must be signed by both the dealer AND by the insured
- Favorable inspection reports must be received every three years for each pivot between 21-30 years old for replacement cost. A sampling of the five oldest pivots will suffice.

