



Agricultural Irrigation Equipment - Inland Marine Application

Agency Name: _____

Producer Code: _____

Applicant's full business name & Address: _____

Proposed Effective Date: _____

Total Equipment Value: \$ _____

Any Prior Losses in past five years? ☐ Yes ☐ No

If yes, attach loss runs and provide description of loss including date and payout:

Loss Date	Total Amount of Loss	Description

Desired Deductible: ☐ \$5,000 ☐ \$10,000

Location Schedule:

Location #	State	Quarter Section/ Farm Name	Section	Township	Range	County	Zip Code of Pivot

Equipment Schedule:

Location #	Year	Make	Model & Description	Serial#	Value	Tower Count

I hereby certify that the foregoing is a good faith representation of the information requested.

Name: _____ Title: _____

When complete, click submit to email form to Sean Krueger, skrueger@unicogroup.com, or print and mail to:

Sean Krueger
1128 Lincoln Mall, STE 200
Lincoln, NE 68508