

## **Irrigation Insurance Application**

Application Date				
Effective Date				
Named Insured				
Mailing Address				
City				
State				
Zip Code				
Type of Farming				
Years of Operation				
round of operation				
<b>Current Insurance Carrier</b>				
Desired Deductible			<u> </u>	
\$2500, \$5000, \$10000,	\$15000, \$25000 availa	able deper	nding on state	
Loss Experience	. 41			
Have you had any losses in	· · ·	l		
If Yes, please list any claims		•	•	
Loss runs are not required for	r quoting but will be red	quirea to b	oind coverage.	
Claim Date	Amount Paid		Description of Loss	
<u> </u>			<u></u>	
		•		
I hereby certify that the fo	oregoing is a good faith	n represen	tation of the information requested.	
Name		Title		
		•		
Please email all submission	ns to Sean Krueger: s	skrueger@	Dunicogroup.com	

unicogroup.com 402.434.7200

Where connections make a difference.

Please complete equipment schedule on following page.



## **Irrigation Insurance Application**

#	Year	Make	Model	Serial Number	Towers	RC Value	State	County	Zip Code	Legal Description

Total Equipment Value: