



## Irrigation Insurance Application

Application Date

Effective Date

Named Insured

  
  

Mailing Address

City

State

Zip Code

Type of Farming

Years of Operation

Current Insurance Carrier

Desired Deductible

\$2500, \$5000, \$10000, \$15000, \$25000 available depending on state

### Loss Experience

Have you had any losses in the past 5 years?

If Yes, please list any claims that have occurred in the past 5 years.

Loss runs are not required for quoting but will be required to bind coverage.

**Claim Date**

**Amount Paid**

**Description of Loss**




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

Name

Title

Please email all submissions to Sean Krueger: [skrueger@unicogroup.com](mailto:skrueger@unicogroup.com)

