Irrigation Equipment Policy Application

☐ Replacement Cost ☐ Stated Value Date: _____

Please mail or email application to:

Cottonland Insurance Group
PO Box 706, Lake Village, AR 71653
Phone: 870 265-5321
Email: Quotes@conttonlandins.com

AGENCY – PRODUCER DETAILS

Agency Name	Agent Name

POLICY HOLDER – INSURED DETAILS

Applicant's Name			
Address	City	State	Zip Code
Phone	Email		

COVERAGE – POLICY DETAILS

Total Equipment Value			Total Premium			Loss Payee		
Effective Date			Term			Address		
Deductiables (select one)	Pivot	☐ $1,000	☐ $2,500	☐ $5,000	☐ $1,0000	City	State	Zip Code
	Ancillary	☐ $1,000	☐ $1,000	☐ $1,000	☐ $1,0000			

I wish to apply for insurance to cover the following irrigation equipement; irrigation equipment must include length.
Identify all towable or corner units. Identify all submersible pumps. List all ancillary items separately. Identify all panels separate from pumps.

EQUIPMENT SCHEDULES

Item #	Year	Model	Make	Description (eg., towable, corner, submersible)	Length	Serial Number	M&E (Yes/No)	Amount of Coverage	Premium

Cottonland Insurance Group
Agricultural Risk Management

LOCATION SCHEDULES – List where each unit is normally used.

Item	State	County	Description / GPS Coordinates / Legal Land Description

PRIOR CLAIMS/ LOSSES

Date of Loss	Description of Loss	Cause	Amount Paid	Insurance Company

ADDITIONAL COMMENTS

The mechanical/electrical endorsement is not available for ancillary equipment or on irrigation units without a serial number.

NOTE: Coverage for collision damage with an obstruction will be excluded unless physical barricades/end-of-field stops are installed to prevent such collision and have the Mech/Elec endorsement. This policy does not provide coverage for collision with another irrigation unit, regardless of the cause.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant's Signature		**Date**	
Agent's Signature		**Date**	

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