

MOBILE AGRICULTURAL EQUIPMENT INSURANCE APPLICATION

Page One - To be completed by applicant

Applicant: _____ Date: _____

Telephone: _____

Email: _____

Mailing Address: _____

Desired Effective Date of Insurance: _____ Term (1, 2 or 3 years): _____

Farm Location (Number of acres, legal description; use separate sheet if necessary):

Is farm in a Tier One or Two Coastal County: _____

Years of Operation: _____ Annual Gross Revenue: _____

Type of Farming Performed: _____

Schedule of Equipment to be Insured: Complete second page

Loss Experience:	# of Claims	Total Amount of Losses	Causes of Loss
Last 12 months:			
Previous 12 Mos.:			
Next Previous 12 Mos.:			
Next Previous 12 Mos.:			
Next Previous 12 Mos.:			

Previous Insurer: _____

I hereby certify that this application and its attachments are a good faith representation of the information requested.

 (Name / Title)

