

Stroud National Agency Inc.

PO Box 3240, Ruidoso, NM 88355
1-800-654-4056

Policy # _____

Effective Date _____

IRRIGATION EQUIPMENT APPLICATION

NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

SSN _____ DOB _____ TEL. (_____) _____

Pay Plan: Annual _____ (\$700) Semi-Annual _____ (\$700-1400) Quarterly _____ (\$1400+)

Prior Carrier: _____ Policy Number _____ PRIOR CARRIER PRINTED LOSS RUN ATTACHED? _____

I wish to apply to NAU Country Insurance Company for insurance to cover the following irrigation equipment: (Describe Fully) **LIST GENERATORS, POWER UNITS, POWER WIRE SEPARATELY.**

#	County	TWP RGE	Make/ Model/Year	Serial Number REQUIRED	Corner System?	\$ Amount of Insurance	Rate				DEDUCT	Annual Premium (Rounded)
1												
2												
3												
4												
5												
6												
7												
8												
9												

Total Insured Amount: _____

Total Premium: _____

Equipment must all be at the same deductible.

*You must have a completed diagram for each system **ANNUAL PREMIUM DUE:** _____

Equipment 20 years old and older must have an inspection and no endorsement is available

Equipment 10-20 years old must have inspection to apply for endorsement

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

Agency: _____ Code # _____

Applicant's Signature: _____

Agent Signature: _____

Date: _____

Date _____

IRRIGATION EQUIPMENT LOCATION DIAGRAM

Complete a diagram as a supplement to your application for insurance on each location

Name of Applicant: _____ Diagram #: _____

System Description: Make: _____

Model: _____ SN: _____ Year: _____ Length: _____

Physical Location: State: _____ County: _____ Section: _____ TWP: _____ RGE: _____

The circle below represents an over head view of your irrigated field.

- **You must mark and identify all obstructions in this field** such as trees, buildings, oil rigs, fence lines, power and light poles, ditches, bridges, cross paths of other pivots, etc...
- If your field has no obstacles and makes a full circle, please write “**NO OBSTACLES**” on the map.

Loss Payee: _____

DEDUCTIBLE \$ _____

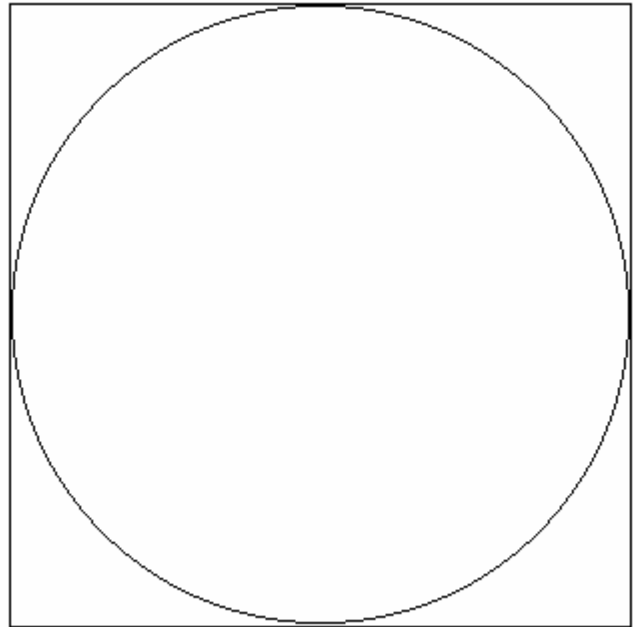
PRIOR LOSS HISTORY: _____

Does this system make a complete circle? YES NO

List items to be covered such as; Pivot, Generator, Power Unit, Wiring, Etc.

DESCRIPTION	AMOUNT OF COVERAGE
<u>System shown above</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL INSURED VALUE: _____



THIS COVERAGE DOES NOT PROVIDE COVERAGE FOR DAMAGES RESULTING FROM THE COLLISION OF TWO OR MORE UNITS OR ANY DAMAGE THAT OCCURS DURING THE FIRST CIRCLE (OR PART OF).

I attest that the information contained in this application supplement is accurate, and I UNDERSTAND THAT THIS MAP IS A PART OF MY APPLICATION FOR INSURANCE AND COVERAGE. FAILURE TO COMPLETELY DISCLOSURE ANY OBSTRUCTIONS, ANY OMISSIONS OR MISREPRESENTATIONS WILL VOID THIS INSURANCE COVERAGE.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

**STROUD NATIONAL
AGENCY INC
IRRIGATION RATES
Less Than 20 Years Old
EFFECTIVE 01/01/2005**

DEDUCTIBLE

State	Coverage	\$200		\$500		\$1,000	
		Standard	Towable, Corner or or >15T	Standard	Towable, Corner or or >15T	Standard	Towable, Corner or or >15T
		MT		0.75	0.83	0.68	0.75
	Standard w/ M & E	0.95	1.03	0.86	0.93	0.71	0.77
WY		0.85	0.94	0.77	0.85	0.64	0.71
	Standard w/ M & E	1.05	1.14	0.95	1.03	0.79	0.86
NM		1.10	1.21	0.99	1.09	0.83	0.91
	Standard w/ M & E	1.30	1.41	1.17	1.27	0.98	1.06
NE		1.40	1.54	1.26	1.39	1.05	1.16
	Standard w/ M & E	1.60	1.74	1.44	1.57	1.20	1.31
TX		1.70	1.87	1.53	1.68	1.28	1.41
	Standard w/ M & E	1.90	2.07	1.71	1.86	1.43	1.56
KS		1.80	1.98	1.62	1.78	1.35	1.49
	Standard w/ M & E	2.00	2.18	1.80	1.96	1.50	1.64
MO		2.20	2.42	1.98	2.18	1.65	1.82
	Standard w/ M & E	2.40	2.62	2.16	2.36	1.80	1.97
OK		2.40	2.64	2.16	2.38	1.80	1.98
	Standard w/ M & E	2.60	2.84	2.34	2.56	1.95	2.13

NOTES:

- 1) Use standard non-tow rates for ancillary equipment.
- 2) Submersible pumps & panels have a 25% surcharge in all states except TX which has 50%.
- 3) Coverage is not available on units 25 years old or older
- 4) Satisfactory inspection required for M&E coverage on units 10 years old or older.

**STROUD NATIONAL
AGENCY INC
IRRIGATION RATES
20 TO 24 YEARS OLD
EFFECTIVE 01/01/2005**

DEDUCTIBLE

State	Coverage	\$200		\$500		\$1,000	
		Standard	Towable, Corner or OR 2800'+	Standard	Towable, Corner or OR 2800'+	Standard	Towable, Corner or OR 2800'+
MT	Standard w/ M & E	0.90	0.99	0.81	0.89	0.68	0.74
		N/A	N/A	N/A	N/A	N/A	N/A
WY	Standard w/ M & E	1.06	1.17	0.95	1.05	0.80	0.88
		N/A	N/A	N/A	N/A	N/A	N/A
NM	Standard w/ M & E	1.32	1.45	1.19	1.31	0.99	1.09
		N/A	N/A	N/A	N/A	N/A	N/A
NE		1.75	1.93	1.58	1.74	1.31	1.45
		N/A	N/A	N/A	N/A	N/A	N/A
TX	Standard w/ M & E	1.96	2.16	1.76	1.94	1.47	1.62
		N/A	N/A	N/A	N/A	N/A	N/A
KS	Standard w/ M & E	1.98	2.18	1.78	1.96	1.49	1.64
		N/A	N/A	N/A	N/A	N/A	N/A
OK	Standard w/ M & E	2.64.	2.90	2.38	2.61	1.98	2.18
		N/A	N/A	N/A	N/A	N/A	N/A
MO	Standard w/ M & E	2.75	3.03	2.48	2.73	2.06	2.27
		N/A	N/A	N/A	N/A	N/A	N/A

NOTES:

- 1) Use standard non-tow rates for ancillary equipment.
- 2) Satisfactory inspection required on units 10 years old or older.