



ESSEX INSURANCE COMPANY

MOBILE AGRICULTURAL EQUIPMENT APPLICATION

1. Name of Applicant: _____
2. Address: _____
3. Years in Business: _____
4. Location of premises where property is customarily located: _____
5. PROPERTY TO BE INSURED AND AMOUNTS OF INSURANCE:

Mobile Agricultural Machinery and Equipment

A. Property insured as per schedule below or attached hereto. Each item considered separately insured.

Item No.	Description of Property include Identifying Numbers	Amount of Insurance
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

B. Do you request coverage on unscheduled property? Yes No
If so, indicate amount of insurance. \$ _____ Consisting Principally of _____

C. Is any equipment above used for hire? Yes No

D. Deductible: \$ _____

6. Policy Term: From: _____ To: _____
7. Give details of any losses sustained during the past three years that would have been covered under the desired form of policy. _____
8. Has insurance ever been canceled or declined? (Give details) _____
9. Loss, if any, to be payable to the owner (Assured) named above and _____
_____ as interest may appear.

Signing this form does not bind the Applicant or Company to complete the insurance, but it is agreed that this form shall be the basis of the contract should policy be issued.

Date

Signature of Applicant