AGENCY CUSTOMER ID: _____

AGRICULTURE PREMISES / LOCATION DIAGRAM

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED	
POLICY NUMBER	CARRIER	NAIC CODE
ACCOUNT NUMBER		

PREMISES INFORMATION

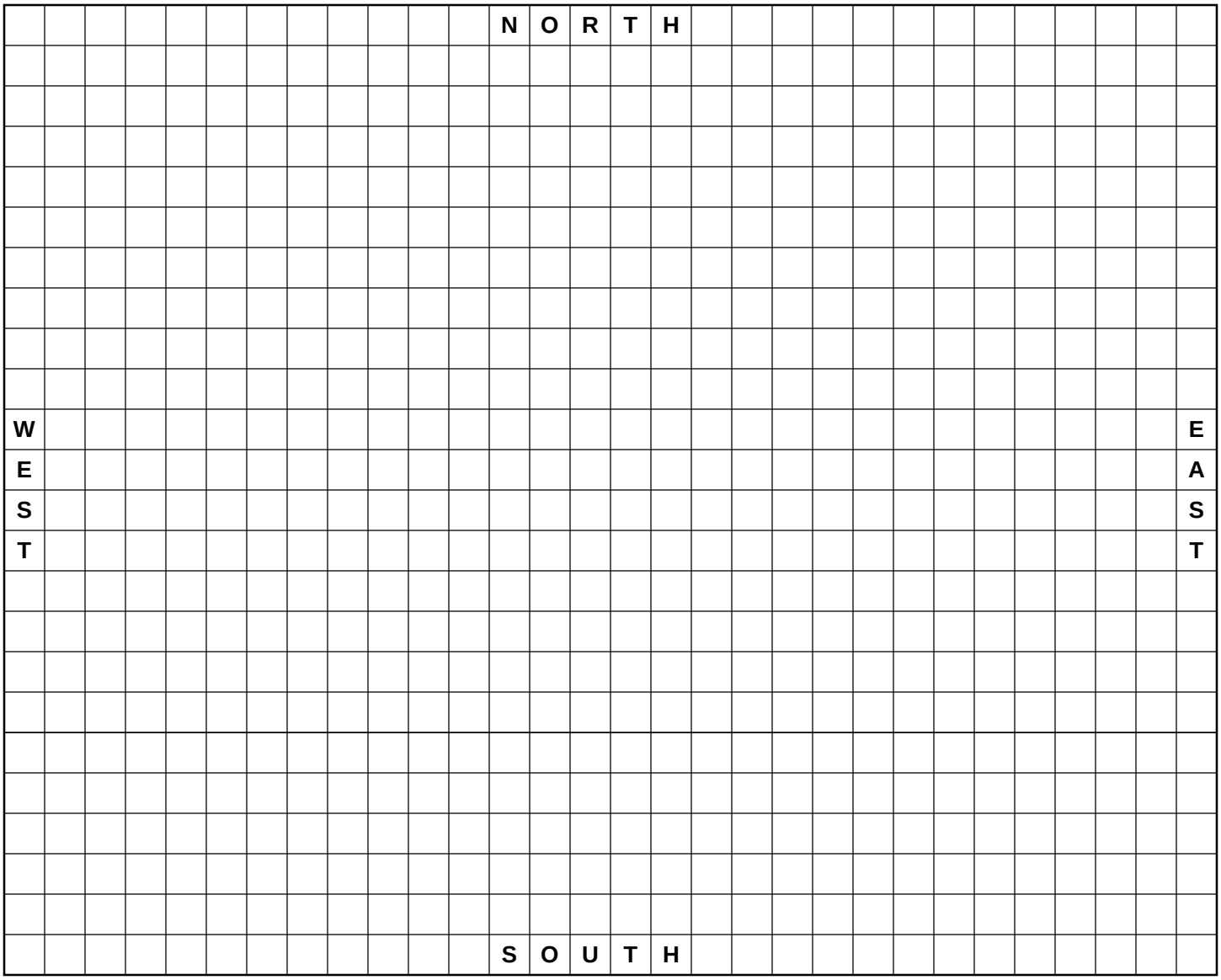
DIAGRAM #	LOCATION #	PHONE NUMBER

PREMISES ADDRESS (FROM ACORD 401, INCLUDE ROUTE, SECTION, TOWNSHIP, RANGE, GPS COORDINATES, ETC. IF NECESSARY)

NOTES (HOW TO GET THERE, NEAREST CROSS STREET, ETC.):

PREMISES DIAGRAM

SHOW ALL CHARACTERISTICS ON THE PREMISES INCLUDING STRUCTURES, PONDS, ROADWAYS, ETC. (WHETHER INSURED OR NOT) AND DISTANCE IN FEET BETWEEN THEM.
LABEL ALL STRUCTURES AND ATTACH DATED PHOTOGRAPH OF EVERY STRUCTURE. (INDICATE "NC" IF NOT COVERED)



ATTACH TO ACORD 401

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