| Identification Number | Subscripion |  | Year |
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| 870 | - |  |  |

## Client Information

Business Name

## Branch Office

Client signature required on page 2. Failure to maintain an up to date water $\log$ or follow proper irrigation management will result in the assessment of uninsured causes.


|  | Date Stamp - primary | Date Stamp - secondary |
| :---: | :---: | :---: |
| Do Not Use |  |  |
| This Area |  |  |

Irrigation Log

| Identification Number | Subscription |  | Year |
| :---: | :--- | :--- | :--- |
| 870 |  | - |  |


| Legal Land Location: |  |  | Legal Land Location: | Legal Land Location: |  |  |  |  |
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| Crop: |  |  | Crop: |  |  | Crop: |  |  |
| Insured Acres: |  |  | Insured Acres: |  |  | Insured Acres: |  |  |
| Irrigation System: |  |  | Irrigation System: |  |  | Irrigation System: |  |  |
| Date Range | Amount Rainfall | Amount Applied Water | Date Range | Amount Rainfall | Amount <br> Applied Water | Date Range | Amount Rainfall | Amount Applied Water |
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| Total |  |  | Total |  |  | Total |  |  |

## Client Signature

I certify that to the best of my knowledge, the above information regarding dates and amount of water applied are correct.

Client signature
Date


