



CONFINED SWINE APPLICATION

Producer's Name _____ Agency Code <u>87-</u> _____ Mail Address _____ City, ST Zip _____ Phone () _____ Fax () _____ E-mail Address _____	Applicant's Name _____ Mail Address _____ City, ST Zip _____ Phone () _____ Fax () _____ E-Mail Address _____
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<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____	Year Business Started _____
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Proposed Effective Date: _____	Inspection Contact _____	Phone () _____
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Type of Operation: Farrow to Finish Farrowing Only Finishing Only Other _____

Type of Coverage Requested:

<input type="checkbox"/> Named Perils	<input type="checkbox"/> Power Interruption	<input type="checkbox"/> Reproductive Impairment
<input type="checkbox"/> Swine Producers Enhancement	<input type="checkbox"/> Power Interruption and Mechanical Breakdown	<input type="checkbox"/> Contract Penalties
<input type="checkbox"/> Swine Income: (attach Swine Income Worksheet and the last 3 years Financial Statements)	<input type="checkbox"/> Livestock Transit: (attach Transportation Application)	<input type="checkbox"/> Contaminated Feed

Deductible Requested:

\$ _____ Per Occurrence Additional Acquired Swine Limit: \$ _____
 (\$100,000 Standard)

\$ _____ Per Occurrence per "Insured Location"

Payment Option: Deposit Attached: \$ _____

Monthly (Deposit premium equal to 2 months premium unless otherwise specified) _____
 Annually (Subject to approval by Company) Other (Subject to approval by Company) _____

Number of Locations to be Insured: _____ (List each individually on **Supplemental Information - Locations**)

Does applicant own, operate or have financial interest in any other similar operation? Yes No
 If Yes, explain: _____

Does the applicant currently have any outstanding judgments or past due accounts? Yes No
 If Yes, explain: _____

Does applicant have any other Business Income insurance? Yes No
 If Yes, please provide specific details: _____

Loss Payee(s): (Name and Address) _____

LOSS HISTORY. Please list all losses sustained in the last five years:

<u>Date of Loss</u>	<u>Cause of Loss</u>	<u>Amount of Loss</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Prior Carrier: _____ Policy Number: _____

Has the applicant ever been canceled or nonrenewed by an insurance company? Yes No (Not applicable in MO)
 If Yes, name of insurance company: _____

Has any financial institution terminated applicants insurance coverage/risk management program within the last 5 years? Yes No
 If Yes, name of institution: _____

SUPPLEMENTAL INFORMATION – LOCATIONS

Location Number	Site Name	Site Type S - Sow N - Nursery F - Finisher O - Other (Describe)	County or Canadian R M	State or Province	Zip Code	Legal Description	911 Address -or- Physical Address

SUPPLEMENTAL INFORMATION – LOCATIONS (continued)

Location Number	Building Description B - Breeding G - Gestation F - Farrowing N - Nursery F - Finisher	Number of Fire Extinguishers in Building	Year Built	Number of Barns	NG-No Generator MS-Manual Start Generator AS-Auto Start Generator	PV-Power Ventilated NV- Naturally Ventilated	Curtain Sided Y or N	If Curtain Sided, do the Curtains have a feature to Auto Drop in the event of a power failure Y or N	Auto Dialer Alarm System Y or N	Type of Swine	Number of Head	Swine Limits of Insurance	Power Interruption Y or N ¹	Power Interruption with Mechanical Breakdown Y or N ¹	Reproductive Impairment Y or N ²	Swine Income Limit of Insurance	SI ³ - Swine Income or SIPI ³ - Swine Income-Power Interruption	SIRI - Swine Income - Reproductive Impairment

Swine Income Limit of Liability per Head of "Breeding Swine" (If other than basic limit of, \$150) _____

Swine Income Limit of Liability per Head of "Market Swine" (If other than basic limit of, \$50) _____

¹ The Intentional Damage-Suffocation Prevention Limit of Insurance is \$25,000 unless one of the following alternative limits is selected:
 \$50,000 \$100,000

² This Coverage is subject to a sublimit.
The Reproductive Impairment Limit of Insurance is \$100,000 unless one of the following alternative limits is selected:
 \$250,000 \$500,000 \$1,000,000 This sublimit is the most we will pay in any one occurrence, regardless of the number of buildings.

³ Swine Income Additional Covered Cause of Loss. If Applicable, List Form Title & Form Number below:

Form Name: _____ No: _____

SUPPLEMENTAL INFORMATION – CONFINED SWINE COVERAGES

(Select Optional Coverages Desired.)

Contract Penalties Limit of Insurance Basic \$ 25,000
 \$ 50,000
 \$ 100,000

Contaminated Feed Limit of Insurance Basic \$ 100,000
 \$ 250,000
 \$ 500,000
 \$ 750,000
 \$ 1,000,000

The Contaminated Feed Deductible is the greater of the following: The Confined Swine Coverage deductible, \$5,000 or the Specific Deductible as indicated: \$ _____

SPICE (Swine Producer's Insurance Coverage Enhancement - LS 20 36)

Coverages Provided	Basic Limits of Insurance	Alternative Limits of Insurance	
		<input type="checkbox"/> \$	<input type="checkbox"/> \$
Carcass Removal	\$ 5,000	<input type="checkbox"/> \$ 10,000	<input type="checkbox"/> \$ 25,000
Fire Department Service Charge	\$ 5,000		
Fire Device Recharge	\$ 500		
Loss of Swine Records	\$ 2,500	<input type="checkbox"/> \$ 5,000	<input type="checkbox"/> \$ 10,000
Refrigerated Swine Veterinary Products	\$ 1,000	<input type="checkbox"/> \$ 2,500	<input type="checkbox"/> \$ 10,000
Refrigerated Swine Semen	\$ 5,000	<input type="checkbox"/> \$ 10,000	<input type="checkbox"/> \$ 25,000
Rewards	\$10,000		
Earthquake	Included		
Volcanic Action	Included		

If you choose an Optional Coverage, you are purchasing the Basic Limit of Insurance unless you purchase an Alternative Limit of Insurance. The Basic and Alternative Limits are not cumulative.

Complete this Section if requesting Contaminated Feed Coverage

1. Are any feed rations purchased as a complete mixture from a separate entity?..... Yes No
 If Yes, answer questions a. – c.:
 - a. What is the products liability limit listed on the Certificate of Insurance provided by the other entity? _____
 (If a Certificate of Insurance is not attached, a copy must be submitted prior to proposed policy effective date.)
 - b. Who is responsible for development of specifications for feed ingredients and completed feed rations? _____
 - c. Have both the applicant and the other entity been provided with the specifications for feed ingredients and completed feed rations?..... Yes No
2. Are any feed rations mixed by applicant and/or by applicant's employees? Yes No
 If Yes, answer questions a. – i.:

a. **Feed and Nutrition Staff**

Name	Title	Years of Experience	Responsibilities	Relationship to Business
				<input type="checkbox"/> Employee <input type="checkbox"/> Independent Consultant <input type="checkbox"/> Owner/Partner
				<input type="checkbox"/> E <input type="checkbox"/> IC <input type="checkbox"/> O/P
				<input type="checkbox"/> E <input type="checkbox"/> IC <input type="checkbox"/> O/P
				<input type="checkbox"/> E <input type="checkbox"/> IC <input type="checkbox"/> O/P
				<input type="checkbox"/> E <input type="checkbox"/> IC <input type="checkbox"/> O/P
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				<input type="checkbox"/> E <input type="checkbox"/> IC <input type="checkbox"/> O/P
				<input type="checkbox"/> E <input type="checkbox"/> IC <input type="checkbox"/> O/P
				<input type="checkbox"/> E <input type="checkbox"/> IC <input type="checkbox"/> O/P
				<input type="checkbox"/> E <input type="checkbox"/> IC <input type="checkbox"/> O/P

- b. Please explain the training program for all feedmill employees? _____
- c. Describe the procedure when one of the feedmill employees is unexpectedly absent from their duties? _____
- d. What is the source of feed supplements? (e.g. vitamins, minerals, antibiotics, growth enhancers) _____
- e. Explain how the applicant ensures that micro ingredients are thoroughly mixed into the feed rations: _____
- f. Does applicant feed any animal by-products? Yes No
 If Yes, explain: _____
- g. What is the maximum level of mycotoxins / aflatoxins that the applicant allows in feed ingredients? _____
- h. What are the sources of grains for feed rations? _____
- i. Are accommodations made for employees who have communication/language difficulties? Yes No
 If Yes, explain: _____
3. Are there any chemicals or any other noxious materials stored within 100 meters of feed? Yes No
 If Yes, explain: _____
4. Are feeders cleaned thoroughly before a different group of swine are moved into a building or pen? Yes No
 If No, explain: _____
5. List all sources of water: _____
6. Does applicant have water quality analysis performed on a regular basis?..... Yes No
 If Yes, how frequently and for what results? _____
7. Is there a lagoon or other effluent handling system on premises? Yes No
 If Yes, give description and location: _____
8. Are any rodenticides stored in any livestock buildings? Yes No
 If Yes, explain precautions taken to avoid ingestion by livestock: _____
9. What precautionary steps have been taken to avoid loss resulting from contaminated feed or water? _____
10. Does applicant employ a licensed veterinarian? Yes No
 If Yes, provide Name, address and telephone number: _____

SUPPLEMENTAL INFORMATION – INVENTORY

	County or Canadian RM	State or Province	Number of Head	Dollar Value / Per Head	Total Value	Agreed Value (Y / N)
1. Boars (over 250 lbs. / 115 kgs.)						
2. Open Females (over 250 lbs. / 115 kgs.)						
3. Early Gestation Sows						
4. Mid-Gestation Sows						
5. Late Gestation Sows						
6. Pre-Weaning Pigs						
7. Nursery Pigs (weaning to 50 lbs. / weaning to 20 kgs.)						
8. Grower Pig I (51 lbs. to 90 lbs. / 21kgs. to 40 kgs.)						
9. Grower Pig II (91 lbs. to 140 lbs. / 41 kgs. to 65 kgs.)						
10. Finishing Hogs (140 lbs. to 275 lbs. / 66 kgs. to 125 kgs.)						

FOR COMPANY USE ONLY

Premium Base:	Reporting Period:
Minimum Premium:	Retained Premium:
Rate(s):	

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES.

(Not applicable in CO, HI, NE, OH, OK, OR, or, VT; in DC, LA, ME, TN, and VA, insurance benefits may also be denied. See Page 7 for additional Fraud Warnings)

APPLICANTS SIGNATURE	DATE	PRODUCERS SIGNATURE	DATE
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Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

Warning: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Nebraska, Oregon and Vermont

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a crime.

CONFINED SWINE LOSS CONTROL

GENERAL INFORMATION

Applicant Name: _____

Farm Name or Location Number: _____

Surveyor: _____ Date: _____

CONSTRUCTION

1. Year Built: _____ If building is over 10 years old and has been renovated, indicate year: _____.

2. Construction Quality (Check One): Excellent Good Fair Poor

Comments: _____

3. Is building suited for its intended occupancy (Check one): Yes No

4. Class of Construction (Check One): Frame Non-Combustible Masonry Non-Combustible

Other, explain: _____

5. Wall Materials (Check One): Wood (Veneered) Wood (Metal Clad) All Metal Brick Concrete

Hollow Block Other, explain: _____

6. Are fire walls present in building (Check One): Yes No If yes, explain location of fire walls: _____

7. Are fire doors present in building (Check One): Yes No If yes, explain location of fire doors: _____

8. Roof Deck (Check One): Wood Metal Concrete Other, explain: _____

9. Does attic or truss area contain fire stops (Check One): Yes No If yes, explain: _____

10. Floor (Check One): Wood Concrete Other: _____

11. Roof & Floor Supports (Check One): Wood Reinforced Concrete Metal Other: _____

12. Insulation Type: _____ If polyurethane, is it covered or exposed: _____

HEATING & COOLING SYSTEM

1. Type of heating system: _____

2. Fuel Source: _____

3. If natural or L.P. gas is used are heaters and connections checked for leaks (Check One): Yes No

If yes, who by and how often: _____

4. Are gas lines equipped with automatic shut-off valves (Circle One): Yes No

Comments: _____

5. Type of cooling system: Power Ventilated Naturally Ventilated

CONFINED SWINE LOSS CONTROL

ELECTRICAL SYSTEM

1. How does service enter the building (Check One): Ground up Pole Down
Comments: _____
2. Are individual buildings on separate circuits (Check One): Yes No
Comments: _____
3. Where is the main breaker box located (Check One): Inside Building Outside Building
Comments: _____
4. Is service in conduit (Check One): Yes No What type: _____

5. Is service in building surface mounted (Check One): Yes No
Comments: _____
6. Do cables enter devices at top (Check One): Yes No If yes, what type of bushing does the
conductor have (Check One): Rubber Neoprene Plastic Other
Comments: _____
7. Are junction boxes, convenience boxes, switch boxes, lighting fixture boxes non-metallic (Check One): Yes No
Comments: _____
8. Are Ground Fault Circuit Interrupters (GFCI) used (Check One): Yes No
Comments: _____
9. Are all systems (phone, electrical, fire and computer) grounded separately (Check One): Yes No
Comments: _____
10. Are convenience outlet boxes and switch boxes equipped with gasket spring loaded covers (Check One): Yes No
Comments: _____
11. Are covers removed from any boxes or fixtures (Check One): Yes No
Comments: _____
12. Are dust or moisture-proof devices used (Check One): Yes No
Comments: _____
13. Are incandescent and florescent light fixtures dust and moisture resistant (Check One): Yes No
Comments: _____
14. Are lights protected from breakage (Check One): Yes No If no, are they contained in any
manner (Check One): Yes No
Comments: _____
15. Any signs of past problems with the electrical system (Check One): Yes No
Comments: _____
16. Are fan motors, feed system motors and other electrical apparatus free of dust (Check One): Yes No
Comments: _____
17. Are electric motors, used within confinement area in any feed processing room, fully enclosed to avoid dust
and moisture (Check One): Yes No Comments: _____
18. Is the electric motor system equipped with an outside fan to force cooling air over outside casing of motor (Check One):
 Yes No Comments: _____
19. Is the electric motor system dry and free of dust (Check One): Yes No
Comments: _____
20. Have there been any problems with the electric motor system in the past (Check One): Yes No
Comments: _____

CONFINED SWINE LOSS CONTROL

PROTECTION

1. Location of the nearest fire department: _____

2. Response time of the fire department: _____
3. Rating of the fire department: _____
4. Has local fire department inspected premises (Check One): Yes No
If yes, when: _____ Results: _____
5. Has local fire department completed a site analysis (Check One): Yes No
If yes, when: _____ Results: _____
6. Is there an alternative water supply (Check One): Yes No
Comments: _____
7. Type of fire and/or smoke alarm: _____

8. How often are alarms serviced: _____ By whom: _____

9. Number of fire extinguishers in buildings: _____ Type: _____
10. Distance apart and location of fire extinguishers in buildings: _____

11. Is there a service contract in force for the fire extinguishers (Check One): Yes No
If yes, how often are they serviced: _____
12. Is no smoking in building enforced (Check One): Yes No
Comments: _____

MANAGEMENT

1. Has applicant ever developed a contingency plan for removal of animals due to a fire or other emergency: Yes No
If yes, explain: _____

2. Distance of fuel storage from building: _____
3. Does applicant avoid storage of combustible agents in building (Check One): Yes No
Comments: _____

CONFINED SWINE LOSS CONTROL

AUTOMATIC STANDBY GENERATOR SYSTEM (Complete if Power Interruption is desired)

1. Describe the standby generator system: _____

2. Type of fuel source: _____

3. Is there a power outage alarm (Check One): Yes No If yes, describe: _____

4. Is there a automatic phone dialing system (Check One): Yes No
If yes, describe: _____

5. Are there two separate lines for this system (Check One): Yes No
Comments: _____

6. Is there a dedicated line for the alarm system: (Check One): Yes No
7. How often is the alarm system serviced: _____ By Whom: _____

8. How often is the alarm system tested for functionality: _____
9. Which system(s) does the alarm monitor: _____

SUPPLEMENTAL INFORMATION – DIAGRAMS / PHOTOS

DIAGRAM

PHOTOS

Attach Photo #1 Here

Attach Photo #2 Here

Attach Photo #3 Here

Attach Photo #4 Here

Attach Photo #5 Here

Attach Photo #6 Here

Attach Photo #7 Here

Attach Photo #8 Here

Attach Photo #9 Here

Attach Photo #10 Here

Please complete the above for each location.

Diagram should include the distance between and the dimensions of the following:

1. All buildings whether containing swine or not.
2. Fuel storage tanks.
3. Storage areas of any other combustible materials.
4. Water sources / lagoons.