



DAIRY CATTLE 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 Coverage Requested:	Optional Endorsement(s) Requested:
<input type="checkbox"/> Livestock Feeding and Growing Facility <input type="checkbox"/> Livestock Transit (attach Transportation Application)	<input type="checkbox"/> Additional Cause of Loss – Freezing <input type="checkbox"/> Coverage Extension - Contaminated Feed <input type="checkbox"/> Other _____

What type of reporting period/payment option is desired: Monthly (2 mo. deposit required) Quarterly Semi-Annual Annual
 Deposit amount attached: \$ _____ Deductible requested: (\$ 500 minimum) \$ _____ per occurrence.

LOCATION INFORMATION

Location No.(s)	Section No.	Township No.	Range No.	County or Canadian RM	State or Province	Zip Code	Fire Protection Class	Provide Distance and Direction from Nearest Town and Highway Number

BUILDING INFORMATION

Location Number	Building Number	Year Built	Dimension	Construction Type Wood / Concrete / Metal	Snowload / Windload	Use	Capacity

OPEN LOT INFORMATION

Location Number	Lot Number	Year Built	Dimension	Type of Fencing	Use	Capacity

SUN SHADE INFORMATION

Location Number	Structure Number	Year Built	Dimension	Construction Type Wood / Metal / Other (if Other please describe)	Snowload / Windload	Use	Capacity

ATTACH DIAGRAM OF DAIRY SHOWING LOCATIONS OF ALL BUILDINGS, FEED MILLS, WINDBREAKS, SILOS, ETC.

INVENTORY						For Company Use Only	
Type of Cattle	Brand	Number of Head	Per Head Weight	Average Value Per Animal	Total Value	Rate	Premium
Bulls							
Bull Calves (0-3 Months)							
Bull Calves (3-6 Months)							
Steer Calves (3-6 Months)							
Steer Calves (6-12 Months)							
Heifer Calves (0-3 Months)							
Heifer Calves (3-6 Months)							
Heifer Calves (6-12 Months)							
Open Heifers							
Bred Heifers							
Milk Cows							
Dry Cows							
Other							
Total:					Total:	Total:	

1. Source of Cattle:		2. Breed of Cattle:	
3. Total capacity of dairy facility:		4. Number of head currently at dairy facility:	
5. Will all outside gates be padlocked? (condition for theft coverage) <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Are all locations equipped with security lights? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Does the arrangement of pens and alleys allow for proper access to exits for the removal of livestock in the event of fire or other emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain: _____			
<ul style="list-style-type: none"> • What is the number of exits? _____ • Describe the enclosure that the cattle will be temporarily relocated to: 			
8. Describe any combustible exposures and their locations on the premises: _____			
9. What is the general maintenance and condition of the dairy? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Other _____			
10. List all sources of water:		11. How is water delivered to cattle? <input type="checkbox"/> Cup Waterers <input type="checkbox"/> Tanks <input type="checkbox"/> Ponds <input type="checkbox"/> Other _____	
12. Does applicant have water quality analysis performed on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how frequently and for what results?			
13. Does the property contain any rivers, streams, large dams or dry washes? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:			
14. Has the dairy or any portion thereof been inundated by floodwaters? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:			
15. Is there a lagoon or other effluent handling system on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give description and location:			
16. Does the applicant, manager, or hired help reside on the premises?		17. Are there employees on duty 24 hours a day? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Does applicant personally supervise or attend the cattle? <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Total number of employees at dairy:	
20. How often will the cattle be checked?		21. Are all locations easily accessible by road? <input type="checkbox"/> Yes <input type="checkbox"/> No	
22. List all equipment that is available on premises to take care of and feed cattle in the event of a storm:			
23. How are cattle fed? <input type="checkbox"/> Electronically at milking <input type="checkbox"/> Group fed at bunk <input type="checkbox"/> Other _____			
24. List all sources of feed:		25. What type of feed is it?	
26. On average, what is the estimated number of days of feed in inventory?			
27. How long will the feed be stored before being fed to cattle?			
27. Where is the feed stored on the premises?			

~Complete Questions 28 through 36 if requesting Contaminated Feed Coverage~

28. What is the source of feed supplements? (e.g. vitamins, minerals, antibiotics)	
29. Does applicant feed any animal by-products? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:	
30. Are any feed rations mixed by applicant and/or by applicant's employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much experience does the responsible individual(s) have?	
31. Explain how the applicant ensures that micro ingredients are thoroughly mixed into the feed rations:	
32. What is the maximum level of mycotoxins that the applicant allows in feed ingredients?	
33. Does applicant have feed quality analysis performed on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how frequently and for what results?	
34. Are there any chemicals or any other noxious materials stored within 100 meters of feed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:	
35. What precautionary steps have been taken to avoid loss resulting from contaminated feed or water?	
36. Has applicant ever had or suspected any sickness or death of livestock due to contaminated feed or water: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain	

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

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

39. Loss Payee(s): (Name and Address)

40. Have there been any significant changes in the Dairy capacity in the past 12 months? Yes No If Yes, explain:

41. Number of years dairy has been in business: _____ 42. Number of years under present management: _____

43. Does the dairy subscribe to a computer service for management control? Yes No If Yes, please describe system:

44. Does the dairy employ a licensed Veterinarian?
 Yes Provide name, address and phone:
 No Provide name, address and phone of licensed Veterinarian to be used on claims:

45. Has applicant ever been canceled or non-renewed by an insurance company? Yes No (Not applicable in MO) If Yes, please explain:

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU AGREE TO

1. Notify the Agent or Company immediately and not later than 24 hours after a loss? Yes No
2. Not to move cattle from point of death, until authorized by us, unless legally required to do so? Yes No
3. Provide a certificate at your expense, stating the cause of death signed by a licensed veterinarian? Yes No
4. Notify the Agent or Company within 48 hours of movement of the cattle to a different county?..... Yes No

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 below for additional Fraud Warnings)

APPLICANTS SIGNATURE	DATE	PRODUCERS SIGNATURE	DATE

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.