

**THIS IS NOT A BINDER. NO APPLICATION WILL BE CONSIDERED IF NOT FULLY COMPLETED AND SIGNED
BY THE INSURED.**

Desired Effective Date:

Primary Contact:

Applicant's Name (as it should appear on the policy):

Address:

City, State, Zip:

Phone Number:

Email Address:

Deductible requested (per occurrence, \$1,000 standard):

COVERAGE REQUESTED: Coverage in Transit Contaminated Feed Exclusion
Theft Exclusion Hypothermia or Smothering Exclusion

LIMITS REQUESTED (all per occurrence):

\$	Policy Maximum:
\$	Contaminated Feed or Water (\$250,000 standard)
\$	Incidental Locations (\$10,000 standard)
\$	Newly Acquired (\$250,000 standard) (days) New Acquired Extension (90 days standard)
\$	Protection/Mitigation (\$25,000 standard)
\$	Carcass Removal (\$10,000 standard)

Payment Option Requested:

Reporting Policy: YES Term Requested:

Name, address, and phone number for regular attending veterinarian:

How long have you raised this type/species of livestock?

Is the applicant domiciled in the United States of America?

YES NO

Has the applicant ever been convicted of a felony?

YES NO

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Has any company cancelled or refused to offer coverage to the applicant? YES NO

If yes, please explain:

Is this risk currently insured? YES NO

If yes, with whom?

If under a feeding contract, how long have you raised livestock for the current livestock owner?

Please explain if applicant owns, operates, or has financial interest in any other livestock operations:

Are you the sole owner of livestock? YES NO

If no, please provide name of owner and describe your financial exposure:

Are there fire extinguishers present in each building? YES NO

LOCATION QUESTIONS

PLEASE ANSWER THE BELOW FOR EACH LOCATION AND USE A SEPARATE PAGE FOR EACH LOCATION

COVERAGE REQUESTED AT LOCATION:

Power Interruption & Equipment Breakdown PIEB Waiver of Generator PIEB Waiver of Alarm & Generator

Manure Pit Gas Poisoning Human Error Endorsement Suffocation Only

Income & Expense; Limit: \$ Suffocation Income & Expense; Limit: \$

Are there any additional insured(s) and/or loss payee(s) that apply to this location? YES NO

If yes, please provide name and address:

PLEASE ANSWER THE FOLLOWING FOR POWER INTERRUPTION AND EQUIPMENT BREAKDOWN EXPOSURES ONLY:

Ventilation type:	Power	Natural
Are curtains equipped to automatically open in the event of power loss?	YES	NO
Do the locations have an alarm system in place monitoring loss of power or change in temperature?	YES	NO
Type of alarm:		
Does the location have a standby generator capable of powering the ventilation system?	YES	NO
Type of generator:		
How often are the alarm system and generators serviced?		
How often are alarm systems and standby generators tested for functionality?		
Are logs kept of the test results for alarms and generators?	YES	NO

CONTAMINATED FEED AND WATER EXPOSURES (do not complete if exclusion is selected)

List all sources of water:

How often is water quality analysis performed?

List all sources of feed that are purchased:

List all sources of feed that are mixed by applicant, including supplements:

If feed is mixed by application, how often is feed quality analysis performed?

If silage is stored on premises, list storage method:

Has application ever suspected any sickness or death of livestock due to contaminated feed or water?	YES	NO
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If yes, please explain:

PLEASE ANSWER THE FOLLOWING FOR SUBSTANTIATED/SPECIAL VALUATION EXPOSURES ONLY:

****Please provide documentation of the Special Valuation from recently sold and/or purchased livestock****

Please specify the reason for requesting values above standard market price:

Do all animals raised qualify for Substantiated/Special Value?

YES NO

If not, what percentage do qualify?

%

PLEASE PROVIDE COPIES OF THE FOLLOWING IF APPLYING FOR HUMAN ERROR COVERAGE:

Feeding Contract, Standard Operating Procedures, emergency protocols, site visitation schedule, any guidelines regarding pit pumping and suffocation. Provide a list of any losses incurred due to negligence in the past five years below if selecting this coverage.

- **If applying for Cost Valuation, please provide documentation of current cost per head or per group.**
- **If applying for Income and Expenses Endorsement, please complete the BIEE Worksheet and provide a 12-month income statement from your livestock business, itemizing continuing and non-continuing expenses.**
- **If you transport your own livestock, please complete the Livestock MTC/Transit application for coverage.**

LIVESTOCK INVENTORY INFORMATION

Location Name	Location Type Sow; Boar Stud; Gilt; Nursery; Finish; Wean to Finish; Broiler; Layer; Pullet; Turkey	# of Barns	Average Value or Agreed Value per Head	Valuation Type: Market; Agreed Value; Substantiated Value	Total Inventory Value	Desired Location Limit	Auto Dial Alarm? Y/N	Type of Generator N-None; AS- Automatic; MS- Manual; PTO- Portable	Auto- Drop Curtain? Y/N?	PIEB? Y/N	Desired Income & Extra Expense Limit

LOCATION INFORMATION

Location Name	911 Address; Including State and Zip Code	Year Built or Renovated	Construction Type

** If more space is needed for either table, please attach a separate sheet**

Please list all losses in the past five years, whether covered by insurance or not, please use separate sheet if necessary.

Date	Cause	Amount

I understand that it is required under the policy to do the following in the event of a loss, and that not doing so may jeopardize coverage and result in denial of any claim made:

- Give immediate notice by telephone of any loss to insured livestock
- Do not remove dead livestock until authorized by us, unless legally required to do so
- Preserve any physical evidence relating to the cause of loss to insured livestock to assist with our claim investigation
- Have a licensed veterinarian perform an postmortem examination on 10% of the livestock have died in a loss, at your expense, verifying the cause of death.

Please read the policy upon receipt to review all the terms and conditions that may apply.

Any person who knowingly and with intent to defraud any insurance company or other 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 hereto, commits a fraudulent act, which is a crime and may subject such persons to criminal and civil penalties.

I hereby certify that the above information is truthful and accurate. I understand that any fraudulent, omitted, or misrepresented statement voids any policy of insurance issued on the basis of this application. I further understand that the insurer will rely on the information provided in this application, which will become part of any policy issued.

I understand and agree this is not a binder, but merely an application for insurance.

SIGNATURE OF APPLICANT:

DATE:

FRAUD NOTICE - GENERAL WARNING

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISIONS

Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
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 policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insured for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Hawaii	For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefits is a crime punishable by fines or imprisonment, or both.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.
Maryland	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York	All commercial insurance forms, except as provided for automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Fire insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or concealed for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstance shall be grounds to rescind the insurance policy.
Ohio	Any person who, with intent to defraud or knowing that he 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.
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.
Oregon	Any person who, with INTENT TO DEFRAUD or knowing that he is facilitating a fraud against an insurer, submits an application, or files a claim containing a false or deceptive statement MAY BE guilty of insurance fraud. (In this statement the "intent" and "may be guilty" could make it acceptable even though the "false or deceptive statement" is not identified as material.)
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.
Puerto Rico	Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assists or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollar (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisonment for the fixed jail term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are presented, the jail term may be reduced to a minimum of two (2) years.
Rhode Island	Property Insurance, Real or Personal: The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.
Tennessee	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
Virginia	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
West Virginia	Any person knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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