



**FEEDLOT APPLICATION**

Producer's Name _____	Applicant's Name _____
Agency Code <u>87</u>	Mail Address _____
Mail Address _____	City, ST Zip _____
City, ST Zip _____	Phone (____) - _____
Phone (____) - _____	Fax (____) - _____
Fax (____) - _____	E-Mail Address _____
E-mail Address _____	

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Corporation	Year Business Started _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other _____	

Proposed Effective Date: _____	Inspection Contact _____	Phone (____) - _____
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<b>Type of Coverage Requested:</b>		<b>Optional Endorsement(s) Requested:</b>	
<input type="checkbox"/> Livestock Feeding and Growing Facility	<input type="checkbox"/> Mortgaged and Stolen Livestock Liability	<input type="checkbox"/> Freezing	<input type="checkbox"/> Contaminated Feed
<input type="checkbox"/> Transit (Cargo) Limited		<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: \$ \_\_\_\_\_ per occurrence.

1. Is coverage needed for cattle temporarily located on pasture, or out-of-pen locations?  Yes  No  
 If Yes, please describe situations (e.g. overflow, backgrounding, other use) and complete applicable sections of the **Pasture Cattle Application:** \_\_\_\_\_
2. Are any of the animals in the feedlot, Dairy type animals?  Yes  No If Yes, explain: \_\_\_\_\_
3. Are there any animals at any listed location(s) that are not included in this application?  Yes  No  
 If Yes, explain: \_\_\_\_\_
4. Type of operation:
 

a. Custom Feeding _____ %	b. Own Cattle _____ %
c. Average days on feed: _____	d. Average daily gain: _____
Steers _____	Steers _____
Heifers _____	Heifers _____
5. If custom feedlot, is the applicant order buying for their customers?  Yes  No  
 If Yes, list names of buyers: \_\_\_\_\_
6. Source of cattle: (provide location(s) and buyer(s) names) \_\_\_\_\_
7. Location of insured feedlot: (provide distance and direction from nearest town and highway number) \_\_\_\_\_
8. Legal land description: \_\_\_\_\_
9. Describe topography of feedlot: \_\_\_\_\_
10. What is the general maintenance and condition of feedlot?  Good  Fair  Poor  Other  
 If Other, provide details: \_\_\_\_\_
11. Who resides on premises?  Owner  Manager  Hired help  Other, explain: \_\_\_\_\_
12. Construction of pens:  Wood  Concrete  Metal
13. Are lots equipped with security lights?  Yes  No
14. Will all outside entrance gates be padlocked? (condition for theft coverage)  Yes  No
15. Total number of animals now on feed: \_\_\_\_\_
16. Total capacity of feedlot: \_\_\_\_\_
17. Size of pens: \_\_\_\_\_
18. Number of animals per pen: \_\_\_\_\_
19. 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?  Yes  No If No, explain: \_\_\_\_\_
  - What is the number of exits? \_\_\_\_\_
  - Describe the enclosure that the cattle will be temporarily relocated to: \_\_\_\_\_

20. Has applicant developed a contingency plan for the removal of livestock due to a fire or other emergency?  Yes  No  
If Yes, provide details: \_\_\_\_\_
21. List all equipment that is available on premises for use in snow removal: \_\_\_\_\_
22. Describe any combustible exposure within 100 meters of covered livestock: (e.g. elevators, fuel storage tanks, hay stacks, feed storage, or chemicals) \_\_\_\_\_
23. Is there a lagoon or other effluent handling system on premises?  Yes  No  
If Yes, give description and location: \_\_\_\_\_
24. Does applicant have water quality analysis performed on a regular basis?  Yes  No  
If Yes, how frequently and for what results? \_\_\_\_\_
25. Are there dipping facilities on premises?  Yes  No If Yes, what type? \_\_\_\_\_
26. Has this feedlot or any portion thereof been inundated by flood waters?  Yes  No  
If Yes, provide details: \_\_\_\_\_
27. List any other sources of feed: \_\_\_\_\_

**~Complete Questions 28 through 40 if requesting Contaminated Feed Coverage~**

28. What percent of the feed does the applicant produce? \_\_\_\_\_
29. What percent of the feed is purchased? \_\_\_\_\_
30. Does applicant feed any animal by-products?  Yes  No If Yes, explain? \_\_\_\_\_
31. How many years experience does the responsible individual(s) have as:  
a. Mill Manager? \_\_\_\_\_ b. Mill Operator(s)? \_\_\_\_\_ c. Feeding Crew? \_\_\_\_\_
32. Where is the vitamin-mineral supplement premixed?  Milling Operation  Feed Truck  Other \_\_\_\_\_
33. Explain how the applicant ensures that micro ingredients are thoroughly mixed into the feed rations: \_\_\_\_\_
34. What is the maximum level of mycotoxins that the applicant allows in feed ingredients? \_\_\_\_\_
35. Are feeders/feed bunks cleaned thoroughly before a different group of cattle are moved into a building or a pen?  
 Yes  No If No, explain: \_\_\_\_\_
36. Does applicant maintain a Silage Pit or Silo?  Yes  No  
If Yes, evaluate the potential for spoilage: \_\_\_\_\_
37. Are there any chemicals or any other noxious materials stored within 100 meters of feed?  Yes  No  
If Yes, explain: \_\_\_\_\_
38. Is there a potential for water run-off from the pens/feedlot to contaminate the commodities or feed storage area?  
 Yes  No if Yes, explain: \_\_\_\_\_
39. What precautionary steps have been taken to avoid loss resulting from contaminated feed or water? \_\_\_\_\_
40. Has applicant ever had or suspected any sickness or death of livestock due to contaminated feed or water?  Yes  No If Yes, explain \_\_\_\_\_

41. Number of feedlot employees? \_\_\_\_\_
42. Are there employees on duty at all hours of the day and night?  Yes  No If No, explain: \_\_\_\_\_
43. Does the feedlot employ a licensed Veterinarian?  
 Yes Provide name, address and phone: \_\_\_\_\_  
 No Provide name, address and phone of licensed Veterinarian to be used on claims: \_\_\_\_\_
44. Does feedlot subscribe to a computer service for management/inventory control?  Yes  No  
If Yes, give name, address and phone number: \_\_\_\_\_
45. Number of years feedlot has been:  
a. In business: \_\_\_\_\_  
b. Under present management: \_\_\_\_\_
46. Fire protection Class: \_\_\_\_\_
47. Have there been any major changes in feedlot capacity in the last 12 months?  Yes  No  
If Yes, provide details: \_\_\_\_\_
48. Loss Payee(s): \_\_\_\_\_  
(Name and Address) \_\_\_\_\_
49. Does applicant own, operate or have financial interest in any other similar operation?  Yes  No  
If Yes, explain: \_\_\_\_\_
50. Does the applicant currently have any outstanding judgments or past due accounts?  Yes  No  
If Yes, explain: \_\_\_\_\_
51. Has applicant ever been canceled or nonrenewed by an insurance company?  Yes  No (Not applicable in MO)  
If Yes, explain: \_\_\_\_\_

LOSS HISTORY. Please list all losses sustained in the last 5 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

**ATTACH DIAGRAM OF FEEDLOT SHOWING LOCATIONS OF ALL BUILDINGS, FEEDMILLS, WINDBREAKS, ETC.**

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 3 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.

### Terrorism Coverage Option

On November 19 2002, congress passed the Terrorism Risk insurance Act of 2002. One provision of the Act mandated that, to participate in the federal reinsurance of terrorism, insurers make available terrorism coverage to property and casualty insureds. "Livestock insurance that is privately issued or reinsured" was specifically exempted from the bill. Livestock policies thus have no coverage under the Federal Act, nor are they required to cover terrorism losses.

As a result, The Hartford is adding a Terrorism Exclusion Form to all existing livestock policies beginning in January 2004. The Livestock Terrorism Exclusion Form excludes coverage for "certified acts of terrorism", defined as: "*An act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act of 2002.*"

However, the Livestock Terrorism Exclusion does not exclude coverage for "other acts of terrorism". For example, the Livestock Terrorism Exclusion form would not exclude coverage for acts by a group pursuing anti-meat objectives where the U.S. Government does not declare the act a "certified act of terrorism." Depending upon the act, other exclusions may become applicable, but the livestock Terrorism Exclusion would not exclude coverage.

As the insured, you have the option to purchase the terrorism coverage back for approximately 2% of their final premium. For all pasture, feedlot, dairy, transit, and swine confinement policies the charge will be as close to 2% of the current rate as possible, \$.01 per head minimum charge.

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Policy # **87LST** \_\_\_\_\_

#### Livestock Terrorism Exclusion Form Option (check one):

- I have elected to **not purchase** terrorism coverage and understand that the Livestock Terrorism Exclusion Form **will** be added to my livestock policy on the anniversary date. I understand that I can request to purchase terrorism coverage at any time for an additional premium charge.
- I have elected to **purchase** terrorism coverage and understand that the Livestock Terrorism Exclusion Form **will not** be added to my livestock policy. I understand that I will be billed for an additional premium beginning charge on the anniversary date of my policy.

Signature: \_\_\_\_\_  
First Named Insured

Date: \_\_\_\_\_

*Please return this form with the signed application.*