



POULTRY AND HATCHERY APPLICATION

Producer's Name _____	Applicant's Name _____
Agency Code 87-421750	FEIN or SOC SEC # _____
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: _____	Term <input type="checkbox"/> Annual <input type="checkbox"/> Continuous	Inspection Contact _____	Phone () -
--------------------------------	---	--------------------------	-------------

Type of: Operation: Owner Operated Contract Grower Hatchery Turkey
 Meatbirds Chicken Egg Production Other _____

FLOCK INFORMATION

1. Number of flocks placed annually: _____ 2. Number of birds per flock: _____
 3. Maximum limit per bird: _____ 4. Day old cost (Meatbirds only): _____
 5. Number of coverage weeks desired: _____ 6. Growing condition: Confined Semi-confined Range

CONSTRUCTION

1. What is the snow load capacity of each poultry building?
 Building Number _____ Lbs. per square foot.
 Building Number _____ Lbs. per square foot.
 Building Number _____ Lbs. per square foot.

The following questions apply to the buildings with metal trusses and truss supports:

2. Describe how the metal truss supports are attached to the building, floor or footer:

3. Describe the level of corrosion to bolts or other inside connectors: None Slight Moderate Significant

4. In the event of accumulating snow, describe the plan for removal of snow from the poultry building roof(s):

FIRE EXTINGUISHER

1. Does the applicant have a minimum of one 10lb ABC fire extinguisher in each building?
 Yes No If No, explain: _____

If no, we will require a minimum of one 10lb ABC fire extinguisher per building that is fully operational, is checked annually for a proper charge, and documented with a tag representing that the extinguisher is charged.

NO COVERAGE WILL BE PROVIDED UNTIL THE FIRE EXTINGUISHER REQUIREMENT IS SATISFIED.

ELECTRICAL SYSTEM / GENERATOR

- 1. Is a log book documenting the testing and maintenance of the generators kept?
 Yes No If No, explain: _____
- 2. How often is the generator tested at maximum capacity? _____
- 3. Does applicant have written procedures for continued operations during a power outage?
 Yes No If No, explain: _____
- 4. Are all electrical circuits checked by the applicant or an employee prior to leaving the building(s) after a power outage?
 Yes No If No, explain: _____
- 5. Does the generator have a auxiliary fuel tank for testing the generator?
 Yes No If No, explain: _____
- 6. Will a power loss in one building automatically cause a power loss in all buildings?
 Yes No If No, explain: _____
- 7. When power is restored to the building, will someone remain in the building(s) a minimum of 2 hours after power interruption or outage?
 Yes No If No, explain: _____

ALARM SYSTEM

Type: _____ Alerts: _____

Monitors: _____ Electrical _____ Fans _____ Water _____ Humidity
 _____ Temperature _____ Other

- 1. Is there an automatic phone dialing system? Yes No If Yes, describe: _____
- 2. Is there a dedicated line for the alarm system? Yes No
- 3. How often is the alarm system tested for functionality? _____

HEATING & COOLING

- 1. Does the applicant use brooders in the poultry operation?
 Yes No If No, explain: _____
- 2. Are brooder safety chains checked and repaired between flocks?
 Yes No If No, explain: _____
- 3. Are brooders cleaned and repaired between flocks?
 Yes No If No, explain: _____
- 4. Does the applicant have an incinerator? Yes No If Yes, where is it located on the premises? _____
 Number of feet to the nearest building: _____
- 5. Is there a grate on top of the incinerator?
 Yes No If No, explain: _____
- 6. Is brush and debris removed from around the incinerator area and from the top of any building(s) on a regular basis for fire prevention?
 Yes No If No, explain: _____
- 7. How often are the temperature controls checked? _____

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.