The Hartford

GLOBAL SPECIALTY | LIVESTOCK
Livestock Department | Phone: 1-800-295-1815
Email: LivestockUWSupport@thehartford.com
www.thehartford.com/livestock

Dairy Cattle Application

SECTION 1: PRODUCER / AGENCY / BROKER INFORMATION

Name		Phone	
Agency Code		Mobile	
Mail Address		Fax	
City, ST, Zip		Email	

SECTION 2: APPLICANT INFORMATION

Named Insured		Phone	
DBA		Mobile	
Mail Address		Fax	
City, ST, Zip		Email	
Location Address		Contact	

Entity Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Limited Liability Corporation
☐ Other:

Year Business Started: **Proposed Effective Date:**

Inspection Contact:

SECTION 3: COVERAGE FORM REQUESTED

Coverage Descriptions are provided on the last page.

☑ Livestock Feeding and Growing Facility Coverage Form (LS 00 24)

SECTION 4: REPORTING / PAYMENT, DEDUCTIBLE, AND OPTIONAL COVERAGE

Reporting Period / Payment Option Requested

☐ Annual ☐ Semi-annual ☐ Monthly

Per "Loss Occurrence" Deductible(s) Requested: $

Optional Coverage Requested

☐ Carcass Removal (LS 20 50) ☐ Contaminated Feed or Water (LS 20 51) ☐ Livestock Born at Listed Locations (LS 20 10)

☐ Remove Terrorism Exclusion ☐ Other:

Carcass Removal: $2,500 limit. Higher limits are available and additional premium may apply.

SECTION 5: DAIRY CATTLE SCHEDULE

Dairy Cattle	Number of Head	Value Per Head	Total
Heifers 0 - 3 months old			
Heifers 3 - 6 months old			
Heifers 6 - 12 months old			
Breeding Heifers			
Bred Heifers			
1st Lactation Cows			
Dry Cows Between 1st & 2nd Lactation			
2nd Lactation Cows			
Dry Cows Between 2nd & 3rd Lactation			
3rd Lactation Cows			
Dry Cows Between 3rd & 4th Lactation			
4th Lactation Cows			
Dry Cows Between 4th & 5th Lactation			
5th Lactation Cows & Older			
All Bulls			
Culls			
TOTAL			

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SECTION 6: GENERAL QUESTIONS AND INFORMATION

1. Operation Type (Dairy, Heifer Grow Yard, Calf Ranch):
2. Source of Cattle:
3. Breed of Cattle:
4. Total capacity of the dairy facility:
5. Number of head currently at the dairy facility:
6. Number of years the dairy has been in business:
7. Number of years under present management:
8. Total Number of Dairy Buildings:
9. Have there been any significant changes in the dairy capacity in the past 12 months? If Yes, explain: ☐ Yes ☐ No
10. Does the dairy subscribe to a computer service for management control? If Yes, please describe the system: ☐ Yes ☐ No
11. Will all outside gates be padlocked? (Condition for theft coverage) ☐ Yes ☐ No
12. Are all locations equipped with security lights? ☐ Yes ☐ No
13. Are all locations easily accessible by road? ☐ Yes ☐ No
14. Distance to Fire Department:
15. Fire Department Average Response Time:
16. 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? If No, explain: ☐ Yes ☐ No
    - **a.** What is the number of exits?
    - **b.** Describe the enclosure that the cattle will be temporarily relocated to:
17. Describe any combustible exposures and their locations on the premises:
18. What is the general maintenance and condition of the dairy? ☐ Good ☐ Fair ☐ Poor ☐ Other:
19. Is there a backup generator? If Yes, describe the make, size, and fuel source: ☐ Yes ☐ No
20. Is there an automatic transfer switch? ☐ Yes ☐ No
21. How often is the generator tested? Are generator tests logged with any issues noted, and when and what corrections have been made? ☐ Yes ☐ No
22. List all sources of water:
23. How is water delivered to cattle? ☐ Cup Waterers ☐ Tanks ☐ Ponds ☐ Other:

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24. Do you have a water quality analysis performed on a regular basis? If Yes, how frequently and with what results? ☐ Yes ☐ No

25. Does the property contain any rivers, streams, large dams, or dry washes? If Yes, please describe: ☐ Yes ☐ No

26. Has the dairy or any portion thereof been inundated by floodwaters? If Yes, please explain: ☐ Yes ☐ No

27. Is there a lagoon or other effluent handling system on the premises? If Yes, give the description and location: ☐ Yes ☐ No

28. Does the applicant, manager, or hired help reside on the premises? If Yes, describe: ☐ Yes ☐ No

29. Are there employees on duty 24 hours a day? ☐ Yes ☐ No

30. Do you personally supervise or attend the cattle? ☐ Yes ☐ No

31. Total number of employees at the dairy: **32.** How often will the cattle be checked? By whom?

33. List all equipment that is available on the premises to take care of and feed cattle in the event of a storm:

34. How are cattle fed? ☐ Electronically at milking ☐ Group fed at bunk ☐ Other:

35. List all sources of feed:

36. What type of feed is it?

37. On average, what is the estimated number of days of feed in inventory?

38. How long will the feed be stored before being fed to cattle?

39. Where is the feed stored on the premises?

40. Does the dairy employ a licensed Veterinarian? ☐ Yes ☐ No

If Yes, provide the name, address, and phone number:

If No, provide the name, address, and phone number of the licensed Veterinarian to be used on Claims:

41. Please provide the Name and Address of any Loss Payee(s):

42. Do you own, operate, or have a financial interest in any other similar operation? If Yes, please advise the entity name and describe the operation: ☐ Yes ☐ No

43. Do you currently have any outstanding judgments or past due accounts? If Yes, please explain: ☐ Yes ☐ No

44. Is coverage needed for out of pen Pasture locations? ☐ Yes ☐ No

45. Are Pasture locations immediately adjacent to the dairy? ☐ Yes ☐ No **If No, please complete the Pasture Application.**

46. Are there any cattle at any listed location that are not included in this application? ☐ Yes ☐ No

If Yes, please explain:

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Complete Questions 47 through 55 ONLY if requesting Contaminated Feed and Water Coverage

47. What is the source of feed supplements? (For example, vitamins, minerals, antibiotics)

48. Do you feed any animal by-products? If Yes, explain: ☐ Yes ☐ No

49. Are any feed rations mixed by you or your employees? If Yes, how much experience does the responsible individual have? ☐ Yes ☐ No

50. Explain how you ensure that micro ingredients are thoroughly mixed into the feed rations:

51. What is the maximum level of mycotoxins that you allow in feed ingredients?

52. Do you have a feed quality analysis performed on a regular basis? If Yes, how frequently and with what results? ☐ Yes ☐ No

53. Are there any chemicals or other noxious materials stored within 100 yards of feed? If Yes, please explain: ☐ Yes ☐ No

54. What precautionary steps have been taken to avoid loss resulting from contaminated feed or water?

55. Have you ever had or suspected any sickness or death of livestock due to contaminated feed or water? If Yes, explain: ☐ Yes ☐ No

Location Information

Location No.	911 Address	City	State	Zip / County	Fire Protection Class
Location 1					
Location 2					
Location 3					
Location 4					
Location 5					

Building Information

Location No.	Building No.	Year Built	Dimensions	Construction Type (Wood, Concrete, Metal)	Snow Load / Wind Load	Use	Capacity

Open Lot Information

Location No.	Lot No.	Year Built	Dimensions	Type of Fencing	Use	Capacity

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Sun Shade Information

Location No.	Structure No.	Year Built	Dimensions	Construction Type (Wood, Metal, Other)	Wind Load / Snow Load	Use	Capacity

If Construction Type is Other, please describe:

56. Is the dairy under roof? ☐ Yes ☐ No **If Yes, please answer Building Supplement questions 57 through 91.**

SECTION 7: BUILDING SUPPLEMENT — QUESTIONS 57 THROUGH 91

Complete only if the answer to Question 56 is Yes. *Complete one column for each dairy building. Attach a separate sheet if more than five buildings.*

No.	Building Information	Building 1	Building 2	Building 3	Building 4	Building 5
57.	Building Name / Description					
58.	911 Address					
59.	Year Built					
60.	Year Updated					
61.	Dimensions					
62.	Total Square Feet					
63.	Maximum Animal Capacity					
64.	Construction Type					
65.	Roof Type					
66.	Snow Load Rating					
67.	Wind Load Rating					
68.	Primary Use					
69.	Open Lot / Pasture Access					
70.	Maximum Animal Value Exposed					
71.	Ventilation System Description					
72.	Ventilation Maintenance Schedule					
73.	Emergency Ventilation Shutdown Procedure					
74.	Electrical Installation Year					
75.	Electrical Inspection Date					
76.	Heating Source					
77.	Manure Removal Method					
78.	Equipment Year / Make / Model					
79.	Equipment Maintenance Program					
80.	Insulation Manufacturer					
81.	Insulation Product					
82.	Insulation Type					
83.	Insulation Fire Rating					
84.	Additional Insulation Added					
85.	Fire Extinguishers Present					
86.	Smoke Detection					
87.	Heat Detection					
88.	Sprinkler System					
89.	Monitored Alarm					
90.	Building Updates					
91.	Building Loss History					

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SECTION 8: PRIOR INSURANCE AND LOSS HISTORY

1. Name of current dairy cattle insurer: _____ Expiration Date: _____

2. Have you ever been canceled or non-renewed by an insurance company? (Not applicable in Missouri) ☐ Yes ☐ No

If Yes, explain: _____

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

Date of Loss	Cause of Loss	Amount of Loss

SECTION 9: GENERAL AGREEMENTS

1. Do you agree to notify the Producer or Company immediately and not later than 24 hours after a loss? ☐ Yes ☐ No
2. Do you agree not to move cattle from the location of death until authorized by us, unless legally required to do so? ☐ Yes ☐ No
3. At your expense, do you agree to provide a certificate stating the cause of death signed by a licensed veterinarian? ☐ Yes ☐ No
4. Do you agree to report the herd schedule to us each reporting period by the due date shown in the policy? ☐ Yes ☐ No

- Insurance on Dairy Cattle shall expire at 12:01 a.m. on the _____ day of _____, 20 _____
- Coverage shall not become effective until after this Application has been signed by both the Applicant and Producer **and** approved by Us.

Please attach a diagram of the listed location(s) showing all buildings, structures, and separations.

SECTION 10: PRIVACY AND PERSONAL INFORMATION NOTICES, INSURANCE FRAUD WARNINGS, SIGNATURES

A copy of the Notice of Information Practices (Privacy) has been given to the Applicant. (Not required in all States, contact your producer for your State's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES – PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR PRODUCERS 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 PRODUCER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

INSURANCE FRAUD WARNING STATEMENTS

Knowingly presenting false or misleading information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.

ATTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND, and WEST VIRGINIA APPLICANTS: Any person who knowingly (or willfully in Maryland) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in Maryland) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ATTENTION COLORADO APPLICANTS: 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 Colorado Department of Regulatory Agencies.

ATTENTION FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

ATTENTION KANSAS APPLICANTS: Insurance fraud is a criminal offense in Kansas. A "Fraudulent Insurance Act" means an act committed by any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker, or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

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ATTENTION KENTUCKY, OHIO, and PENNSYLVANIA APPLICANTS: 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.

ATTENTION LOUISIANA, MAINE, TENNESSEE, VIRGINIA, and WASHINGTON APPLICANTS: 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 a denial of insurance benefits.

ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

ATTENTION NEW MEXICO APPLICANTS: 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.

ATTENTION OKLAHOMA APPLICANTS: 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.

ATTENTION OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) By submitting an application or: (2) Filing a claim containing a false statement as to any material fact may be violating state law.

ATTENTION NEW YORK APPLICANTS: 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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Producer's Signature	Date	Producer's Name (Please Print)

Producer's State License Number (Required in Florida)	Producer's National Producer Number (If Applicable)

Applicant's Signature	Date	Applicant's Name (Please Print)

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COVERAGE DESCRIPTIONS

This document outlines in general terms the coverage that may be afforded under a policy from The Hartford. All policies must be examined carefully to determine suitability for your needs and to identify any exclusions, limitations, or other terms and conditions that may specifically affect coverage. In the event of a conflict, the terms and conditions of the policy prevail.

Livestock Feeding and Growing Facility Coverage Form (Form LS 00 24)

LS 00 24 provides coverage for the Death of Covered Livestock resulting from direct physical damage to the Covered Livestock caused by a Covered Cause of Loss. LS 00 24 also covers the Theft of Covered Livestock. There is a premium charge for coverage under LS 00 24.

Dairy Cattle Optional Coverage Endorsements

Contaminated Feed or Water Covered Cause of Loss (Form LS 20 51)

LS 20 51 adds Contaminated Feed or Water as a Covered Cause of Loss to the Livestock Feeding and Growing Facility Coverage Form (LS 00 24). It covers the consumption of a toxic substance by “Covered Livestock” when the toxic substance was present in and consumed with the feed provided in the normal place where feed is deposited for consumption, or the water provided in the normal container or device where water is deposited for consumption. The toxic substance may be a contaminant that was not intended to become part of the feed ration, or an ingredient that was intended to be part of the ration but was inadvertently present in a lethal concentration.

Livestock Born at Listed Locations (Form LS 20 10)

The Livestock Feeding and Growing Facility Coverage Form (LS 00 24) includes a section in the definition of “Covered Livestock” saying that “Covered Livestock” does not include livestock born at a listed location and less than 6 months old. LS 20 10 removes this coverage restriction. There is an additional premium charge for coverage under LS 20 10.

Smothering Exclusion (Form LS 20 02)

LS 20 02 removes the Smothering Covered Cause of Loss from the Livestock Feeding and Growing Facility Coverage Form (LS 00 24). There is a premium credit for the decreased coverage resulting from LS 20 02.

Theft Exclusion (Form LS 20 52)

LS 20 52 removes the Theft Coverage Extension from the Livestock Feeding and Growing Facility Coverage Form (LS 00 24). Where theft coverage is offered, a premium decrease may apply.

Certified Act of Terrorism Exclusion (Form LS 99 43)

LS 99 43 is a Certified Acts of Terrorism Exclusion automatically placed on every dairy cattle policy. By selecting “Remove Terrorism Exclusion” on this application, the applicant requests the removal of LS 99 43 from their dairy cattle policy. There is an additional premium charge for this selection to remove LS 99 43.

Keep in Mind: The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under an issued policy, such as but not limited to losses excluded by the “Disease” Exclusion, Contaminated Feed or Water Exclusion, Utility Services Exclusion, Nuclear Hazard Exclusion, or War and Military Action Exclusion.

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