

Application Form

Livestock Insurance

Desired Effective Date: Primary Contact:

Applicant's Name:

(as it should appear on the policy)

Address:

City: State: Zip:

Telephone: Fax:

Email:

Livestock to be Insured:

Swine Poultry Beef Cattle Dairy Cattle Other

Deductible Requested (per occurrence, \$500 minimum):

Coverage Requested:

- | | | |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Specified Perils | <input type="checkbox"/> Transit (Specified Perils) | <input type="checkbox"/> Grazing Poisoning |
| <input type="checkbox"/> Livestock Born | <input type="checkbox"/> Income & Express | <input type="checkbox"/> Loss of Value (Dairy) |
| <input type="checkbox"/> Cost Valuation | <input type="checkbox"/> Contaminated Feed Exclusion | <input type="checkbox"/> Theft Exclusion |
| <input type="checkbox"/> Power Interruption & Equipment Breakdown | <input type="checkbox"/> Losses Caused by Negligence of Others (swine and poultry) | <input type="checkbox"/> Smothering & Hypothermia Exclusion |
| <input type="checkbox"/> Special Valuation (Purebred, Genomic, Organic, Grass Fed / Free Range, Age & Source) | | |

Limits Requested (all per occurrence):

Policy Maximum	Incidental Locations (\$10,000 standard)	Additional Acquired (\$250,000 standard)	Protection / Mitigation (\$10,000 standard)	Carcass Disposal (\$10,000 standard)	Contaminated Feed or Water
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment Option Requested:

Reporting Policy: Yes No

Has any company cancelled or refused to write coverage for your livestock?

Yes No If Yes, give reason:

Please explain if applicant owns, operates or has financial interest in any other livestock operation?

Name & Address of Loss Payee (if applicable):

Name & Address of Licensed Veterinarian to be used on claims:

Does anyone reside on premises?

Yes No

Are employees on duty and present 24 hours per day?

Yes No

If you answered No to both of the above, how often will livestock be checked?

List any combustible materials stored on premises (gas, propane, diesel, hay etc.):

Provide the minimum distance combustible materials are stored from any buildings / pens containing livestock

Will entrance gates be locked when no one is present?

Yes No

List all Sources of Water:

How often is a 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 applicant, how often is a feed quality analysis performed?

If silage is stored on premises, specify storage method?

Are any chemicals, noxious materials or pesticides stored or applied within 100 meters of any feed or water source?

Yes No If Yes, explain:

Has applicant ever suspected any sickness or death of livestock due to contaminated feed or water?

Yes No If Yes, explain:

Please answer the following for Power Interruption and Equipment Breakdown exposures only:

For each location to be scheduled, indicate if an alarm is present, if a generator is present and if the barns have auto-drop curtains.

How often are alarm systems and standby generators tested for functionality?

Are logs kept of the test results for alarms and generators?

Yes No

Are alarms auto-dial equipped?

Yes No

What do the alarm systems monitor?

Does applicant provide written SOP's to manager's and/or contract growers regarding alarms and generators?

Yes No

Please answer the following for grazing exposures only:

Is pasture owned, leased or public domain?

Are there any rivers, streams, ponds, dams or dry washes on property?

Yes No

Are there any barns, shelters or windbreaks on the property?

Yes No If Yes, how many?

Has applicant ever suspect any sickness or death of livestock due to poisoning from grazing?

Yes No If Yes, explain:

Please answer the following for Poultry exposures only:

Please specify the type of operation

Number of flocks placed annually

Birds per flock

Are fire extinguishers present in each building?

Yes No

Please answer the following for Special Valuation exposures only:

Please specify type of value

Do all animals raised qualify for special value?

Yes No If No, what percentages do qualify?

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

Please provide copies of the following if applying for Negligence of Others Endorsement:

Feeding Contract, Standard Operating Procedures, Emergency Protocols, Site Visitation Schedule, and any guidelines regarding Pit Pumping and Suffocation. Provide a list of any losses incurred due to negligence in the past five years.

If applying for Cost Valuation, please provide documentation of current costs per head or per group.

If applying for the Income and Expense 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:

Type of Livestock (please be specific) Use this section for any age or time since placement descriptions.	# of Head	Weight (Average or Range)	Average Value (Per Head)	Max. Value (Per Head)	Value Type (Market, Cost, Special or Scheduled)	Total Value (# of head x avg. value)

Location Information:

Location Name or Number	Location Type	Address or Legal Description Including State and Zip Code	Capacity (# of head for each type of livestock)	# of Barns	Year Built or Renovated	Construction Type

*If more space is needed for either table please attach a separate page.

Please list all livestock losses in the past 5 years, whether covered by insurance or not. (Excluding any normal mortality.)

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.
- 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 autopsy on 10% of the livestock that have died in a loss at your expense, verifying the cause of death.

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 Signed:

Fraud Prevention – 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 may be 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 policyholder 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 insurer 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 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.
- 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.
- Kansas** Any person who knowingly and with the intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to 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, or a claim for payment or other benefit pursuant to an insurance policy 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 is guilty of a crime and may be subject to fines and confinement in prison.
- 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 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.

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

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

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, assist 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 thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed 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 present, the jail term may be reduced to a minimum of two (2) years.

Rhode Island

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.

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 include imprisonment, fines and 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 include imprisonment, fines and denial of insurance benefits.

Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia

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.

