



Application Form

SierraSpecialty

Livestock Care, Custody & Control Liability 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 Other

Deductible Requested (pre occurrence, \$5000 minimum):

Coverage Requested:

Care, Custody & Control Liability Loss of Income Market Swine Valuation

Limits Requested:

Per Occurrence Annual Aggregate

Payment Option Requested: Reporting Policy: Yes No

Has any company cancelled or refused to write coverage for you?

Yes No If Yes, provide reason given:

Has any livestock owner previously cancelled a feeding contract with you?

Yes No If Yes, give reason:

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

Name, Address and Phone Number of Livestock Owner:

How long have you raised livestock under a feeding contract for the current Livestock Owner?

How long have you raised similar livestock under feeding contracts, regardless of the owner?

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 or doors be locked when no one is present?

Yes No If not, why?

List all Sources of Water:

How often is a water quality analysis performed?

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:

Is manure / waste stored in lagoons or pits below the barns?

Yes No

If manure storage pits below the barns are utilized, who is responsible for pit agitation and pumping?

Please answer the following for Power Ventilated livestock 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?

Explain the call log and who is designated to respond to alarm notices:

Does the livestock owner provide written SOP's to you regarding alarms, generators or suffocation of livestock?

Yes No

****If any sites are power ventilated, coverage will not be offered unless an alarm and generator are in place at such sites, and both are tested monthly.**

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 provide copies of the following information if provided by the livestock owner:

Feeding Contract, Standard Operating Procedures, Emergency Protocols, Site Visitation Schedule, and any guidelines regarding Pit Pumping and/or prevention of suffocation losses.

****Coverage will not be offered unless a Feeding Contract is in place with the owner of the livestock.**

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

Date	Cause	Amount

If you transport your own livestock please complete the Livestock MTC / Transit application for coverage.

If you own livestock please complete the Livestock Application for coverage.

CATTLE

Livestock Inventory Information:

Type of Livestock (please be specific)	# of Head	Weight (Average or Range)	Average Value (Per Head)	Maximum Value (Per Head)	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 Barns	Year Built or Renovated	Construction Type

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.
- Not remove dead livestock until authorized by us, unless legally required to do so.
- Not agree to any terms or value for salvage until authorized by us.

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.