



CONFINEMENT APPLICATION - LIVESTOCK INSURANCE

This is not a binder. No application will be considered if not fully completed and signed by the Insured.

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| <p>Producer's Name _____</p> <p>Agency Name _____</p> <p>Mail Address _____</p> <p>City, State, Zip _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>Email Address _____</p> | <p>Desired Effective Date: _____</p> <p>Applicant Name _____</p> <p>FEIN or SSN: _____</p> <p>Mail Address _____</p> <p>City, State, Zip _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>Email Address _____</p> |
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Livestock to be Insured: Swine Poultry Other _____

Coverage Requested:

| | | | |
|--|--|-----------------------------|----------------|
| Specified Perils | Power Interruption & Equipment Breakdown | Transit (Specified Perils) | Manure Pit Gas |
| Livestock Income & Expense | Suffocation Only Income & Expense | Contaminated Feed Exclusion | |
| Losses Caused by Negligence of Others (swine & poultry) | | Theft Exclusion | Cost Valuation |
| Special Valuation (Purebred, Genomic, Organic, Grass Fed/Free Range, Age & Source) | | | |

Limits Requested (all per occurrence):
\$ _____ Policy Maximum
\$ _____ Contaminated Feed or Water
\$ _____ Incidental Locations (\$25,000 standard)
\$ _____ Additional Acquired (\$250,000 standard)
\$ _____ Protection/Mitigation (\$10,000 standard)
\$ _____ Carcass Disposal (\$10,000 standard)

Deductible Requested(500 minimum): \$ _____
Payment Plan: _____
Reporting Policy: Yes No

Has any company canceled or refused to write coverage for your livestock? Yes No If yes, explain:

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 twenty four (24) hours a day? | Yes No |
| Will entrance gates be locked when no one is present? | Yes No |
| If you answered no any questions 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:

List of all sources of Water:

How often is a water quality analysis performed? _____

List all Sources of Feed that are purchased:

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 chemical, noxious materials or pesticides stored or applied within one hundred (100) meters of any feed or water source? 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 alarm systems monitor? _____

Last date alarm serviced: _____ Last date generator serviced: _____

Were there any problems detected? Yes No If yes, were they fixed? Yes No

Was the generator tested under load? Yes No

Do the barns have fully powered ventilation, are they curtain-sided or naturally ventilated? _____

Does applicant provide written SOP's to manager's and/or contract growers regarding alarms and generators? Yes No

Has the applicant ever had a loss control inspection on any of their locations? Yes No

If so when was it completed and by whom? _____

Please answer the following for Poultry exposures only:

Please specify the type of operation: layer broiler pullet

Are the birds cage free to traditional? _____ # of flocks placed annually _____

Are fire extinguishers present in each building? Yes No

Please answer the following for Swine exposures only:

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

Are manure pits deep or shallow? _____

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 not, what percentages 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. Please 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 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.

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

| Date | Cause | Amount of Loss |
|-------|-------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Location Name | Location Type BS- Boar Stud SU-Sow Unit ISO- Isolation WF- Wean to Finish FF- Feeder to Finish N- Nursery B- Broiler L- Layer P- Pullet | 100% Capacity | # of Barns | Avg or agreed value per head | Valuation Type Market, Agreed, Special | Inventory Value Total | Desired Location Limit | Auto-Dial Alarm? Y/N | Type of Generator N-None AS- Automatic MS- manual PTO- Portable | Auto Curtain Drop? Y/N | PIEB Y/N | Manure Pit Gas Y/N | Negligence of Others? Y/N | Desired Income and Expense Limit | Desired Suffocation Income and Expense Limit |
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| Location Name | 911 address | Zip Code | Year Build or Renovated | Construction Type of Buildings |
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Fraud Prevention - General Warning

Any person who knowingly presents a false or fraudulent claim for payment or 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 from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- District Columbia** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any of 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 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 commercial or personal 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 commits a fraudulent insurance act.
- Kentucky** Any person who knowingly and with the 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 include imprisonment, fines and 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 fines and confinement in prison.
- 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 and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud. 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 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 the 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 intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it 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.

I understand that it is required under the policy to do the following in the event of 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 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)

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|----------------------|------|---------------------|------|
| APPLICANTS SIGNATURE | DATE | PRODUCERS SIGNATURE | DATE |
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