



**POULTRY AND HATCHERY APPLICATION**

|                       |                         |
|-----------------------|-------------------------|
| Producer's Name _____ | Applicant's Name _____  |
| Agency Code _____     | 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<br><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**

- Number of flocks placed annually: \_\_\_\_\_
- Number of birds per flock: \_\_\_\_\_
- Maximum limit per bird: \_\_\_\_\_
- Day old cost (Meatbirds only): \_\_\_\_\_
- Number of coverage weeks desired: \_\_\_\_\_
- Growing condition:  Confined  Semi-confined  Range

**CONSTRUCTION**

- 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:

- Describe how the metal truss supports are attached to the building, floor or footer:  
 \_\_\_\_\_  
 \_\_\_\_\_
- Describe the level of corrosion to bolts or other inside connectors:  None  Slight  Moderate  Significant
- In the event of accumulating snow, describe the plan for removal of snow from the poultry building roof(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

**FIRE EXTINGUISHER**

- 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.