

## Livestock Care, Custody and Control Insurance Coverage Application

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

Desired Effective Date:

Primary Contact:

Applicant's Name (as it should appear on the policy):

Address:

City, State, Zip:

Phone Number:

Email Address:

**Deductible requested (per occurrence, \$1,000 minimum:**

LIMITS REQUESTED			
Per Occurrence:			\$
Annual Aggregate:			\$
<b>Payment Options Requested:</b>			
<b>Is reporting needed?</b>	YES	NO	Term:

Is the applicant domiciled in the United States of America? YES NO

Has the applicant ever been convicted of a felony? YES NO

Has any company cancelled or refused to offer coverage to the applicant? YES NO

If yes, please explain:

Is this risk currently insured? YES NO

If yes, with whom?

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

Please explain if applicant owns, operates, or has financial interest in any other livestock operations:

Name, address, and phone number of livestock owner:

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

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

YES NO

If yes, please indicate who, when and why?

Please provide the name and phone number for your regular attending veterinarian:

Are fire extinguishers present in each building?

YES NO

**Coverage will not be offered if a feeding contract is not in place with the owner of the livestock**

**Please list all livestock losses incurred in the last five (5) years, whether covered by Insurance or not, excluding any normal mortality:**

Date	Cause	Loss Amount

## Location Specific Questions

Please use a separate page for each location.

### COVERAGE REQUESTED AT LOCATION:

Contract Grower Loss of Income                      YES      NO

If loss of income is desired, limit requested

Waiver of Standby Generator                      YES      NO

Waiver of Alarm & Standby Generator                      YES      NO

Is there any additional insured or loss payee needed at this location?                      YES      NO

If yes, please indicate which and provide name and address:

Is manure/waste stored in lagoons or pits below barn?                      LAGOONS      PITS BELOW BARN

Are manure pits deep or shallow?                      DEEP      SHALLOW

Who is responsible for pit agitation and pumping?

Has the livestock owner provided guidelines for agitation and pumping the pits?                      YES      NO

What type of ventilation is used in the barn?

Does the location have an alarm system in place monitoring the loss of power or change in temperature?                      YES      NO

Type of alarm?

What does the alarm system monitor?

Does the location have a standby generator capable of powering the ventilation systems?                      YES      NO

Type of generator?                      Automatic      Manual      PTO

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

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

YES NO

How often are the alarm systems and standby generators serviced?

Check if the above answers are applicable to all locations:

YES NO

If NO was selected, please list any locations that differ from any of the above answers and describe the differences:

### Livestock Inventory Information

Location Name or Number	Type of Livestock (please be specific)	Number of Head	Average Weight	Maximum Value Per Head	Value Type (Agreed/Market)	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	Requested Coverage Limit

\*\* If more space is needed for either table, please attach a separate sheet\*\*

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

**Please read the policy upon receipt to review all the terms and conditions that may apply.**

**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:

#### **FRAUD NOTICE - 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 is guilty of a crime and maybe subject to fines and confinement in prison.

#### **STATE SPECIFIC PROVISIONS**

<b>Arkansas</b>	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.
<b>Colorado</b>	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 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.

<b>District of Columbia</b>	WARNING: It is a crime to provide false or misleading information to an insured 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.
<b>Florida</b>	Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
<b>Hawaii</b>	For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefits is a crime punishable by fines or imprisonment, or both.
<b>Kentucky</b>	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.
<b>Louisiana</b>	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.
<b>Maine</b>	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.
<b>Maryland</b>	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	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.
<b>New York</b>	<p><b>All commercial insurance forms, except as provided for automobile insurance:</b> 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.</p> <p><b>Automobile insurance forms:</b> Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.</p> <p><b>Fire insurance:</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or concealed for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstance shall be grounds to rescind the insurance policy.</p>

<b>Ohio</b>	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.
<b>Oklahoma</b>	<b>WARNING:</b> 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.
<b>Oregon</b>	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 MAY BE guilty of insurance fraud. (In this statement the "intent" and "may be guilty" could make it acceptable even though the "false or deceptive statement" is not identified as material.)
<b>Pennsylvania</b>	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.  <b>Auto:</b> Any person who knowingly and with intent to injury or defraud any insurer files an application or claim containing any false, incomplete, or misleading, information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.
<b>Puerto Rico</b>	Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assists 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 thousand dollar (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisonment for the fixed jail 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 presented, the jail term may be reduced to a minimum of two (2) years.
<b>Rhode Island</b>	<b>Property Insurance, Real or Personal:</b> The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.
<b>Tennessee</b>	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.
<b>Virginia</b>	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.
<b>West Virginia</b>	Any person 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.