



FEEDLOT APPLICATION

Producer's Name _____	Applicant's Name _____
Agency Code <u>87</u>	Mail Address _____
Mail Address _____	City, ST Zip _____
City, ST Zip _____	Phone (____) - _____
Phone (____) - _____	Fax (____) - _____
Fax (____) - _____	E-Mail Address _____
E-mail Address _____	

Individual Corporation Limited Liability Corporation Year Business Started _____
 Partnership Joint Venture Other _____

Proposed Effective Date: _____ Inspection Contact _____ Phone (____) - _____

Type of Coverage Requested:	Optional Endorsement(s) Requested:
<input type="checkbox"/> Livestock Feeding and Growing Facility <input type="checkbox"/> Mortgaged and Stolen Livestock Liability <input type="checkbox"/> Transit (Cargo) Limited	<input type="checkbox"/> Freezing <input type="checkbox"/> Contaminated Feed <input type="checkbox"/> Other _____

What type of reporting period/payment option is desired: Monthly (2 mo. deposit required) Quarterly Semi-Annual Annual
Deposit amount attached: \$_____ Deductible requested: \$_____ per occurrence.

1. Is coverage needed for cattle temporarily located on pasture, or out-of-pen locations? Yes No
If Yes, please describe situations (e.g. overflow, backgrounding, other use) and complete applicable sections of the **Pasture Cattle Application:** _____
2. Are any of the animals in the feedlot, Dairy type animals? Yes No If Yes, explain: _____
3. Are there any animals at any listed location(s) that are not included in this application? Yes No
If Yes, explain: _____
4. Type of operation: a. Custom Feeding _____% b. Own Cattle _____%
 c. Average days on feed: d. Average daily gain:
 Steers _____ Steers _____
 Heifers _____ Heifers _____
5. If custom feedlot, is the applicant order buying for their customers? Yes No
If Yes, list names of buyers: _____
6. Source of cattle: (provide location(s) and buyer(s) names) _____
7. Location of insured feedlot: (provide distance and direction from nearest town and highway number) _____
8. Legal land description: _____
9. Describe topography of feedlot: _____
10. What is the general maintenance and condition of feedlot? Good Fair Poor Other
If Other, provide details: _____
11. Who resides on premises? Owner Manager Hired help Other, explain: _____
12. Construction of pens: Wood Concrete Metal
13. Are lots equipped with security lights? Yes No
14. Will all outside entrance gates be padlocked? (condition for theft coverage) Yes No
15. Total number of animals now on feed: _____
16. Total capacity of feedlot: _____
17. Size of pens: _____
18. Number of animals per pen: _____
19. Does the arrangement of pens and alleys allow for proper access to exits for the removal of livestock in the event of fire or other emergency? Yes No If No, explain: _____
 - What is the number of exits? _____
 - Describe the enclosure that the cattle will be temporarily relocated to: _____

20. Has applicant developed a contingency plan for the removal of livestock due to a fire or other emergency? Yes No
If Yes, provide details: _____
21. List all equipment that is available on premises for use in snow removal: _____
22. Describe any combustible exposure within 100 meters of covered livestock: (e.g. elevators, fuel storage tanks, hay stacks, feed storage, or chemicals) _____
23. Is there a lagoon or other effluent handling system on premises? Yes No
If Yes, give description and location: _____
24. Does applicant have water quality analysis performed on a regular basis? Yes No
If Yes, how frequently and for what results? _____
25. Are there dipping facilities on premises? Yes No If Yes, what type? _____
26. Has this feedlot or any portion thereof been inundated by flood waters? Yes No
If Yes, provide details: _____
27. List any other sources of feed: _____

~Complete Questions 28 through 40 if requesting Contaminated Feed Coverage~

28. What percent of the feed does the applicant produce? _____
29. What percent of the feed is purchased? _____
30. Does applicant feed any animal by-products? Yes No If Yes, explain? _____
31. How many years experience does the responsible individual(s) have as:
a. Mill Manager? _____ b. Mill Operator(s)? _____ c. Feeding Crew? _____
32. Where is the vitamin-mineral supplement premixed? Milling Operation Feed Truck Other _____
33. Explain how the applicant ensures that micro ingredients are thoroughly mixed into the feed rations: _____
34. What is the maximum level of mycotoxins that the applicant allows in feed ingredients? _____
35. Are feeders/feed bunks cleaned thoroughly before a different group of cattle are moved into a building or a pen?
 Yes No If No, explain: _____
36. Does applicant maintain a Silage Pit or Silo? Yes No
If Yes, evaluate the potential for spoilage: _____
37. Are there any chemicals or any other noxious materials stored within 100 meters of feed? Yes No
If Yes, explain: _____
38. Is there a potential for water run-off from the pens/feedlot to contaminate the commodities or feed storage area?
 Yes No if Yes, explain: _____
39. What precautionary steps have been taken to avoid loss resulting from contaminated feed or water?

40. Has applicant ever had or suspected any sickness or death of livestock due to contaminated feed or water? Yes No If Yes, explain

41. Number of feedlot employees? _____
42. Are there employees on duty at all hours of the day and night? Yes No If No, explain: _____
43. Does the feedlot employ a licensed Veterinarian?
 Yes Provide name, address and phone: _____
 No Provide name, address and phone of licensed Veterinarian to be used on claims: _____
44. Does feedlot subscribe to a computer service for management/inventory control? Yes No
If Yes, give name, address and phone number: _____
45. Number of years feedlot has been:
a. In business: _____
b. Under present management: _____
46. Fire protection Class: _____
47. Have there been any major changes in feedlot capacity in the last 12 months? Yes No
If Yes, provide details: _____
48. Loss Payee(s): _____
(Name and Address) _____
49. Does applicant own, operate or have financial interest in any other similar operation? Yes No
If Yes, explain: _____
50. Does the applicant currently have any outstanding judgments or past due accounts? Yes No
If Yes, explain: _____
51. Has applicant ever been canceled or nonrenewed by an insurance company? Yes No (Not applicable in MO)
If Yes, explain: _____

LOSS HISTORY. Please list all losses sustained in the last 5 years:

<u>Date of Loss</u>	<u>Cause of Loss</u>	<u>Amount of Loss</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU AGREE TO:

1. Notify the agent or Company immediately and not later than 24 hours after a loss? Yes No
2. Not to move cattle from point of death, until authorized by us, unless legally required to do so? Yes No

ATTACH DIAGRAM OF FEEDLOT SHOWING LOCATIONS OF ALL BUILDINGS, FEEDMILLS, WINDBREAKS, ETC.

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 page 3 for additional Fraud Warnings)

APPLICANTS SIGNATURE	DATE	PRODUCERS SIGNATURE	DATE
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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.