



## DAIRY CATTLE APPLICATION

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

<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____	Year Business Started _____
---	-----------------------------

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

<b>Type of Coverage Requested:</b> <input type="checkbox"/> Livestock Feeding and Growing Facility <input type="checkbox"/> Livestock Transit (attach <b>Transportation Application</b> )	<b>Optional Endorsement(s) Requested:</b> <input type="checkbox"/> Additional Cause of Loss – Freezing <input type="checkbox"/> Coverage Extension - 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: (\$ 500 minimum) \$ \_\_\_\_\_ per occurrence.

<b>LOCATION INFORMATION</b>								
Location No.(s)	Section No.	Township No.	Range No.	County or Canadian RM	State or Province	Zip Code	Fire Protection Class	Provide Distance and Direction from Nearest Town and Highway Number

<b>BUILDING INFORMATION</b>							
Location Number	Building Number	Year Built	Dimension	Construction Type Wood / Concrete / Metal	Snowload / Windload	Use	Capacity

<b>OPEN LOT INFORMATION</b>						
Location Number	Lot Number	Year Built	Dimension	Type of Fencing	Use	Capacity

<b>SUN SHADE INFORMATION</b>							
Location Number	Structure Number	Year Built	Dimension	Construction Type Wood / Metal / Other (if Other please describe)	Snowload / Windload	Use	Capacity

<b>ATTACH DIAGRAM OF DAIRY SHOWING LOCATIONS OF ALL BUILDINGS, FEED MILLS, WINDBREAKS, SILOS, ETC.</b>
--

INVENTORY						For Company Use Only	
Type of Cattle	Brand	Number of Head	Per Head Weight	Average Value Per Animal	Total Value	Rate	Premium
Bulls							
Bull Calves (0-3 Months)							
Bull Calves (3-6 Months)							
Steer Calves (3-6 Months)							
Steer Calves (6-12 Months)							
Heifer Calves (0-3 Months)							
Heifer Calves (3-6 Months)							
Heifer Calves (6-12 Months)							
Open Heifers							
Bred Heifers							
Milk Cows							
Dry Cows							
Other							
<b>Total:</b>			<b>Total:</b>			<b>Total:</b>	

  

1. Source of Cattle:	2. Breed of Cattle:
3. Total capacity of dairy facility:	4. Number of head currently at dairy facility:
5. Will all outside gates be padlocked? (condition for theft coverage) <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Are all locations equipped with security lights? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain: _____	
<ul style="list-style-type: none"> <li>What is the number of exits? _____</li> <li>Describe the enclosure that the cattle will be temporarily relocated to: _____</li> </ul>	
8. Describe any combustible exposures and their locations on the premises: _____	
9. What is the general maintenance and condition of the dairy? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Other _____	
10. List all sources of water:	11. How is water delivered to cattle? <input type="checkbox"/> Cup Waterers <input type="checkbox"/> Tanks <input type="checkbox"/> Ponds <input type="checkbox"/> Other _____
12. Does applicant have water quality analysis performed on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how frequently and for what results?	
13. Does the property contain any rivers, streams, large dams or dry washes? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:	
14. Has the dairy or any portion thereof been inundated by floodwaters? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:	
15. Is there a lagoon or other effluent handling system on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give description and location:	
16. Does the applicant, manager, or hired help reside on the premises?	17. Are there employees on duty 24 hours a day? <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Does applicant personally supervise or attend the cattle? <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Total number of employees at dairy:
20. How often will the cattle be checked?	21. Are all locations easily accessible by road? <input type="checkbox"/> Yes <input type="checkbox"/> No
22. List all equipment that is available on premises to take care of and feed cattle in the event of a storm:	
23. How are cattle fed? <input type="checkbox"/> Electronically at milking <input type="checkbox"/> Group fed at bunk <input type="checkbox"/> Other _____	
24. List all sources of feed:	25. What type of feed is it?
26. On average, what is the estimated number of days of feed in inventory?	
27. How long will the feed be stored before being fed to cattle?	
27. Where is the feed stored on the premises?	

**~Complete Questions 28 through 36 if requesting Contaminated Feed Coverage~**

28. What is the source of feed supplements? (e.g. vitamins, minerals, antibiotics)
29. Does applicant feed any animal by-products? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:
30. Are any feed rations mixed by applicant and/or by applicant's employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much experience does the responsible individual(s) have?
31. Explain how the applicant ensures that micro ingredients are thoroughly mixed into the feed rations:
32. What is the maximum level of mycotoxins that the applicant allows in feed ingredients?
33. Does applicant have feed quality analysis performed on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how frequently and for what results?
34. Are there any chemicals or any other noxious materials stored within 100 meters of feed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
35. What precautionary steps have been taken to avoid loss resulting from contaminated feed or water?
36. Has applicant ever had or suspected any sickness or death of livestock due to contaminated feed or water: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain

37. Does applicant own, operate, or have financial interest in any other similar operation: <input type="checkbox"/> Yes <input type="checkbox"/> No, If Yes, explain:	
38. Does the applicant currently have any outstanding judgments or past due accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:	
39. Loss Payee(s): (Name and Address)	
40. Have there been any significant changes in the Dairy capacity in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:	
41. Number of years dairy has been in business:	42. Number of years under present management:
43. Does the dairy subscribe to a computer service for management control? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe system:	
44. Does the dairy employ a licensed Veterinarian?	
<input type="checkbox"/> Yes Provide name, address and phone:	
<input type="checkbox"/> No Provide name, address and phone of licensed Veterinarian to be used on claims:	
45. Has applicant ever been canceled or non-renewed by an insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No (Not applicable in MO) If Yes, please explain:	

LOSS HISTORY. Please list all losses sustained in the last five 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
3. Provide a certificate at your expense, stating the cause of death signed by a licensed veterinarian? .... ☐ Yes ☐ No
4. Notify the Agent or Company within 48 hours of movement of the cattle to a different county?..... ☐ Yes ☐ No

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.

### **Terrorism Coverage Option**

On November 19 2002, congress passed the Terrorism Risk insurance Act of 2002. One provision of the Act mandated that, to participate in the federal reinsurance of terrorism, insurers make available terrorism coverage to property and casualty insureds. "Livestock insurance that is privately issued or reinsured" was specifically exempted from the bill. Livestock policies thus have no coverage under the Federal Act, nor are they required to cover terrorism losses.

As a result, The Hartford is adding a Terrorism Exclusion Form to all existing livestock policies beginning in January 2004. The Livestock Terrorism Exclusion Form excludes coverage for "certifies acts of terrorism", defined as: *"An act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act of 2002."*

However, the Livestock Terrorism Exclusion does not exclude coverage for "other acts of terrorism". For example, the Livestock Terrorism Exclusion form would not exclude coverage for acts by a group pursuing anti-meat objectives where the U.S. Government does not declare the act a "certified act of terrorism." Depending upon the act, other exclusions may become applicable, but the livestock Terrorism Exclusion would not exclude coverage.

As the insured, you have the option to purchase the terrorism coverage back for approximately 2% of their final premium. For all pasture, feedlot, dairy, transit, and swine confinement policies the charge will be as close to 2% of the current rate as possible, \$.01 per head minimum charge.

---

**Policy # 87LST** \_\_\_\_\_

#### **Livestock Terrorism Exclusion Form Option (check one):**

☐

I have elected to **not purchase** terrorism coverage and understand that the Livestock Terrorism Exclusion Form **will** be added to my livestock policy on the anniversary date. I understand that I can request to purchase terrorism coverage at any time for an additional premium charge.

☐

I have elected to **purchase** terrorism coverage and understand that the Livestock Terrorism Exclusion Form **will not** be added to my livestock policy. I understand that I will be billed for an additional premium beginning charge on the anniversary date of my policy.

Signature: \_\_\_\_\_  
First Named Insured

Date: \_\_\_\_\_

*Please return this form with the signed application.*