

DAIRY ADDITIONAL INFORMATION REQUEST

Insured & policy #: _____ Agent: _____ Date: _____
Customer website: _____

PREMISES

1. Is there someone on the premises 24/7? Yes ____ No ____
If yes, who and comment if they live on the premises? _____
Dairy manager # years experience: _____
2. How many miles distant is the nearest community or habitational subdivision from the dairy & lagoon?
_____. Does the insured carry pollution coverage: Yes ____ No ____
3. Has the insured ever been a party to any litigation involving odor or pollution? Yes ____ No ____
4. Is the dairy open to the public including tours? Yes ____ No ____
If yes, how often? _____ To whom? _____
Please list all safety measures taken regarding visitors including visitor check in/out, requirements all visitors be accompanied by a dairy employee at all times and posting of warning signs: _____

5. Who hauls milk away from the dairy? _____
(If by a contract carrier provide copy of cert. for each)
6. Do the dairy parlors have lighted exit signs? Yes ____ No ____
Slip & fall mats present? Yes ____ No ____
Does the dairy have alarms: Yes ____ No ____ Where/type: _____
Where are fire extinguishers kept? _____
How often are they checked? _____
Does the insured have a smoking policy? Yes ____ No ____
If yes please describe and indicate where the policy is posted? _____
7. Does the insured have auxiliary generators as a backup source with sufficient horsepower to sustain dairy operations? Yes ____ No _____. How often are the generators tested? _____
8. How and where are agricultural chemicals stored? _____

EMPLOYEES

1. Does the insured have a formal workplace safety program? Yes ____ No ____
Does the insured have a driver safety program? Yes ____ No ____
How are programs enforced? _____
2. Are vehicles provided for personal use to employees? Yes ____ No _____. Which employees (list names)?

Who orders MVRs? _____ How often? _____
3. Are employees trained in firefighting techniques? _____
4. Has an employee been injured while employed on the dairy? Yes ____ No _____. Provide details of loss/losses: _____

5. If employees live on the dairy premises, describe safety measures taken to protect children and to limit their access to livestock, lagoon, hay, equipment, etc.: _____

6. Are resident employees required to obtain their own insurance (HO4, auto)? Yes ____ No ____
Insured & policy #: _____ Agent: _____

HAY

1. How many hay brokers has the dairy used in the past 24 months? _____
Is hay stored at broker locations? Yes ____ No ____
2. Who is responsible for accepting and checking hay deliveries? _____
What procedures are used to monitor moisture in hay and how often are they used?

Are any alarms/fire protection used for hay? Yes ____ No ____
3. What is the maximum value (\$) and tonnage of hay in any **one** barn? _____
Are all hay barns/stacks at least 100 ft. apart? _____ (submit diagrams showing distance between buildings).

HERD AND PRODUCT MANAGEMENT

1. Does the dairy keep detailed records regarding cattle purchases and sales? Yes ____ No ____
2. Does the insured purchase grain or feed supplements from outside the continental U.S.? Yes ____ No ____
3. What controls are in place to keep feed from being contaminated? _____
4. Have there been ANY regulatory violations in the last 5 years? Yes ____ No ____
If yes, please describe: _____

5. How often is the herd vet checked for health issues? _____
6. Describe in detail the segregation program for medicated animals: _____

7. Does the insured sell sick downer cows for slaughter? Yes ____ No ____
8. Does the insured have a formal contingency plan to ensure the cows will continue to be milked if there is a loss to the milking parlor? Yes____ (please provide copy) No ____
9. Is milk tested prior to being loaded into a tank truck? Yes ____ No ____
By whom? _____
10. Has there ever been a milk contamination or pollution incident? Yes____ No ____ If yes, list the dates of each occurrence and describe what has been done to prevent future incidents: _____

11. Describe any sales of milk or milk products, or any processing, other than milk sold to the co-op/creamery:

12. Are there any products under the insured's label? Yes ___ No ____. If Yes, what is label name?

13. Is milk sold on premises? Yes _____ No _____

14. Does the insured sell "raw milk" (unpasteurized) direct to the public? Yes _____ No _____

15. Total number of head being milked: _____ Total herd: _____

Average milk production on daily basis? _____

Collapse:

Has any building experienced a partial or total loss in the last 5 years? Yes _____ No _____

If yes, please provide details/building type _____

Have you observed the following on ANY building listed on the policy? If yes, describe building & location.

1. Sagging roof steel or visibly deformed rafters? Yes _____ No _____

2. Cracked or split wood members? Yes _____ No _____

3. Doors that pop open? Yes _____ No _____. Doors or Windows are difficult to open? Yes _____ No _____

4. Bowed utility pipes or conduit at ceiling? Yes _____ No _____

5. Creaking, cracking or popping sounds? Yes _____ No _____

6. Please describe snow removal plan including any vendors used to perform service:

7. What equipment is hung from the trusses? _____

How many? _____ How much does it weigh? _____

Was truss designed to handle this load? Yes _____ No _____

SIGNATURES

Insured Signature: _____ **Date:** _____

Print Insured Name: _____