

POULTRY SUPPLEMENTAL APPLICATION

Note: All no answers or undesirable features should be referenced by question number and explained in the comments section at the end of this application.

Applicant Name: _____ Contact Name/Number: _____

1. Current/ Prior Carrier: _____ Expiration Date: _____ Expiring Premium: _____
2. Losses in past 5 years? ___ Yes ___ No
3. If yes, please describe in full detail: _____
*** (Three(3) year hard copy loss runs are required to bind coverage) ***

4. How long has the applicant farmed? _____
5. Does owner or farm manager live on site? ___ Yes ___ No
6. How many years has the applicant owned a poultry farm? _____

7. Name of the Poultry Integrator/Company that the applicant is contracted with? _____
8. Has applicant contracted with any other Poultry Integrator/Company? ___ Yes ___ No
 - a. If yes, how long? _____
 - b. Why did they change? _____
 - c. Does the insured contemplate any change in their Poultry Integrator/Company in the next 12 months?

9. Building(s) are ___ Occupied or ___ Vacant?
If there are any vacant buildings are we being requested to insure them? ___ Yes ___ No

10. What is the type of confinement operation? ___ Commercial Eggs ___ Pullets ___ Breeder Hen ___ Broiler

11. Financial evaluation

- a. How many years has the applicant been with the integrator? _____
- b. What is the applicant's standing with the Poultry Integrator/Company? _____
___ Top 10% ___ 11%-33% ___ Below 33% ___ New Grower/Integrator Relationship
- c. Have the houses been without an integrator contract within the last 5 years? ___ Yes ___ No
- d. Type of contract with the poultry company (integrator)? ___ Flock-to-Flock ___ Multi-Year
End date _____
- e. How does the applicant typically settle when birds are processed?
___ Above Average ___ Average ___ Below Average
- f. How many flocks does the applicant raise per year? _____
- g. Have you been on any type of grower improvement program in the past 3 years? ___ Yes ___ No
If yes, please explain. _____

12. Have Safety programs been formalized for:

- a. Fire Control (fire extinguishers/ other systems)? ___ Yes ___ No
- b. Saw dust/shavings or hay storage (moisture control)? ___ Yes ___ No ___ N/A
- c. Is there a Biosecurity plan (Controls in place to prevent disease and limit unnecessary exposures by visitors)? ___ Yes ___ No
___ A written plan ___ Verbal controls in place ___ Biosecurity plan loosely followed

- d. Is there 24 hour on-site security (someone lives on premise full-time)? ___ Yes ___ No
- e. Is there a spontaneous combustion prevention program in place? ___ Yes ___ No
- f. How do you dispose of your birds? _____
 - i. If composting is there a spontaneous combustion prevention program in place? ___ Yes ___ No
- g. Do you use an ammonia product between flocks? ___ Yes ___ No
 - i. If yes, is there environmental safety (ammonia control)? ___ Yes ___ No

13. Generator

- a. Do the confinement houses have an emergency backup generator with automatic transfer switch?
___ Yes ___ No
- b. Is the generator tested "under load" weekly? ___ Yes ___ No
- c. Is the generator weather protected and well ventilated? ___ Yes ___ No
- d. Is the generator in a separate unconnected building? ___ Yes ___ No

14. Housekeeping and Maintenance

- a. Are confinement buildings cleaned out at least 1 time per year? ___ Yes ___ No
- b. Is housekeeping around all confinement buildings, sheds, barns, etc. free of excess debris and clutter?
___ Yes ___ No
- c. Are Measures taken to control dust and cobwebs evident? ___ Yes ___ No
- d. Is the grass mowed and kept around all confinement buildings, sheds, barns, etc.? ___ Yes ___ No
- e. Are the control rooms clean and free of clutter (especially paper)? Any Flammables? ___ Yes ___ No
- f. Is there a rodent control program? ___ Yes ___ No
- g. Is there any evidence of rodents or rodent damage? ___ Yes ___ No
- h. Is the interior of confinement buildings free of non-essential items, clutter? ___ Yes ___ No
- i. How many portable fire extinguishers are in each poultry building?
___ (0) Zero ___ (1) One ___ (2) Two or more
- j. Is there a scheduled maintenance program? ___ Yes ___ No
- k. Is there a preventative maintenance program? ___ Yes ___ No
- l. Is smoking allowed on premise? ___ Yes ___ No
 - If yes:
 - ___ Are there designated smoking areas outside only with proper receptacles?
 - ___ Are there designated smoking areas without proper receptacles?
 - ___ No smoking rules in place

15. Construction

Building	1	2	3	4	5	6	7	8
Location								
Building name/reference								
Vacant (Y/N - if Y, since what date)								
Year Built								
Length								
Width								
Trusses/Legs (wood/metal)								
Roof Attachment (screws/nails)								
Distance between trusses (inches)								
Foundation * construction								
Hurricane straps (Y/N)								
Metal knee braces (Y/N)								
Wooden Knee Braces (Y/N)								
Are knee braces properly installed? (Y/N)								
Year Electric upgrades								
Year Mechanical upgrades								
Perils								
Limit of Insurance								
Valuation (ACV/RC)								
Deductible								
Earthquake								
Mine Subsidence (Y/N)								

* Foundation Construction: TL= Treated Lumber C=Concrete CB= Combination

16. Structural Evaluation

- a. Confinement houses built by? Applicant Purchased from others
- b. Were the confinement buildings designed by a professional engineer? Yes No
- c. Were the trusses designed and stamped by a professional engineer? Yes No
- d. Do trusses show any structural defects (bowed, missing plates, large cracks, etc.) Yes No
If yes, please explain in full detail: _____
- e. Were the buildings engineered for the appropriate wind zone, according to the International Building Code wind speed map? Yes No
- f. What type of foundation/ wall construction does the building have?

Chain Wall Curb Wall WITH Solid End Doors Curb Wall WITHOUT Solid End Doors
 Post in Ground WITH Concrete Footer Post in Ground WITHOUT Concrete Footer

Chain - combination of treated wood and reinforced concrete
Curb - reinforced concrete only
Post - treated wood only

- g. Do all confinement buildings have knee braces connecting each truss to each sidewall post?
 Yes No
If Yes, what kind of knee braces exist?
 Metal Wood
- h. Is the insulation covered with fire retardant material? Yes No
- i. What is the distance between buildings? _____ (diagram available?)
- j. Are any of the confinement buildings connected by a common room or other structure?
 Yes No
If yes, is there a firewall or minimum 2 hour Fire Barrier with a self-closing 1 ½ hour fire door at all openings where the buildings connect? Yes No
- k. Were the buildings built for use as a confinement operation? Yes No
- l. Were the buildings built by a licensed contractor? Yes No

17. Electrical

- a. What is the location of the control room for each confinement building?
 End Middle No Control Room
Are the Breaker Boxes and Controllers located inside the grow out portion of the poultry house?
 Yes No
- b. Is an electrical inspection done annually by a licensed electrician? Yes No
- c. Are all electrical panels properly grounded? Yes No
- d. Is the controller capable of remote contact with the applicant in case of emergency? Yes No
- e. Are the confinement buildings operated by a controller (computer)? Yes No
- f. Are there back up thermostats? Yes No
- g. Are controllers surge protected? Yes No
- h. Are electrical cords securely fastened away from fans? Yes No
- i. Are there adequate outlets to avoid multiple plugs and extension cords? Yes No
- j. Are circuit boxes fittings and electrical outlets properly maintained and covered? Yes No
Fuse boxes are ineligible for coverage

