



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 |
|----------------------|------|---------------------|------|

**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.