

FROZEN GENETICS LOCATION APPLICATION



Producer: _____

Applicant: _____
 Address: _____

Phone: _____ Email: _____
 Applicant's Occupation: _____

Proposed Effective Date: _____

Genetic Material Information

- 1) What species does applicant typically handle? _____

- 2) How is value established? _____
- 3) Schedule of Owned Tanks:

Manufacturer	Age	Serial Number	Capacity

(Attach separate schedule if additional space required)

Location Information

Describe for each location:
 Address: _____
 Building Construction: _____
 Describe Power and any Backup Power Systems: _____
 Describe any Alarm Systems: _____

Describe Storage Tanks-Year of Manufacture, Make, Model and your system for Identification:

Is location attended 24 hours? _____

FROZEN GENETICS LOCATION APPLICATION (CONT.)

Limits

Any one Tank: _____

Total this Location, any one Occurrence: _____

Loss Experience

Please describe any frozen genetic materials losses applicant has suffered in the last five years, whether insured or not, including date, cause of loss, circumstances, and value of materials).

I acknowledge that any quotation that may be made by underwriters is based upon the above information, and any misrepresentation and/or omission may prejudice and/or void coverage. I certify that the information provided is, to the best of my knowledge, accurate and correct.

Signature

Title

Date

IDEAL Agriculture & Marine, a product of Wichert Insurance

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