

# FROZEN GENETICS LOCATION APPLICATION



Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Website: \_\_\_\_\_

**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 (Frame, Masonry, Metal, etc.): \_\_\_\_\_

Describe Power and any Backup Power Systems: \_\_\_\_\_

Describe any Alarm Systems: \_\_\_\_\_

Is location attended 24 hours? \_\_\_\_\_

## **Limits**

Any one Tank: \_\_\_\_\_

Total this Location, any one Occurrence: \_\_\_\_\_

# FROZEN GENETICS LOCATION APPLICATION (CONT.)

## 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

*Completed application should be emailed to: [submissions.idealam@wichert.com](mailto:submissions.idealam@wichert.com)*

### **IDEAL Agriculture & Marine, a product of Wichert Insurance**

Marketing Office: P.O. Box 255, Elkhorn, WI 53121 USA Phone: (330) 920-7652

Corporate/Administrative Office: 1200 Graham Road - Cuyahoga Falls, OH 44224 - Phone (330) 929-8686