



Email completed application to: submissions.idealam@wichert.com

APPLICATION FOR LIVESTOCK CARE, CUSTODY & CONTROL LIABILITY INSURANCE

This is not a binder. No application will be considered if not fully completed and signed by the Insured

Desired Effective Date _____ Primary Contact _____

Applicant's Name (as it should appear on the policy) _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Email _____ Fax _____

Livestock to be Insured: Swine Poultry Other _____

Deductible Requested (per occurrence, \$5000 minimum): _____

Coverage Requested: Care, Custody & Control Liability Loss of Income Market Swine Valuation

Limits Requested:
_____ Per Occurrence _____ Annual Aggregate

Payment Option Requested: _____

Reporting Policy: Yes No

Has any company cancelled or refused to write coverage for you? _____ If yes, give reason _____

Has any livestock owner previously cancelled a feeding contract with you? _____ If yes, give reason _____

Please explain if applicant owns, operates or has financial interest in any other livestock operation? _____

Name, Address and Phone Number of Livestock Owner: _____

How long have you raised livestock under a feeding contract for the current Livestock Owner? _____

How long have you raised similar livestock under feeding contracts, regardless of the owner? _____

Name & Address of Licensed Veterinarian to be used on claims: _____

Does anyone reside on premises? _____ Are employees on duty and present 24 hours per day? _____

If you answered no to both of the above, how often will livestock be checked? _____

List any combustible materials stored on premises (gas, propane, diesel, hay etc.): _____

Provide the minimum distance combustible materials are stored from any buildings/pens containing livestock _____

Will entrance gates or doors be locked when no one is present? _____ If not, why? _____

List all Sources of Water: _____

How often is a water quality analysis performed? _____

Are any chemicals, noxious materials or pesticides stored or applied within 100 meters of any feed or water source?

If yes, explain _____

Has applicant ever suspected any sickness or death of livestock due to contaminated feed or water? _____ If yes, explain _____

Is manure/waste stored in lagoons or pits below the barns? _____ If manure storage pits below the barns are utilized, who is responsible for pit agitation and pumping? _____

• **Please answer the following for Power Ventilated livestock exposures only:**

For each location to be scheduled, indicate if an alarm is present, if a generator is present and if the barns have auto-drop curtains.

How often are alarm systems and standby generators tested for functionality? _____

Are logs kept of the test results for alarms and generators? _____ Are alarms auto-dial equipped? _____

What do the alarm systems monitor? _____

Explain the call log and who is designated to respond to alarm notices: _____

Does the livestock owner provide written SOP's to you regarding alarms, generators or suffocation of livestock? _____

*****If any sites are power ventilated, coverage will not be offered unless an alarm and generator are in place at such sites, and both are tested monthly.***

• **Please answer the following for Poultry exposures only:** Please specify the type of operation _____

Number of flocks placed annually _____ Birds per flock _____ Are fire extinguishers present in each building? _____

• **Please provide copies of the following information if provided by the livestock owner:**

Feeding Contract, Standard Operating Procedures, Emergency Protocols, Site Visitation Schedule, and any guidelines regarding Pit Pumping and/or prevention of suffocation losses.

*****Coverage will not be offered unless a Feeding Contract is in place with the owner of the livestock.***

Please list all livestock losses in the past 5 years, whether covered by insurance or not. (Excluding any normal mortality.)

<u>Date</u>	<u>Cause</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- **If you transport your own livestock please complete the Livestock MTC/Transit application for coverage.**
- **If you own livestock please complete the Livestock Application for coverage.**

Livestock Inventory Information:

Type of Livestock (please be specific)	# of Head	Weight (Average or Range)	Average Value (Per Head)	Maximum Value (Per Head)	Total Value (# of head x avg. value)

Location Information:

Location Name or Number	Location Type	Address or Legal Description Including State and Zip Code	Capacity	# of Barns	Year Built or Renovated	Construction Type

***If more space is needed for either table please attach a separate page.**

I understand that it is required under the policy to do the following in the event of a loss, and that not doing so may jeopardize coverage and result in denial of any claim made:

- Give immediate notice by telephone of any loss to insured livestock.
- Not remove dead livestock until authorized by us, unless legally required to do so.
- Preserve any physical evidence relating to the cause of loss to insured livestock to assist with our claim investigation.
- Have a licensed veterinarian perform an autopsy on 10% of the livestock that have died in a loss at your expense, verifying the cause of death.

Any person who knowingly and with intent to defraud any insurance company or other 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 hereto, commits a fraudulent act, which is a crime and may subject such persons to criminal and civil penalties.

I hereby certify that the above information is truthful and accurate. I understand that any fraudulent, omitted or misrepresented statement voids any policy of insurance issued on the basis of this application. I further understand that the insurer will rely on the information provided in this application, which will become part of any policy issued.

I understand and agree this is not a binder, but merely an application for insurance.

Signature of Applicant

Date Signed

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Fraud Prevention – General Warning

NOTICE: Any person who knowingly, or knowingly assist another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING. It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud knowingly that he 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any fact materially false information or conceal for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or

both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.