



APPLICATION FOR LIVESTOCK INSURANCE

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

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

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 Beef Cattle Dairy Cattle Other _____

Deductible Requested (per occurrence, \$500 minimum): _____

Coverage Requested:			
<input type="checkbox"/> Specified Perils	<input type="checkbox"/> Transit (Specified Perils)	<input type="checkbox"/> Grazing Poisoning	<input type="checkbox"/> Livestock Born
<input type="checkbox"/> Income & Expense	<input type="checkbox"/> Power Interruption & Equipment Breakdown	<input type="checkbox"/> Loss of Value (Dairy)	<input type="checkbox"/> Cost Valuation
<input type="checkbox"/> Special Valuation (Purebred, Genomic, Organic, Grass Fed/Free Range, Age & Source)		<input type="checkbox"/> Smothering & Hypothermia Exclusion	
<input type="checkbox"/> Losses Caused by Negligence of Others (swine and poultry)	<input type="checkbox"/> Contaminated Feed Exclusion	<input type="checkbox"/> Theft Exclusion	

Limits Requested (all per occurrence):	
_____ Policy Maximum	_____ Contaminated Feed or Water
_____ Incidental Locations (\$10,000 standard)	
_____ Additional Acquired (\$250,000 standard)	
_____ Protection/Mitigation (\$10,000 standard)	
_____ Carcass Disposal (\$10,000 standard)	

Payment Option Requested: _____ **Reporting Policy:** Yes No

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

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

Name & Address of Loss Payee (if applicable): _____

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 be locked when no one is present? _____ List all Sources of Water: _____

How often is a water quality analysis performed? _____

List all Sources of Feed that are purchased: _____

List all Sources of Feed that are mixed by applicant, including supplements: _____

If feed is mixed by applicant, how often is a feed quality analysis performed? _____

If silage is stored on premises, specify storage method? _____

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 _____

• **Please answer the following for Power Interruption and Equipment Breakdown 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? _____

Does applicant provide written SOP's to manager's and/or contract growers regarding alarms and generators? _____

• **Please answer the following for grazing exposures only:** Is pasture owned, leased or public domain? _____

Are there any rivers, streams, ponds, dams or dry washes on property? _____

Are there any barns, shelters or windbreaks on the property? _____ If yes, how many? _____

Has applicant ever suspect any sickness or death of livestock due to poisoning from grazing? _____ If yes, explain _____

• **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 answer the following for Special Valuation exposures only:** Please specify type of value _____

Do all animals raised qualify for special value? _____ If not, what percentages do qualify? _____

Please provide documentation of the Special Valuation from recently sold and/or purchased livestock.

• **Please provide copies of the following if applying for Negligence of Others Endorsement:**

Feeding Contract, Standard Operating Procedures, Emergency Protocols, Site Visitation Schedule, and any guidelines regarding Pit Pumping and Suffocation. Provide a list of any losses incurred due to negligence in the past five years.

- **If applying for Cost Valuation, please provide documentation of current costs per head or per group.**
- **If applying for the Income and Expense Endorsement, please complete the BIEE Worksheet and provide a 12 month income statement from your livestock business, itemizing continuing and non-continuing expenses.**
- **If you transport your own livestock please complete the Livestock MTC/Transit application for coverage.**

Livestock Inventory Information:

Type of Livestock (please be specific) Use this section for any age or time since placement descriptions.	# of Head	Weight (Average or Range)	Average Value (Per Head)	Maximum Value (Per Head)	Value Type (Market, Cost, Special or Scheduled)	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 head for each type of livestock)	# of Barns	Year Built or Renovated	Construction Type

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

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Fraud Prevention – General Warning

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 may be guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISIONS

Arkansas

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.

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 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.
District of Columbia	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.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
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.
Kansas	Any person who knowingly and with the intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy, or a claim for payment or other benefit pursuant to an insurance policy which such person knows to contain materially false information concerning any fact material thereto; or conceals for the purpose of misleading, information concerning any fact material thereto is guilty of a crime and may be subject to fines and confinement in prison.
Kentucky	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.
Louisiana	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.
Maine	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 denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	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.
New York	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.
Ohio	Any person who, with intent to defraud or knowing 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.
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.

Oregon	<p>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.</p> <p>In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:</p> <p>A. The misinformation is material to the content of the policy;</p> <p>B. We relied upon the misinformation; and</p> <p>C. The information was either:</p> <ol style="list-style-type: none"> 1. Material to the risk assumed by us; or 2. Provided fraudulently. <p>For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.</p> <p>With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.</p> <p>Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.</p>
Pennsylvania	<p>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 subjects such person to criminal and civil penalties.</p>
Puerto Rico	<p>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.</p>
Rhode Island	<p>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.</p>
Tennessee	<p>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.</p>
Virginia	<p>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.</p>
Washington	<p>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.</p>
West Virginia	<p>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.</p>