



Poultry - Builders Renovations Supplemental App

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Today's Date:	Requested Effective Date:
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Agent Information

Agency Name:		Agency Code:	
Phone:	Email:		
Address:	City:	St:	Zip:
Contact Name:			

Applicant Information

Applicant Name:				
Mailing Address:	City:	St:	Zip:	
Location Address:	City:	St:	Zip:	County:
Phone:				
Date of Birth:	Social Security Number:			

Experience

Is this a new venture? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , number of years in the farming industry:	
If No , how long has the applicant been in poultry business?	
Is this a new purchase?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No , has the proposed building(s) been without coverage for any length of time prior to the requested effective date?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the applicant had any property insurance policy refused, cancelled or non-renewed?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes , please provide reason: (not applicable in MO)	
Any poultry related losses in the past 5 years: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , please provide details per building:	
Has any building proposed for coverage ever sustained heavy damage from Fire; Wind/Hail; Weight of Ice, sleet or snow; or Collapse?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes , please explain:	
Is the applicant currently involved in bankruptcy or foreclosure proceedings?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Operations Information

Is the applicant engaged in documented ongoing discussions with a poultry integrator with the intent to obtain an operating/grower contract; or is there a current contract in place?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the applicant have current written documentation stating the specific updates or renovations required by the poultry integrator?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes , please attach a copy to this application.	
Name of Integrator:	
Date of most recent correspondence with integrator:	
Projected poultry operations start date:	

General Information

Purchase date of the proposed building(s):	
Total number of confinement houses on the premises:	
Type of Poultry Farm: Broiler <input type="checkbox"/> Breeder <input type="checkbox"/> Pullet <input type="checkbox"/> Turkey <input type="checkbox"/> Commercial Eggs <input type="checkbox"/>	
Are there any trees within 50 feet of any confinement house?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any burn piles within 100ft of any building on the premises?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are any buildings proposed for coverage used in part or whole for hay storage?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Are there any buildings used for hay storage within 100 feet of a confinement house?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does any building proposed for coverage show signs of structural defect inside or outside?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does any building proposed for coverage have unrepaired and/or existing damage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Construction/Renovations Information

Has the construction project started?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes , please describe what construction work has already taken place:		
Provide the estimated construction start date:		
Provide the estimated construction completion date:		
Total number of buildings scheduled for renovation/construction work:		
Provide details (per building) of all renovation and/or construction work to be performed during the proposed policy term (or attach supporting documentation) :		

Contractors Information

Will a licensed contractor(s) perform the construction and/or renovations work on this project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the contractor(s) carry general liability insurance coverage with a minimum occurrence limit of \$1,000,000?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the applicant perform any construction work on this project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes , please explain:		
Are there any agreements in place that would relieve the contractor(s) from liability on this construction project? (such as: hold harmless or waiver of subrogation, etc..)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Indicate number of acres for this risk location:			
Number of Dwellings on the premises:			
Indicate Type of Dwellings:	Owner		Tenant
If Tenant occupied, indicate number of families:	Single Family	2 Family	More than 2 Family
If Tenant occupied, are smoke detectors operational and regularly maintained?	Yes	No	
Any 'Agritainment' held or allowed on the farm premises?	Yes	No	
Is there a swimming pool on the premises?	Yes	No	
Any farming operations on the premises other than poultry?	Yes	No	
If Yes, please explain:			
Any commercial business conducted on the premises other than farming?	Yes	No	
If Yes, please explain:			
Any liability claims or losses in the past five years?	Yes	No	
If Yes, please explain:			
Any current or pending liability claims, losses or litigation?	Yes	No	
If Yes, please explain:			

Underwriting Disclaimer

Please read to the applicant: As part of our underwriting process, we may order consumer reports relating to loss and credit history. Upon request, we will provide you with name, address and telephone number of the third party consumer reporting agency from which we obtain such reports.

► Does the applicant give us permission to run reports as part of our underwriting process? Yes No

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.

Declaration

I certify that the statements made in this application for insurance are true and accurate to the best of my knowledge and hereby agree that any intentional misrepresentation or omission may lead to cancellation of coverage or denial of a claim.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

Building Details

Complete the information below for all buildings and equipment to be covered. Complete a separate "Building Details" page for each location.

Location: _____ City: _____ St: _____ Zip: _____ Protection Class: _____

Poultry Confinement Houses and Other Poultry Related Structures

Building #	Description	Value of Existing Structure	Renovation Construction Project Costs	Year Built	Dimensions (Length & Width)	Floor Construction	Last Electrical Update	Last Mechanical Update
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

* Eligible Buildings: (Broiler, Breeder, Turkey, Commercial Eggs, and Pullet Houses, Equipment Sheds, Litter Sheds, Compost Sheds, Shop, Office) ***NO HAY STORAGE**

Loss Settlement	Causes Of Loss	Add Weight of Ice & Snow Coverage
ACV ONLY	BASIC FORM ONLY	<input type="checkbox"/> Add Peril "Weight of Ice & Snow" <input type="checkbox"/> Do Not Add Coverage

Scheduled Equipment				Buildings-Mortgagee/Additional Interest			
Generators, Farm Tractors and Poultry Related "Scheduled" Equipment (No Below Ground Equipment)				Bld #	Name	Address	Loan #
Item #	Description of Equipment	Serial Number	Coverage Amount				
Inland Marine Deductible is \$1,000 Per Occurrence; Loss Settlement = ACV Only				Equipment-Loss Payee/Additional Interest			
Remarks:				Item #	Name	Address	Loan #

DIAGRAM

**Draw diagram of Farm and Identify Buildings proposed for coverage*

