



POULTRY APPLICATION

Tim Parkman, Inc.
PO Box 2220
Clinton, MS 39060
877-782-2594

Today's Date: Requested Effective Date:

AGENT INFORMATION

Agency Name:
 TPI Agent Code:
 Contact Name: Phone:
 Email Address:

APPLICANT INFORMATION

Applicant Name: Business Name:
 Business Form: Individual Joint Venture Partnership Organization (other than Partnership or Joint Venture)
 Mailing Address:
 Risk Location Address: County:
 Phone Number:
 Date of Birth: Social Security Number:

EXPERIENCE

Enter the number of years in the farming industry:
 Enter the number of years in business under current name:
 Is this a New Purchase? Yes No (If Yes) Purchase Date:
 If Not a New Purchase, Enter Name of Current Carrier:
 Expiration Date of Current Coverage:
 Expiring Premium:
 Has the applicant had any poultry related claims or losses? Yes No
 If **Yes**, provide details for all poultry related claims including date of loss, type of loss, status of claim and any amount paid:

****5 Year Loss Runs are Required****

OPERATIONS INFORMATION

Indicate the type of Poultry Farm: Broiler Breeder Pullet Turkey Commercial Eggs
 Does the applicant have an active contract with an Integrator? Yes No
 Name of Integrator the applicant is contracted with:
 Enter number of years with current integrator:
 Total number of poultry houses on the property:
 Total number of flocks raised per year:
 Enter annual gross receipts from poultry operations:
 *(Required if Business Income coverage is requested)

GENERAL INFORMATION			
Is the controller capable of remote contact in emergency situations?	Yes	No	
Do controllers have surge protection?	Yes	No	
Were confinement houses built by a licensed contractor?	Yes	No	
Do houses show any sign of structural defect inside or outside?	Yes	No	
Do houses have any existing or unrepaired damage?	Yes	No	
Are there any burn piles within 100ft of any building on the premises?	Yes	No	
Is there a program in place for rodent control?	Yes	No	
Are there any trees within 50 feet of any confinement house?	Yes	No	
Generator(s) tested at least monthly under load conditions?	Yes	No	
Are confinement houses connected by a common room or covered walk-way?	Yes	No	
Any buildings proposed for coverage used in part or whole for hay storage?	Yes	No	
Are there any buildings used for hay storage within 100 feet of a confinement house?	Yes	No	
Are heaters equipped with heat shields?	Yes	No	
Describe heat source used in confinement houses:			
Have confinement houses been inspected by a licensed electrician within the previous 3 years?	Yes	No	
If No, enter date of last electrical inspection:			
Is there an incinerator in use?	Yes	No	
If Yes, distance from confinement houses:			
Does the applicant or caretaker live on the premises?	Yes	No	
If No, travel distance to farm:			
BUILDING UPDATE INFORMATION			
Has the electrical wiring in confinement houses been updated?	Yes	No	
If Yes, provide the year of last electrical update:			
Do all electrical outlets have covers?	Yes	No	
Does the roof on any poultry confinement house show signs of rust, bowing, sagging or collapse?	Yes	No	
Describe any other updates to the confinement houses:			
PREMISES INFORMATION			
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) 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 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 the 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.

FRAUD WARNING

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

DECLARATION

I certify that the statements made herein are true and accurate to the best of my knowledge. I agree that any intentional concealment, false statements, omission or misrepresentation of any material fact may lead to cancellation of my policy or denial of a claim.

Applicant's Signature:

Date:

Producer's Signature:

Date:

Email Application To: quotes@tpi-insurance.com

DIAGRAM

Draw diagram of the Farm and Identify Buildings proposed for coverage.

