



# TPI POULTRY CONVERSION APPLICATION

For Conifer to Fortegra Conversion Use Only

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

Today's Date: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

The above policy expires on: \_\_\_\_\_

Risk Location Address: \_\_\_\_\_

Business Form:                      Individual    Joint Venture    Partnership    Organization (other than Partnership or Joint Venture)

**The questions and information in this application pertain to the risk location address shown above.  
Complete a separate application for each risk location.**

| Farm Underwriting Information  |  |
|--|--|
| Are confinement houses operational and is there an active integrator contract in place?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any building covered by this policy used in whole or in part for hay storage?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the insured currently involved in bankruptcy proceedings or subject to foreclosure?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do buildings have any existing or unrepaired damage?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any 'Agritainment' held or allowed on the farm premises?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a swimming pool on the premises?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any farming operations on the premises other than poultry?<br>If Yes, please explain:            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any commercial business conducted on the premises other than farming?<br>If Yes, please explain: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any liability claims or losses in the past five year?<br>If Yes, please explain:                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any current or pending liability claims, losses or litigation?<br>If Yes, please explain:        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**\*\*\*LIABILITY INFORMATION SECTION IS MANDATORY \*\*\***

| Liability Information   |  |
|---|--|
| Select the desired limits:  | <input type="checkbox"/> \$500,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$2,000,000                      |
| Indicate number of acres for this risk location:                      | _____  |
| Number of Dwellings on the premises:                                  | _____  |
| Indicate Type of Dwellings:   | <input type="checkbox"/> Owner <input type="checkbox"/> Tenant   |
| If Tenant occupied indicate number of families:                       | <input type="checkbox"/> Single Family <input type="checkbox"/> 2 Family <input type="checkbox"/> More than 2 Family |
| (if tenant) Are smoke detectors operational and regularly maintained? | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

### Coverage Amendment Request

Answer the questions below. If adding coverage (additional buildings or equipment) complete the attached 'Property Coverage Details' page. For all other change requests, use the 'Other Change Request' section below.

- |   |  |
|---|--|
| Any changes to building limits?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Add additional buildings?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Changes to business income limits? (if applicable)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Add business income coverage ?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Projected annual receipts from poultry operations:  | _____  |
| Any changes to scheduled equipment? (if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Add equipment to schedule?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Other Change Requests

**IF ADDING COVERAGE (ADDITIONAL BUILDINGS OR EQUIPMENT),  
COMPLETE THE ATTACHED 'PROPERTY COVERAGE DETAILS' PAGE.**

**\*\* Please note: All change requests or amendments made on this application are subject to underwriting approval. \*\***

-----  
I have confirmed the above information with the named insured and certify the information is true and accurate to the best of my knowledge. I acknowledge that any misrepresentation of material facts may lead to cancellation of coverage or denial of a claim.

Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Insured's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SUBMIT ALL APPLICATIONS TO:**

[quotes@tpi-insurance.com](mailto:quotes@tpi-insurance.com)

**This application is for Conifer Conversion Use Only**

