



<b>Agency:</b>	
<b>Insured:</b>	
<b>Date:</b>	
<b>Policy Number:</b>	

**General Information**

1. **Description of Operations (Feeder Pigs, Farrow to Finish, Finish Only, etc)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. **Other Farming Operations** \_\_\_\_\_  
 \_\_\_\_\_
3. **Years of Hog Confinement Management Experience** \_\_\_\_\_
4. **Describe Present Safety Program** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. **Is there a person on the premises at all times?**     **Yes**     **No**    **If No, describe controls in place to mitigate a loss** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. **Describe any losses occurring in the past five years** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. **How does management handle losses? (i.e. – loss review, implementation of new loss prevention activities, etc.)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Attachments:**

- Photographs of each building**
- Diagram of each location, including distances between each building**
- Building Valuation for each building**

**Signatures:**

**Producer:** \_\_\_\_\_      **Applicant:** \_\_\_\_\_

# Pork Producers Confinement Operation Questionnaire

## Property Information

(Complete this section for each confinement building used by the insured)

1. Who designed and built the facility? \_\_\_\_\_
2. A. Age of the Building \_\_\_\_\_  
B. Age of Roof \_\_\_\_\_  
C. Age of Electrical, HVAC & Plumbing \_\_\_\_\_
3. Is a written housekeeping program in place for this building?  Yes  No
4. Is there a scheduled maintenance plan in place for this building?  Yes  No
5. What type of fire protection is available? \_\_\_\_\_  
\_\_\_\_\_
6. Lightning protection?  Yes  No
7. Smoking restricted in and around the building?  Yes  No
8. Wiring in conduit?  Yes  No
9. Roofing material? \_\_\_\_\_ If Metal, what gauge? \_\_\_\_\_  
Wind uplift rating? \_\_\_\_\_
10. Security system? (Alarms and how they operate  
A. Alarms?  Yes  No If Yes, how do they operate? \_\_\_\_\_  
\_\_\_\_\_
- B. Does the manager reside on the premises?  Yes  No
- C. Is the property fenced?  Yes  No
11. Is this building connected to any other buildings?  Yes  No If Yes, are there fire doors?  Yes  No, and are they kept closed at all times?  Yes  No
12. Does this building have an automatic drop curtain system in the event of an interruption of power?  Yes  No
13. Is there auxiliary power generating equipment sufficient to operate the equipment that controls the movement of air, temperature, and atmosphere within the building?  
 Yes  No If Yes, describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Is the auxiliary power in good working condition?  Yes  No
15. Is there an alarm system that signals interruption of power to the building?  Yes  No  
If Yes, does that alarm system have a rollover telephone number feature in the event the primary contact does not respond?  Yes  No If Yes, how many numbers is the system programmed to rollover to? \_\_\_\_\_
16. Does the auxiliary power generating equipment function automatically upon the interruption of power supplied by the normal source of power?  Yes  No
17. Is the auxiliary power generating equipment tested at least once per month and is a log kept of the date tested and the person who tested it?  Yes  No

# Pork Producers Confinement Operation Questionnaire

## Property Information (continued)

### 18. Livestock breakdown:

	Number	Total Estimated Value
Boars		
Sows/Gilts		
Shoats/Market Hogs		
Pigs		

19. Coverage desired on Livestock -
- Broad
  - Named
- Basic C.O.L.
- C.O.L.
- Perils including Smothering, Asphyxiation, or Suffocation
- No Coverage

**Note:** The Protective Safeguards Endorsement is mandatory when we use the coverage form providing named perils including smothering, asphyxiation, or suffocation.

# Pork Producers Confinement Operation Questionnaire

## Liability Information

1. Who has access to the facility besides the insured and their employees? \_\_\_\_\_  
\_\_\_\_\_
2. What are the adjacent structures, if any, and distance of separation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. How is the animal waste managed (manure pits vs. septic lagoons)? \_\_\_\_\_
4. Does the insured contract with a waste removal contractor or do they recycle the waste on the farm premises? \_\_\_\_\_
5. Does the insured involve an environmental consultant to monitor the lagoon and/or soil quality and condition?  Yes  No If Yes, describe the frequency and the extent of the involvement. \_\_\_\_\_  
\_\_\_\_\_
6. Describe any business operations other than the confinement operations. \_\_\_\_\_  
\_\_\_\_\_
7. Does the insured use subcontractors?  Yes  No If Yes, are Certificates of Insurance obtained from the subcontractors?  Yes  No What Limits of Liability are require, by the insured, from the subcontractors? \_\_\_\_\_