

# POULTRY SUPPLEMENTAL APPLICATION

**Note:** All no answers or undesirable features should be referenced by question number and explained in the comments section at the end of this application.

Applicant Name: \_\_\_\_\_ Contact Name/Number: \_\_\_\_\_

1. Current/ Prior Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_
2. Losses in past 5 years? \_\_\_ Yes \_\_\_ No
3. If yes, please describe in full detail: \_\_\_\_\_  
\*\*\* (Three(3) year hard copy loss runs are required to bind coverage) \*\*\*
4. How long has the applicant farmed? \_\_\_\_\_
5. Does owner or farm manager live on site? \_\_\_ Yes \_\_\_ No
6. How many years has the applicant owned a poultry farm? \_\_\_\_\_
7. Name of the Poultry Integrator/Company that the applicant is contracted with? \_\_\_\_\_
8. Has applicant contracted with any other Poultry Integrator/Company? \_\_\_ Yes \_\_\_ No a. If yes, how long?  
\_\_\_\_\_  
b. Why did they change? \_\_\_\_\_  
c. Does the insured contemplate any change in their Poultry Integrator/Company in the next 12 months?  
\_\_\_\_\_
9. Building(s) are \_\_\_ Occupied or \_\_\_ Vacant?  
If there are any vacant buildings are we being requested to insure them? \_\_\_ Yes \_\_\_ No
10. What is the type of confinement operation? \_\_\_ Commercial Eggs \_\_\_ Pullets \_\_\_ Breeder Hen \_\_\_ Broiler
11. Financial evaluation
  - a. How many years has the applicant been with the integrator? \_\_\_\_\_
  - b. What is the applicant's standing with the Poultry Integrator/Company? \_\_\_\_\_  
\_\_\_ Top 10% \_\_\_ 11%-33% \_\_\_ Below 33% \_\_\_ New Grower/Integrator Relationship
  - c. Have the houses been without an integrator contract within the last 5 years? \_\_\_ Yes \_\_\_ No
  - d. Type of contract with the poultry company (integrator)? \_\_\_ Flock-to-Flock \_\_\_ Multi-Year  
End date \_\_\_\_\_
  - e. How does the applicant typically settle when birds are processed?  
\_\_\_ Above Average \_\_\_ Average \_\_\_ Below Average
  - f. How many flocks does the applicant raise per year? \_\_\_\_\_
  - g. Have you been on any type of grower improvement program in the past 3 years? \_\_\_ Yes \_\_\_ No  
If yes, please explain. \_\_\_\_\_

12. Have Safety programs been formalized for:

- a. Fire Control (fire extinguishers/ other systems)?  Yes  No
- b. Saw dust/shavings or hay storage (moisture control)?  Yes  No  N/A
- c. Is there a Biosecurity plan (Controls in place to prevent disease and limit unnecessary exposures by visitors)?  Yes  No  
 A written plan  Verbal controls in place  Biosecurity plan loosely followed
- d. Is there 24 hour on-site security (someone lives on premise full-time)?  Yes  No
- e. How do you dispose of your birds? \_\_\_\_\_
  - i. If composting is there a spontaneous combustion prevention program in place?  Yes  No
- f. Do you use an ammonia product between flocks?  Yes  No
  - i. If yes, is there environmental safety (ammonia control)?  Yes  No

13. Generator

- a. Do the confinement houses have an emergency backup generator with automatic transfer switch?  
 Yes  No
- b. Is the generator tested "under load" weekly?  Yes  No
- c. Is a log kept? (must be provided upon loss)  Yes  No
- d. Is the generator weather protected and ventilated?  Yes  No
- e. Is the generator in a separate unconnected building?  Yes  No

14. Housekeeping and Maintenance

- a. Are confinement buildings cleaned out at least 1 time per year?  Yes  No
- b. Is housekeeping around all confinement buildings, sheds, barns, etc. free of excess debris and clutter?  
 Yes  No
- c. Are Measures taken to control dust and cobwebs evident?  Yes  No
- d. Is the grass mowed and kept around all confinement buildings, sheds, barns, etc.?  Yes  No
- e. Are the control rooms clean and free of clutter (especially paper)? Any Flammables?  Yes  No
- f. Is there a rodent control program?  Yes  No
- g. Is there any evidence of rodents or rodent damage?  Yes  No
- h. Is the interior of confinement buildings free of non-essential items, clutter?  Yes  No
- i. How many portable fire extinguishers are in each poultry building?  
 (0) Zero  (1) One  (2) Two or more
- j. Is there a scheduled maintenance program?  Yes  No
- k. Is there a preventative maintenance program?  Yes  No
- l. Is smoking allowed on premise?  Yes  No  
If yes:  
 Are there designated smoking areas outside only with proper receptacles?  
 Are there designated smoking areas without proper receptacles?  
 No smoking rules in place

15. Construction

Building	1	2	3	4	5	6	7	8
Location								
Building name/reference								
Vacant (Y/N - if Y, since what date)								
Year Built								
Length								
Width								
Trusses/Legs (wood/metal)								
Roof Attachment (screws/nails)								
Distance between trusses (inches)								
Foundation * construction								
Hurricane straps (Y/N)								
Metal knee braces (Y/N)								
Wooden Knee Braces (Y/N)								
Are knee braces properly installed? (Y/N)								
Year Electric upgrades								
Year Mechanical upgrades								
Perils								
Limit of Insurance								
Valuation (ACV/RC)								
Deductible								
Earthquake								

Mine Subsidence (Y/N)								
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\* Foundation Construction: TL= Treated Lumber C=Concrete CB= Combination

16. Structural Evaluation

- a. Confinement houses built by?  Applicant  Purchased from others
- b. Were the confinement buildings designed by a professional engineer?  Yes  No
- c. Were the trusses designed and stamped by a professional engineer?  Yes  No
- d. Do trusses show any structural defects (bowed, missing plates, large cracks, etc.)  Yes  No  
If yes, please explain in full detail: \_\_\_\_\_
- e. Were the buildings engineered for the appropriate wind zone, according to the International Building Code wind speed map?  Yes  No
- f. What type of foundation/ wall construction does the building have?

Chain Wall  Curb Wall WITH Solid End Doors  Curb Wall WITHOUT Solid End Doors   
 Post in Ground WITH Concrete Footer  Post in Ground WITHOUT Concrete Footer

Chain - combination of treated wood and reinforced concrete  
 Curb - reinforced concrete only  
 Post - treated wood only

- g. Do all confinement buildings have knee braces connecting each truss to each sidewall post?  
 Yes  No  
 If Yes, what kind of knee braces exist?  
 Metal  Wood
- h. Is the insulation covered with fire retardant material?  Yes  No
- i. What is the distance between buildings? \_\_\_\_\_ (diagram available?)
- j. Are any of the confinement buildings connected by a common room or other structure?  
 Yes  No  
 If yes, is there a firewall or minimum 2 hour Fire Barrier with a self-closing 1 ½ hour fire door at all openings where the buildings connect?  Yes  No
- k. Were the buildings built for use as a confinement operation?  Yes  No
- l. Were the buildings built by a licensed contractor?  Yes  No

17. Electrical

- a. What is the location of the control room for each confinement building?  
 End  Middle  No Control Room  
 Are the Breaker Boxes and Controllers located inside the grow out portion of the poultry house?  
 Yes  No
- b. Is an electrical inspection done annually by a licensed electrician?  Yes  No
- c. Are all electrical panels properly grounded?  Yes  No
- d. Is the controller capable of remote contact with the applicant in case of emergency?  Yes  No
- e. Are the confinement buildings operated by a controller (computer)?  Yes  No

- f. Are there back up thermostats? \_\_\_ Yes \_\_\_ No
  - g. Are controllers surge protected? \_\_\_ Yes \_\_\_ No
  - h. Are electrical cords securely fastened away from fans? \_\_\_ Yes \_\_\_ No
  - i. Are there adequate outlets to avoid multiple plugs and extension cords? \_\_\_ Yes \_\_\_ No
  - j. Are circuit boxes fittings and electrical outlets properly maintained and covered? \_\_\_ Yes \_\_\_ No
- \*\*Fuse boxes are ineligible for coverage\*\*

18. Heaters

- a. Is there an incinerator on the premises? \_\_\_ Yes \_\_\_ No  
If there is an incinerator in use, is it located at least 100 feet from the nearest building and does the incinerator have a screen on top of it? \_\_\_ Yes \_\_\_ No
- b. Are heaters inspected regularly and serviced/replaced? \_\_\_ Yes \_\_\_ No
- c. What type of fuel is used in the confinement buildings? \_\_\_ LP \_\_\_ NG \_\_\_ Wood \_\_\_ Biofuel
- d. What type of heaters?  
\_\_\_ Radiant Brooders \_\_\_ Radiant Heaters \_\_\_ Gas Fired Furnace \_\_\_ Other: \_\_\_\_\_
- e. Are there any open flames? \_\_\_ Yes \_\_\_ No
- f. Do heaters have heat shields? \_\_\_ Yes \_\_\_ No
- g. Are heaters at least 12" from the ceiling? \_\_\_ Yes \_\_\_ No
- h. Are all flexible hoses used for gas supply lines to the heaters approved for use with LP and Natural Gas?  
\_\_\_ Yes \_\_\_ No
- i. Are gas tanks located in a safe location? \_\_\_ Yes \_\_\_ No

**\*PLEASE BE ADVISED THAT AN INSPECTION WILL BE DONE ON ALL PREMISES WITH POULTRY HOUSES\***

*The undersigned is an authorized representative of the applicant and warrants and represents that commercially reasonable efforts have been made to obtain true and correct answers to the questions in this document. The undersigned further warrants and represents that the answers to the questions in this document are true, correct, and complete based on such efforts. The undersigned understands and agrees that he/she will be held responsible for any knowing misstatement or misrepresentation in the answers contained in this document.*

\_\_\_\_\_  
**Policyholder or Representative      Date**

\_\_\_\_\_  
**Insurance Agent Representative      Date**

**Comments:** (explanation of all no answers or undesirable features referenced by question number)

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