



Agency:	
Insured:	
Date:	
Policy Number:	

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

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? _____

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