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POULTRY MORTALITY APPLICATION

If additional space is needed for any of the below questions please attach and submit with application additional sheets of paper.

A. General Information

Proposed Effective Date: _____

1. Applicant's Name: _____
 2. Applicant's Mailing Address: _____
 City: _____ State: _____ Zip: _____
 E-Mail: _____ County: _____
 Business Telephone Number: () _____ Fax: () _____
 3. Physical Address (if different): _____
 4. Population within 50 miles: _____
 5. Other Locations Used:
 Physical Address: _____
 City: _____ State: _____ Zip: _____
 Physical Address: _____
 City: _____ State: _____ Zip: _____
 6. Contact Person: _____
 7. Applicant is: Individual Corporation Partnership Joint Venture
 8. If not sole owner, list others, percentage of ownership, and whether their part is to be insured (attach additional sheets if necessary):

| | | |
|--|---|--|
| | % | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | % | <input type="checkbox"/> Yes <input type="checkbox"/> No |
 9. Producer No.: _____ Producer's Name: _____
 10. Producer's E-mail: _____
- Detailed description of business activities (specifically, and by location): _____

B. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

| | Coverage: | Coverage: | Coverage: |
|-----------------|-----------|-----------|-----------|
| Company Name | | | |
| Expiration Date | | | |
| Annual Premium | \$ | \$ | \$ |

Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

C. Underwriting Information

Business Activities

1. ANIMALS

- a. Poultry type:
 Chicken Turkeys Ducks

BREED: _____

- Broilers Layers
 Growers Breeder Layers Breeder Replacements

b. Production Type: Caged Barn Free Range Organic

c. Mortgagee/loss payee: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Business Number: _____ Fax: _____

d. Are there any leases or mortgages on any of the animals? Yes No

If yes, provide details. _____

e. Are animal(s) healthy? Yes No

Give full information regarding defects or ailments, illness or disease, during the last twelve (12) months:

f. Has there ever been or is there currently a contagious or infectious disease on the premises?

Yes No

If yes, please provide details: _____

g. Has there ever been or is there currently, to your knowledge, an infectious disease in the neighborhood?

Yes No

If yes, please explain: _____

h. How long have the animals been in your possession or care: _____

i. Have any of the animals recently (within the last 6 months) been imported into the country?

Yes No

If yes, when and from where: _____

j. How many animals of like category have you lost during the last two years, irrespective of class, type or breed: _____

k. State cause and date of death in each case (attach additional sheet(s) if necessary): _____

l. Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance? Yes No

If yes, please explain: _____

D. BUILDING INFORMATION

Please complete the questionnaire leaving blank any questions that are not-applicable

1. Are the buildings specifically designed for the type of poultry housed? Yes No

If no, explain: _____

Type:

AB – Automated Breeder/Layer

B- Broiler

BC – Broiler With Cool Cells

B&G – Breeding & Gestation

E – Equipment Shed

F – Farrowing

FIN – Finishing

L – Litter Barn

MB – Manual Breeder/ Layer

N – Nursery

P – Pullet House

S – Stack House

TKB – Turkey Brooder

TKGO – Turkey Grow Out

C – Compost

O – Other (Describe): _____

| Property Description: | Bldg 1 | Bldg 2 | Bldg 3 | Bldg 4 |
|-----------------------|--------|--------|--------|--------|
| Building Type | | | | |
| Root Truss Type | | | | |
| Year Built | | | | |
| Bldg. Length & Width | | | | |

| | | | | |
|---------------------------|--|--|--|--|
| Bldg. Condition | | | | |
| # of ft. between trusses | | | | |
| Distance Between Bldg.'s | | | | |
| Value per bldg.: | | | | |
| Nearest hydrant(distance) | | | | |

Note for Truss Type use: F = Frame; M = Metal

2. Is the poultry site and buildings separate from other enterprises on farm? Yes No
If no, please explain: _____
3. Neighborhood description:
a. Type: Residential Commercial Rural
b. Status: Improving Stable
c. Protection Class: _____
4. Building improvements?
a. Wiring? Yes No Year: _____
b. Plumbing? Yes No Year: _____
c. Roofing? Yes No Year: _____
d. Heating? Yes No Year: _____
e. Other: Yes No Year: _____
5. Are final exit doors fitted with minimum standard dead lock or minimum standard of 3 lever mortise? Yes No
Explain: _____
6. Are all houses plated with floor space, drinker, feeder, feed bin capacity and nest box information? Yes No
Explain: _____
7. Do all buildings provide a safe, hygienic and comfortable environment for birds? Yes No
Explain: _____
8. Are all floors made of concrete / asphalt and above the outside ground level? Yes No
Explain: _____
9. Are all surfaces within the house in good condition, waterproof, draught-proof, vermin-proof and cleanable? Yes No
Explain: _____
10. Are all houses insulated? Yes No
Explain: _____
11. Are all houses constructed and maintained to prevent any likely cause of injury or distress to birds? Yes No
Explain: _____

COMPOSITE PANELS

1. Where composite panels are used, are they metal facing with top and bottom edges closed off with steel capping? Yes No
Explain: _____
2. Please indicate core type of composite panels used on the schedule below.
3. Where composite panels are used, are any electrical devices mounted in such a way as to penetrate the skin of panel? Yes No
Explain: _____

If yes, are services protected (e.g. in fire resistant conduit) to prevent heat build-up in the panel core?

Yes No

Explain: _____

4. Are annual thermal imaging audits completed to detect potential hot spots and immediate remedial action taken? Yes No

Explain: _____

5. Are all electrical panels, switchboards and gas fired or electrically operated heaters positioned at least 100 mm from composite panels to maintain an air gap, OR positioned with a sheet of fire resistant material between the equipment and the wall? Yes No

Explain: _____

6. Is all Hot Work (e.g. any work with oxy acetylene cutters, butane torches, thermal lance or angle grinders or any other heat/spark producing equipment) completed away from all poultry sheds/buildings and monitored by a formal Hot Work permit system? Yes No

Explain: _____

7. Does the Hot work permit system include a follow up check within 60 minutes of Hot Work completion to check for latent heat buildup which could affect the panel core? Yes No

Explain: _____

EMERGENCY EQUIPMENT

Emergency Equipment (Include type, make and age of system and sum insured: _____)

1. Are all automatic environment control systems monitored by an audible / visual alarm covering mains failure (all phases)? Yes No

Explain: _____

FIRE PROTECTION

2. Have all houses firefighting equipment fitted? Yes No

Explain: _____

3. Are fire extinguishers permanently mounted at least every 75 feet in each building? Yes No

Explain: _____

4. Are fire extinguishers mounted by all electrical panels, near feed mixing rooms, and close to every door which separates one area of the building from another? Yes No

Explain: _____

5. Are service areas entirely lined with non-combustible materials? Yes No

Explain: _____

6. Is any other fire-fighting or fire suppression equipment (other than fire extinguishers) available on site? Yes No

Explain: _____

7. Is vegetation kept short around the poultry houses and cut at least quarterly? Yes No

Explain: _____

8. Please indicate the type of water supply available for firefighting and indicate the number of gallons available?

Well Dugout/Lake/River Hydrant Tank: Explain: _____

9. Are heaters suspended on metal safety chain? Yes No

Explain: _____

Are fail safe devices fitted to each heater? Yes No

10. Are fire walls in place in all building? Yes No

Explain: _____

11. Are fire stops in the attic in all buildings? Yes No
 Explain: _____
12. Are areas around buildings kept clear of non - essential equipment? Yes No
13. Are fuel storage tanks banded? Yes No
 Explain: _____
 are fuel storage tanks more than 25ft from the houses? Yes No
 explain: _____
14. Please indicate the distance from the nearest fire station and the expected response time:
 Miles: _____ Minutes: _____
15. Is the incinerator area more than 75 feet from the poultry houses? Yes No
16. Are smoking controls in place on site? Yes No
 Explain: _____

ALARM SYSTEM

1. Alarm System (Include type, make and age of system/ equipment and what the alarm covers and sum insured): _____

2. Are all fire extinguishers, alarm systems, and other automated / mechanical equipment installed by competent persons? Yes No
 Explain: _____
3. Can the audible / visual alarm be heard / seen outside the building? Yes No
 Explain: _____
4. Has it a secondary form of communication directly to a stockperson via pager / telephone? Yes No
 Explain: _____
5. Is there a service contract on the alarm system? Yes No
 Explain: _____
6. Are all fire extinguishers, alarm systems, and other automated / mechanical equipment maintained by competent persons? Yes No
 Explain: _____
7. Is all automatic equipment inspected daily and defects rectified immediately? Yes No
 Explain: _____
8. Is there a stand-by generator on site? Yes No
 Explain: _____
- Is it 'automatic' cut-in and cut-out? Yes No
 Explain: _____
- Is it tested weekly under full load and records kept Yes No
 Explain: _____
9. Are the electrics checked by a qualified electrician, at least quarterly? Yes No
 Explain: _____
- Are electrical switchgear/controls housed in a service area? Yes No
 Explain: _____

Please list any Emergency procedures and water sources available for firefighting if different or in addition to any of the above: Explain: _____

LIGHTING / TEMPERATURE, VENTILATION AND AIR QUALITY

1. Are lighting levels sufficient at all times during the lighting period to allow birds to see feed and water, to see each other, and to be able to show normal behavior? Yes No
Explain: _____

2. Is there a lighting program that is suitable for the poultry type kept, produced and implemented? Yes No
Explain: _____

3. Are all lighting patterns recorded? Yes No
Explain: _____

Heating System (Include type, make and age of system and sum insured: _____)

4. Do all houses have a controlled environment? Yes No
Explain: _____

5. Does the ventilation system retain air quality to state and federal regulations? Yes No
Explain: _____

6. Is a documented ventilation plan covering air quality, flow speed and temperature implemented? Yes No
Explain: _____

7. Are ventilation rates variable to allow for environmental changes? Yes No
Explain: _____

8. Are heaters and additional circulation fans available in times of low or high temperatures to ensure that ventilation is not compromised? Yes No
Explain: _____

9. Is equipment available to measure air quality (e.g.- ammonia / carbon dioxide) Yes No
Explain: _____

10. Are the maximum and minimum temperatures of each house measured and recorded daily? Yes No
Explain: _____

11. Is the heating system capable of producing heat sufficient to stop chicks huddling? Yes No
Explain: _____

12. Is there procedures in place that will keep bird environmental temperatures constant as possible? Yes No

13. Explain: _____

STOCKING/STOCKING DENSITY& LITTER/FLOOR QUALITY

1. Do all birds, on arrival, get placed into a pre-heated house and their behavior monitored? Yes No
Explain: _____

2. Do all birds have sufficient space to walk, turn, sit, preen, flap wings and practice normal behavior? Yes No
Explain: _____

3. BROILERS: Do stocking densities ever exceed 84lbs (Int. Broiler Growers) of available floor space? Yes No
Explain: _____

4. BROILERS: What is the maximum stocking density over the last 3 crops lbs of available floor space? Yes No
Explain: _____

5. LAYERS: What is the maximum stocking density over the last 3 cycles in birds/square feet of available floor space? Yes No
Explain: _____

Litter/Floor Quality

6. Are all flocks provided with clean, fresh litter in excess of 3/4 in? (caged birds N/A) Yes No
Explain: _____

7. Is litter managed and recorded and action taken if it becomes capped? Yes No
Explain: _____

8. Is litter storage dry, vermin-proof and hygienic? Yes No
Explain: _____

9. Is old litter removed from site promptly after depopulation, transported and disposed of properly? Yes No
Explain: _____

10. Are records kept of litter quality and disposal? Yes No
Explain: _____

FEED and WATER

Feeding System: Yes No
Please provide number of feeding systems: _____
For each feeder provide - (type, make and age of system/equipment and number of feeders/sum insured):

Drinking System: Yes No
Please provide number of drinking systems: _____
For each drinking system provide- (type, make and age of system/equipment and number of feeders/sum insured):

1. Do all birds have access to adequate feed and water up to 1 hr prior to depopulation? Yes No
Explain: _____

2. Is there sufficient storage of water to supply birds for at least 12-24 hours in an emergency? Yes No
Explain: _____

3. _____
4. Can all birds reach water without travelling more than 10 feet and feed within 12 feet? Yes No
Explain: _____

5. How often are drinker and feeder heights checked? _____
6. Do all houses have water meters connected and consumptions recorded daily? Yes No
Explain: _____

7. Are all header tanks covered and hygienically managed? Yes No
Explain: _____

8. Is borehole water tested for TVC and coliforms every 6 months and recorded? Yes No
Explain: _____

9. Is there an even distribution of drinkers and feeders, free from contamination within each house? Yes No
 Explain: _____
10. Are feed delivery systems checked daily for areas capable of injuring birds and performance? Yes No
 Explain: _____
11. Are all feed bins numbered and identifiable? Yes No
 Explain: _____
12. Is all feed transported and stored to prevent access by rodents and wild birds and to avoid contamination or spoilage? Yes No
 Explain: _____
13. Is all feed which is medicated or has a withdrawal period stored separately and identifiable? Yes No
 Explain: _____
14. Are feed spills cleaned up without delay to prevent the congregation of wild birds? Yes No
 Explain: _____
15. Are records kept to cover type, levels and withdrawal dates of medicated feeds or coccidiostats? Yes No
 Explain: _____
16. Are Compound feeds sourced from a FeedSafe accredited compliant mill? Yes No
 Explain: _____
17. Are samples of feed kept for 3 months and delivery tickets kept for a year? Yes No
 Explain: _____

HEALTH and HYGIENE

1. Has the site the services of a poultry specific veterinary? Yes No
 If yes, **Veterinary Care**
 Name of your veterinary surgeon: _____
 Address: _____
 Telephone: () _____ Fax (if any): () _____
 City: _____ State: _____ Zip: _____
 E-Mail: _____
 How many miles away is she/he: _____ miles
2. Does the site have a written veterinary health plan tailored to the needs of the unit? Yes No
 Explain: _____
3. Are sick, injured or dead birds removed daily and if required humanely destroyed? Yes No
 Explain: _____
4. Are birds culled by a trained stockperson by neck dislocation? Yes No
 Explain: _____
5. Are mortality and culls recorded on a daily basis? Yes No
 Explain: _____
6. Are dead birds stored in sealed, vermin-proof containers? Yes No
 Explain: _____
7. Are the use of medicines (prophylactic, therapeutic, in-feed, in-water) and vaccines recorded? Yes No
 Explain: _____

8. Are all medicines and vaccines stored in a secure (locked) store and in accordance with any recommendations on the label? Yes No
 Explain: _____
9. Please list (name and title) of all individuals who have access to medicinal products? _____

10. Are vaccination programs tailored to the needs of the farm and developed in consultation with a responsible veterinary? Yes No Explain: _____
11. Are medicines and vaccines used in strict accordance with written instruction that must be provided by the responsible veterinary? Yes No Explain: _____

CLEANING

12. Is there an implemented detailed written program for the cleaning and disinfecting of buildings and equipment specific to the site in operation? Yes No Explain: _____
13. Is there an implemented detailed written program for the cleaning and disinfecting of buildings and equipment specific to the site in operation? Yes No Explain: _____
14. FREE RANGE PRODUCTION: are ramps to the outside area and the area around the hatch openings cleaned after each batch? Yes No
 Explain: _____
15. Are all buildings and equipment thoroughly cleaned and disinfected (and fumigated if necessary) after use e.g. between flocks? Yes No
 Explain: _____
16. Are cleaning procedures recorded and dated and a copy kept on site? Yes No
 Explain: _____
17. Is potable quality water used for all wet cleaning procedures and pressure washers used to clean and sanitize buildings and equipment? Yes No
 Explain: _____
18. Are storage tanks and drinker lines physically cleaned and sanitized with food grade sanitizer where water is for consumption by animals or man? Yes No
 Explain: _____

CHEMICALS/SALMONELLA TESTING

1. Are all cleaning chemicals and sanitizers licensed and approved for the intended use by the appropriate state or federal regulatory body? Yes No
 Explain: _____
2. Are all chemicals used on sites clearly labeled and stored in a lockable building with data sheets? Yes No
 Explain: _____
3. Is a record kept of all chemicals stored and/or used on site? Yes No
 Explain: _____
4. Are state and federal regulations followed? Yes No
 Explain: _____

Salmonella Testing

- 5. Please list your policy and procedures for sampling, testing, and monitoring for Salmonella in both the flocks and the feed at the mill: _____

- 6. Are records kept of the salmonella/pathogen test? Yes No
Explain: _____
- 7. Are tests carried out in a Government-authorized accredited laboratory? Yes No
Explain: _____
- 8. Is there written procedures for cleaning and disinfecting to eliminate a pathogen implemented: _____

DEPOPULATION/ WASTE/DISPOSAL

- 1. Are vehicles and crates cleaned and disinfected and in good condition prior to bird transport? Yes No
Explain: _____
- 2. Is there a level, well drained loading area for the loading / unloading of birds? Yes No
Explain: _____
- 3. Are catchers provided with protective clothing? Yes No
- 4. Explain: _____
- 5. After depopulation is each house thoroughly cleaned and disinfected before another flock is placed? Yes No
Explain: _____
- 6. Is feed supplied up to 12 hours prior to depopulation? Yes No
Explain: _____
- 7. Is all packaging and waste stored in sealed containers and removed from the site regularly? Yes No
Explain: _____
- 8. Are carcasses disposed of by incineration? Yes No
Explain: _____
- 9. Do carcasses, not disposed of on site, get stored sealed, vermin-proof containers and removed weekly in winter, twice weekly in summer unless frozen? Yes No
Explain: _____
- 10. If frozen, does the freezer have sufficient capacity to adequately handle carcasses between collections and must be cleaned and sanitized between batches? Yes No
Explain: _____
- 11. Is the dead bird collection area as far as practical away from the poultry sheds so that the collection vehicle does not enter the site? Yes No
Explain: _____
- 12. Are all containers used for collecting dead birds washed and disinfected before returning them to the production area? Yes No
Explain: _____
- 13. Where composting is used are composting areas away from sheds and boundary fences? Yes No
Explain: _____
- 14. Are rodents, cats, dogs, feral animals, scavenging birds and flies kept away from composting carcasses?

Yes No

Explain: _____

15. Is cleaning and disinfection of collection equipment for composting such as bins, buckets and wheelbarrows done before returning them to the production areas and when moving between sheds? Yes No

Explain: _____

16. Are adequate instructions/ guidelines for safe composting available to all staff carrying out composting duties? Yes No

Explain: _____

MANAGERS and STOCKMEN

Are managers and stockmen competent / trained in the following before being given responsibility for the care of birds? :

1. Emergency procedures and water sources available for firefighting? Yes No

Explain: _____

2. Normal and abnormal behavior of birds, and fear reactions? Yes No

Explain: _____

3. Signs of good health and signs of poor health and disease? Yes No

Explain: _____

4. Correct handling of birds in a positive and compassionate manner? Yes No

Explain: _____

5. Humane slaughter methods? Yes No

Explain: _____

6. Litter management, signs of poor litter and remedial action? Yes No

Explain: _____

7. Equipment operation, maintenance, recognition of failures and action to be carried out to rectify? Yes No

Explain: _____

8. Bristol Gait Scoring? Yes No

Explain: _____

9. General hygiene, basic Health and Safety requirements including? Yes No

Explain: _____

10. Recognition of the signs of thermal stress in birds and the procedures to be followed if a problem? Yes No

Explain: _____

11. Where necessary, is training provided in the administration of medicinal products? Yes No

Explain: _____

12. A working knowledge of the production manual procedures relating to their area? Yes No

Explain: _____

13. Are untrained staff used without the direct supervision of trained personnel? Yes No

Explain: _____

Explain: _____

MANGERS RESPONSIBILITIES

- 1. Is there a maximum number of birds per trained stockmen within the following criteria? :
 - a. A maximum 100,000 commercial growers per trained stockman (where fully automated systems are in use and there is full back up if problems occur). Yes No
 - b. A maximum 40,000 breeder rearers per trained stockman. Yes No
 - c. A maximum 30,000 breeder layers per trained stockman. Yes No
 - d. Other: _____
- 2. Do managers / staff have access to rules and regulations or operating procedure manual relevant to the production and their area of work? Yes No
Explain: _____

 - a. USDA Model Code of Practice for the Welfare of Animals - Domestic Poultry.
Explain: _____
 - b. USDA Model Code of Practice for the Welfare of Animals - Land transport.
Explain: _____
 - c. USDA National Farm Biosecurity Manual (Poultry Production).
Explain: _____
 - d. USDA National Water Biosecurity Manual (Poultry Production).
Explain: _____
 - f. EGGS: Code of Practice Biosecurity in the Egg Industry.
Explain: _____
 - g. EGGS: Code of Practice for the Manufacture of Egg Products. Explain: _____
 - h. EGGS: Code of Practice for Shell egg production, grading, packing and distribution. Explain: _____
- 3. Do managers ensure staff responsible for birds have adequate training in specific areas of duty? Yes No
Explain: _____
- 4. Are managers aware of USDA and have commitment to the utilization of these principles within future procedural protocols? Yes No
Explain: _____

BIRD HANDLING AND INSPECTION & TRAINING

- 1. Are all birds checked at least twice / day and three times / day in periods under stress? Yes No
Explain: _____
 - 2. Are records of inspection kept, retained and inclusive of observations? Yes No
Explain: _____
 - 3. Do stockmen walk within 10ft of each bird and encourage them to move? Yes No
Explain: _____
 - 4. Where problems are identified, are they rectified, recorded with remedial action detailed? Yes No
Explain: _____
- Training
- 5. Is training given by a recognized trainer to National competency levels or formal in-house program?
Explain: _____

6. What type of training is provided for staff who will be working with the birds in any capacity? Please give details: (i.e. description of training, length)
Explain: _____
7. Is a record of training for all staff, detailing courses attended and training received retained? Yes No
Explain: _____
8. Is all training regularly reviewed and updated? Yes No
Explain: _____

PLANS AND SAFETY PROCEDURES

9. Are the following plans and policies available and implemented on site:
- a. A current Quality / Production Manual, specific to the business and containing all the procedures carried out within the business. Yes No Explain: _____
 - b. A Veterinary flock health plan updated annually and agreed with by the attending veterinary surgeon. Yes No Explain: _____
 - c. A Farm Waste Management plan, updated annually based on parameters stated in the EPA for Air, Soil and Water. Yes No Explain: _____
 - d. A EPA policy, updated annually and including all relevant chemical data sheets Yes No Explain: _____
 - e. A Chemical Spillage Plan based on parameters stated in the EPA for Air, Soil and Water including all relevant chemical data sheets. Yes No Explain: _____
 - e. A Pest Control Plan with evidence to show its effect. Yes No Explain: _____
 - f. An Occupational Health and Safety at Work policy, updated annually and drawn up in conjunction with the OSHA. Yes No Explain: _____
 - g. A Unit Site plan detailing house size, access points, location of fire extinguishers and first aid kits, water sources (firefighting) and pest control bait points. Yes No Explain: _____
 - h. An emergency action plan, sited in a prominent position near a telephone point, covering procedures to be followed in the case of emergencies such as fire, flood, power failure, equipment failure or the interruption of supplies. Yes No Explain: _____
 - i. A heat / cold stress policy with a ventilation plan. Yes No Explain: _____
10. Are managers aware of OSHA and have commitment to the utilization of these principles within future procedural protocols? Yes No Explain: _____
11. Are procedures for dealing with contingencies plans known by staff and relevant telephone numbers displayed at a suitable point. Yes No Explain: _____
12. Do all sites have telephone access and are all staff aware of the locations? Yes No
Explain: _____
13. Are all staff aware of the water sources available for the purposes of firefighting? Yes No
Explain: _____
14. Is an emergency water supply capable of providing water for 24 hours at full demand available? Yes No
Explain: _____

15. Does the nearest fire department have knowledge of location and access information for the unit? Yes No
Explain: _____

EGG HANDLING

Nest Boxes/Egg Collection (Include type, make and age of system/ equipment and stocking densities and sum insured): _____

- 1. Are all setting eggs clean and free from cracks and damage? Yes No Explain: _____
- 2. Are hatching eggs sanitized, not washed? Yes No Explain: _____
- 3. Are all eggs marked with a black mark and labeled so that the site and age of flock can be verified? Yes No Explain: _____
- 4. Are floor eggs to be set clearly identified, placed at the bottom of the trolley or on a separate trolley? Yes No Explain: _____
- 5. Is the temperature (and humidity) of the egg store recorded with a max/min thermometer or twice daily with a standard thermometer? Yes No Explain: _____
- 6. Is the storage room temperature always below 64°F? Yes No Explain: _____
- 7. Are eggs collected at the following minimum frequencies?
 - a. Rollaway systems - once per day Yes No
Explain: _____
 - b. Other systems - 3 times per day Yes No
Explain: _____
 - c. Floor eggs - 3 times day Yes No
Explain: _____
- 8. Do the egg collection records include the following details?
 - d. Quantities recovered Yes No
Explain: _____
 - e. Quantity of floor eggs Yes No
Explain: _____
 - f. Reject egg count Yes No
Explain: _____

GENERAL

- 1. Is the farm manned 24 hours daily? Yes No Explain: _____
- 2. Has this farm been in operation for more than 12 months under the current management? Yes No
Explain: _____
- 3. Has this farm been free from vandalism? Yes No Explain: _____
- 4. Has the farm been free from defects, ailments, injuries or diseases over the past 3 years? Yes No
Explain: _____
- 5. BROILERS: Has the average mortality rate over the past 3 years been below 5% for each crop? Yes No
Explain: _____
- 6. LAYERS: Has the average mortality rate over the past 3 years been below 8% for each crop? Yes No
Explain: _____
- 7. Product Buyer (Name of Company you supply): _____

Hazards Noted:

- g. Open foundation: Yes No
If yes, explain: _____
- h. Flooding or high water: Yes No
If yes, explain: _____
- i. Isolated Hidden
- j. Combustible brush Debris
- k. What type of drainage? _____

BIOSECURITY

Please provide explanations for all the below questions.

- 1. Do only essential visitors have access to the site? Yes No: Explain: _____

- 2. Are all visitors monitored from points of arrival to departure with full records of the visit kept? Yes No
Explain: _____

- 3. Does management refuse visitor entry if the health and welfare of the birds would be affected?
 Yes No Explain: _____

- 4. Is the poultry site fully enclosed and surrounded by a fence? Yes No Explain: _____

- 5. Are all individual buildings locked when there are no personnel on site? Yes No: Explain: _____

- 6. Are footbaths / barrier systems provided at the entrance to all buildings and the use of applied?
 Yes No Explain: _____

- 7. Are footbaths/ barrier systems inspected daily and replenished as required? Yes No:
Explain: _____

- 8. Are all disinfectants EPA approved, used to the correct dilutions, replaced and recorded? Yes No:
Explain: _____

- 9. Is a separate pair of boots available and used for each poultry enclosure? Yes No
Explain: _____

- 10. Are hand washing and toilet facilities available on site? Yes No: _____

- 11. Is hand washing enforced by management at entry / exit to poultry and after bird handling? Yes No
Explain: _____

- 12. Is site dedicated clothing supplied for all personnel and washed / discarded between flocks? Yes No
Explain: _____

- 13. Are other livestock excluded from the poultry houses or service buildings or effectively restricted so that their feces cannot come in contact with poultry either directly or indirectly, e.g. water draining into poultry areas/sheds. Yes No Explain: _____

- 14. Are the sheds bird proof? Yes No Explain: _____

- 15. Are any other pets, aviary birds or pigs held on the property? Yes No Explain: _____

- 16. Please indicate the source of water used on farm: Mains or town water Surface water (dam or reservoir) Bore water (underground water) Other: _____
- 17. Where supply is not mains water, is water sanitized effectively as per the guidelines stated in DAFF's National Water Biosecurity Manual (Poultry Production).
- 18. If the effectiveness of the sanitizing confirming by independent microbiological testing on an annual basis if required? Yes No Explain: _____

19. Is pest control carried out by a licensed contractor / properly trained staff? Yes No: Explain _____

20. Is pest control planned, documented and recorded? Yes No: Explain _____

21. Is smoking restricted to designated areas, away from birds, and enforced? Yes No Explain: _____

How many house do you own? _____

Schedule of Poultry Houses #1

| Hse# | Farm Name & Address | Bird Type | Structure of Building | Composite Panel Type | Age of Building | Floor Area (Hse 656 ft²) | Max #of Birds Placed |
|------|---------------------|-----------|-----------------------|----------------------|-----------------|--------------------------|----------------------|
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Schedule of Poultry Houses #2

| Hse # | Max Value per head | Avg. Value per head | #of Eggs per hen/ crope per year | Current Age of Flock | General Age Range | Number of Cycles/ Crops per year | Price per dozen eggs/ broiler | Gross Profit |
|-------|--------------------|---------------------|----------------------------------|----------------------|-------------------|----------------------------------|-------------------------------|--------------|
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DECLARATION OF HEALTH:

I hereby declare that all birds which have been kept at the locations proposed for insurance over the last 12 months were in sound health and have not suffered from any accident, sickness or disease unless otherwise stated.

Below, please provide a drawing of the location(s) to be insured. (Please note other structures and distances between structures.)

A large, empty rectangular box with a thin black border, intended for the user to draw a map or diagram of the location(s) to be insured. The box is currently blank.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name