

## Dairy Supplemental Application

Insured Name:  Agent:  Date

### Premises

1. How many miles distant is the nearest community or Habitational subdivision?
2. Are there any nonowned dwellings or crops within a quarter mile of the dairy lagoon?
3. If employees live on the dairy premises, describe safety measures taken to protect children and limit their access to livestock and equipment.
4. Describe all types of fencing used at the dairy premise.

### Hay

1. What percentage of hay used in the dairy is grown by the insured?
2. How many hay brokers has the dairy used in the past 24 months?
3. Who is responsible for accepting and checking hay deliveries?
4. What procedures are used to monitor moisture in hay?
5. What is the maximum value and tonnage of hay in any one barn?

### Herd and Product Management

1. Are any cattle bought from outside the state? If so, which states?
2. Does the dairy keep detailed records regarding where cattle purchases and sales?
3. Does the insured purchase grain or feed supplements from outside the Continental U. S.?
4. How often is the herd vet checked for health issues?
5. Describe in detail the segregation program for medicated animals.
6. Is milk tested prior to being loaded into a tank truck?
7. Has there ever been any milk contamination or pollution incidents that the insured has been responsible for in the past 3 years? If Yes, Please provide year, amount paid, and describe what has been done to prevent future incidents.

8. Describe any sales of milk or milk products, other than milk sold to the coop/creamery.

9. Describe any processing of milk or any other by-product by the named insured, including what is being processed and how it is being processed.

10. What measures has the insured taken to prevent loss as a result of a power failure or electrical interruption?

11. Are there experienced herdsman or supervisor on premise?

12. Describe the method that the insured uses to dispose of animal waste

13. Who performs the majority of the medical treatment for the animals? Veterinarian or insured? Please Explain

14. Indicate the creamery or co-op that has the contract for the insured's milk, and advise if this company does a "charm test" before the milk is added to the tanker. Does the insured also test the milk?

15. Who is responsible for hauling the milk to the processing plant?

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