

Poultry - Builders Risk Supplemental App

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(*This supplemental must be submitted with a completed TPI Poultry Application)

Applicant Name:								
Construction Information								
Has the construction project already started?							No□	
If <u>Yes</u> , please describe what construction work has already taken place:								
Provide the estimated construction start date:								
Provide the estimated construction completion date: Total number of buildings scheduled for new construction:								
Premises Information								
Are there any existing poultry related buildings on the premises?						Yes□	No□	
	to the Contractors Info							
If <u>Yes</u> , complete the <u>building schedule</u> below and answer <u>questions 1, 2, & 3</u> in this section.								
	ings Scheduled for New Construction Existing Poultry Related Buildings					(Use spaces below for additional		
Bld #:	Description:	Bld #:	Description:			dings if nee	ded)	
Bld #:	Description:	Bld #:	Description:		New Bld #	Exist.Bld #	Description	
Bld #:	Description:	Bld #:	Description:					
Bld #:	Description:	Bld #:	Description:					
Bld #:	Description:	Bld #:	Description:					
Bld #:	Description:	Bld #:	Description:					
1.) Are the existing poultry related buildings currently insured? Yes□ No□								
If <u>Yes</u> , please provide the name of the current carrier:								
2.) Is there a need to split farm property coverage between another carrier and TPI?						Yes□	No□	
If <u>Yes</u> , submit a detailed <u>diagram</u> of the entire farm indentifying all buildings (new & existing) that are proposed for								
coverage with TPI, as well as, all other poultry related buildings on the premises.								
3.) Are any of the existing poultry related buildings proposed for coverage with TPI?						Yes□	No□	
If <u>Yes,</u> are any of the proposed buildings undergoing, or scheduled to undergo renovations?						Yes□	No□	
Contractors Information								
Will a licensed contractor(s) perform the construction of this project?						Yes□	No□	
Does the contractor(s) carry general liability insurance coverage with a minimum occurrence						Yes□		
limit of \$1,000,000?							1102	
Will the applicant perform any construction work on this project?						Yes□	No□	
If <u>Yes</u> , please explain:								
Are there any agreements in place that would relieve the contractor(s) from liability on this						Yes□	No□	
construction project? (such as: hold harmless or wavier of subrogation, etc)								
Declaration								
I certify that the above statements are true and accurate to the best of my knowledge and hereby agree that any								
intentional misrepresentation or omission may lead to cancellation of coverage or denail of a claim.								
Applicant's Signature: Date:								
Producer's Signature: Date:								