TPI POULTRY CONVERSION APPLICATION

For Conifer to Fortegra Conversion Use Only

Tim Parkman Insurance
PO Box 2220
Clinton, MS 39060
877-782-2594

Today's Date:	
Named Insured:	
Policy Number:	
The above policy expires on:	
Risk Location Address:	
Business Form:	○ Individual ○ Joint Venture ○ Partnership ○ Organization *(other than Partnership or Joint Venture)*

The questions and information in this application pertain to the risk location address shown above. Complete a separate application for each risk location.

Farm Underwriting Information

Are confinement houses operational and is there an active integrator contract in place?	□Yes	□No
Any building covered by this policy used in whole or in part for hay storage?	□Yes	□No
Is the insured currently involved in bankruptcy proceedings or subject to foreclosure?	□Yes	□No
Do buildings have any existing or unrepaired damage?	□Yes	□No
Any 'Agritainment' held or allowed on the farm premises?	□Yes	□No
Is there a swimming pool on the premises?	□Yes	□No
Any farming operations on the premises other than poultry?	□Yes	□No
If Yes, please explain:		
Any commercial business conducted on the premises other than farming?	□Yes	□No
If Yes, please explain:		
Any liability claims or losses in the past five year?	□Yes	□No
If Yes, please explain:		
Any current or pending liability claims, losses or litigation?	□Yes	□No
If Yes, please explain:		

*****LIABILITY INFORMATION SECTION IS MANDATORY *****

Liability Information

Select the desired limits:	□$500,000/$1,000,000	□$1,000,000/$2,000,000
Indicate number of acres for this risk location:		
Number of Dwellings on the premises:		
Indicate Type of Dwellings:	□Owner	□Tenant
If Tenant occupied indicate number of families:	□Single Family	□2 Family □More than 2 Family
(if tenant) Are smoke detectors operational and regularly maintained?	□Yes	□No

Coverage Amendment Request		
Answer the questions below. If adding coverage (additional buildings or equipment) complete the attached 'Property Coverage Details' page. For all other change requests, use the 'Other Change Request' section below.		
Any changes to building limits?	□Yes	□No
Add additional buildings?	□Yes	□No
Changes to business income limits? (if applicable)	□Yes	□No
Add business income coverage ?	□Yes	□No
Projected annual receipts from poultry operations:	_____	
Any changes to scheduled equipment? (if applicable)	□Yes	□No
Add equipment to schedule?	□Yes	□No

Other Change Requests

IF ADDING COVERAGE (ADDITIONAL BUILDINGS OR EQUIPMENT), COMPLETE THE ATTACHED 'PROPERTY COVERAGE DETAILS' PAGE.

**** Please note: All change requests or amendments made on this application are subject to underwriting approval. ****

I have confirmed the above information with the named insured and certify the information is true and accurate to the best of my knowledge. I acknowledge that any misrepresentation of material facts may lead to cancellation of coverage or denial of a claim.

Agent's Signature: _____ Date: _____

Insured's Signature: _____ Date: _____

SUBMIT ALL APPLICATIONS TO:

quotes@tpi-insurance.com

This application is for Conifer Conversion Use Only

COVERAGE INFORMATION

Enter coverage information below for Buildings and Equipment to be covered at this location.

Location Address: City: State: Zip: County: Protection Class:

Poultry Confinement Houses and Other Buildings

Bld #	Description	Coverage Amount (Include Feed Bins)	Business Income Limit	Valuation ACV/RC	Causes of Loss	Year Built	Dimensions (Length & Width)	Trusses & Post Construction	Floor Construction	Last Mechanical Update	Screwed Down Roof	**Wiring in Conduit**	Drop Down Ceiling

Eligible Buildings: Broiler, Breeder, Turkey, Commercial Eggs, and Pullet Houses, Equipment Sheds, Litter Sheds, Compost Sheds, Shop, Office; *NO HAY STORAGE

Scheduled Equipment – Inland Marine (Generators/Tractors)

Item #	Description (Make & Model)	Serial #	Coverage Amount

Valuation: Actual Cash Value

Premises Liability

Select Limit:

- ○ $ 1,000,000/$2,000,000
- ○ $ 500,000/$1,000,000

Enter total number of acres:

Additional Interest – Mortgagee/Loss Payee

Building #	Additional Interest Name & Address
Equipment Item#	**Additional Interest Name & Address**

Notes/Remarks: