



POULTRY RENEWAL APPLICATION

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:

Risk Location Address (2):

Risk Location Address (3):

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

Any commercial business conducted on the premises other than farming? Yes No

If Yes, please explain:

Coverage Amendment Request

➤ Any changes to current limits, coverages, or items currently scheduled or any additional buildings or coverage to add to current policy? Yes No

****If Yes, enter all change requests in the field below****

List all change requests:

**** 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: