



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

Applicant Name: _____

Construction Information

Has the construction project already started? Yes No

If **Yes**, 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

If **No**, proceed to the **Contractors Information** section in this application. (below)

If **Yes**, complete the **building schedule** below and answer **questions 1, 2, & 3** in this section.

Buildings Scheduled for New Construction			Existing Poultry Related Buildings			<i>(Use spaces below for additional buildings if needed)</i>		
Bld #:	Description:		Bld #:	Description:		New Bld #	Exist. Bld #	Description

1.) Are the existing poultry related buildings currently insured? Yes No

If **Yes**, 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 **Yes**, submit a detailed **diagram** 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 **Yes**, 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 limit of \$1,000,000? Yes No

Will the applicant perform any construction work on this project? Yes No

If **Yes**, please explain:

Are there any agreements in place that would relieve the contractor(s) from liability on this construction project? *(such as: hold harmless or wavier of subrogation, etc..)* Yes No

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 denial of a claim.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____