



POULTRY
RENOVATIONS
APPLICATION

Today's Date: [ ] Requested Effective Date: [ ]

AGENT INFORMATION

Agency Name: [ ]
TPI Agent Code: [ ]
Contact Name: [ ] Phone: [ ]
Email Address: [ ]

APPLICANT INFORMATION

Applicant Name: [ ] Business Name: [ ]
Business Form: [ ] Individual [ ] Joint Venture [ ] Partnership [ ] Organization (other than Partnership or Joint Venture) [ ]
Mailing Address: [ ]
Risk Location Address: [ ] County: [ ]
Phone Number: [ ]
Date of Birth: [ ] Social Security Number: [ ]

EXPERIENCE

Enter the number of years in the farming industry: [ ]
Enter the number of years in business under current name: [ ]
Is this a New Purchase? [ ] Yes [ ] No (If Yes) Purchase Date: [ ]
If Not a New Purchase, Enter Name of Current Carrier: [ ]
Expiration Date of Current Coverage: [ ]
Has the applicant had any property insurance policy refused, cancelled or non-renewed? (not applicable in MO) [ ] Yes [ ] No
If Yes, explain: [ ]

LOSS HISTORY

Has any building that is proposed for coverage in this application sustained heavy damage from: Fire, Wind/Hail, Weight of Ice/Sleet/Snow, or Collapse within the past 5 years? [ ] Yes [ ] No
If Yes, provide loss details along with any other poultry related losses within the past 5 years: [ ]

OPERATIONS INFORMATION

Is the applicant engaged in documented ongoing discussions with a poultry integrator with the intent to obtain an operating/grower contract; or is there a current contract in place with an integrator? [ ] Yes [ ] No
Does the applicant have current written documentation stating the specific updates required by the integrator? [ ] Yes [ ] No
Name of Integrator: [ ]
Date of most recent correspondence with integrator: [ ]
Total number of poultry houses on the property: [ ]
Projected poultry operations start date: [ ]
Indicate the type of Poultry Farm: [ ] Broiler [ ] Breeder [ ] Pullet [ ] Turkey [ ] Commercial Eggs

## GENERAL INFORMATION

- Do houses show any sign of structural defect inside or outside?  Yes  No
- Are there any burn piles within 100ft of any building on the premises?  Yes  No
- Are confinement houses connected by a common room or covered walk-way?  Yes  No
- Any buildings proposed for coverage used in part or whole for hay storage?  Yes  No
- Are there any buildings used for hay storage within 100 feet of a confinement house?  Yes  No
- Is the applicant currently involved in bankruptcy or foreclosure proceedings?  Yes  No
- Is there an incinerator in use?  Yes  No
- If Yes, enter distance from confinement houses: \_\_\_\_\_

## RENOVATION / CONSTRUCTION PROJECT INFORMATION

- Provide the estimated construction project start date: \_\_\_\_\_
- Provide the estimated construction project end date: \_\_\_\_\_
- Describe any construction work that has already taken place: \_\_\_\_\_
- Total number of buildings scheduled for renovation/construction work: \_\_\_\_\_
- Provide details (per building) of all renovation/construction work to be performed during the proposed policy term: \_\_\_\_\_

## CONTRACTOR INFORMATION

- Will a licensed contractor perform the renovation/construction work on this project?  Yes  No
- Does the contractor(s) carry general liability insurance with a minimum occurrence limit of \$1,000,000?  Yes  No
- Are there any agreements in place that would relieve the contractor(s) from liability on this project (e.g. hold-harmless)?  Yes  No
- Will the applicant perform any construction work on this project?  Yes  No
- If Yes, explain: \_\_\_\_\_

## PREMISES INFORMATION

- 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
- 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, explain: \_\_\_\_\_
- Any commercial business conducted on the premises other than farming?  Yes  No
- If Yes, explain: \_\_\_\_\_
- Any liability claims or losses in the past five years?  Yes  No
- If Yes, explain: \_\_\_\_\_
- Any current or pending liability claims, losses or litigation?  Yes  No
- If Yes, explain: \_\_\_\_\_

**UNDERWRITING DISCLAIMER**

Please read to applicant: As part of our underwriting process, we may order consumer reports relating to loss and credit history. Upon request, we will provide you with the name, address and telephone number of the third party consumer reporting agency from which we obtain such reports.

➤ **Does the applicant give us permission to run reports as part of our underwriting process?**       **Yes**    **No**

**Notice of Insurance Information Practices**

Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application for insurance and subsequent policy renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

**FRAUD WARNING**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**DECLARATION**

I certify that the statements made herein are true and accurate to the best of my knowledge. I agree that any intentional concealment, false statements, omission or misrepresentation of any material fact may lead to cancellation of my policy or denial of a claim.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Application To: [quotes@tpi-insurance.com](mailto:quotes@tpi-insurance.com)

**COVERAGE INFORMATION**

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

Location Address:  County:  Protection Class:

(Street, City, State, Zip)

**Poultry Confinement Houses and Other Poultry Related Structures**

Building #	Building Description	Value of Existing Structure	Renovation Construction Project Cost	Year Built	Dimensions (Length & Width)	Floor Construction	Last Electrical Update	Last Mechanical Update

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

Loss Settlement	Causes of Loss	Deductible	Optional Coverage
ACV Only	Basic Form Only	\$10,000	<input type="checkbox"/> Add Peril 'Weight of Ice/Snow'

**Scheduled Equipment – Inland Marine (Generators/Tractors)**

Item #	Description	Serial Number	Coverage Amount
Loss Settlement: ACV			

**Premises Liability**

Select Limit:

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

Total acres:

**Additional Interest – Mortgagee/Loss Payee**

Building #	Named & Address
Item #	Named & Address

**Notes/Remarks:**

DIAGRAM

Draw diagram of farm and identify buildings proposed for coverage.

