



**POULTRY AND SWINE PROPERTY  
SUPPLEMENTAL APPLICATION**

DATE (MM/DD/YYYY)

NAME (First Named Insured) AND MAILING ADDRESS		AGENCY
PROPOSED EFF DATE	PROPOSED EXP DATE	CODE:
		CONTACT NAME:

**BUILDING TYPES**

AB - AUTOMATED BREEDER/LAYER  
 TKB - TURKEY BROODER  
 BC - BROILER WITH COOL CELLS  
 C - COMPOST SHED  
 NC - INCINERATOR  
 L - LITTER BARN  
 FIN - HOG FINISHING  
 P - PULLET HOUSE

S - STACK HOUSE  
 TKGO - TURKEY GROW OUT  
 HS- HAY STORAGE  
 OFF - OFFICE  
 B&G - BREEDING & GESTATION  
 F - FARROWING  
 E - EQUIPMENT SHED  
 N - NURSERY

B - BROILER  
 G- GENERATOR SHED W/ PERM. GENERATOR  
 SB - STAND ALONE BINS  
 PU - WATER WELL PUMP ONLY  
 MB - MANUAL BREEDER/LAYER  
 WH - WELL HOUSE AND WELL PUMP  
 O - OTHER \_\_\_\_\_  
 O - OTHER \_\_\_\_\_

**Truss Type Codes:**  
**F** – Frame **M** – Metal

**Additional Support Type Codes:**  
**KB** – Knee Bracing **CT** – Collar Ties **SP** – Snow Poles **O** (other – \_\_\_\_\_ )

LOC #	BLDG #	BUILDING PROPERTY TYPE CODE	ROOF TRUSS TYPE CODE	ADDITIONAL SUPPORT CODE(S)	DISTANCE BETWEEN TRUSSES	YEAR BUILT	LENGTH (FEET)	WIDTH (FEET)	CONDITION	DISTANCE TO NEAREST BUILDING (FEET)	AMOUNT OF INSURANCE

WATER WELL PUMPS, GENERATORS, AND INCINERATORS PERMANENTLY ATTACHED TO A COVERED BUILDING SHOULD BE INSURED AS BUILDING PROPERTY.

DEDUCTIBLE REQUESTED: \_\_\_\_\_ PERILS COVERED:  BASIC  BROAD  SPECIAL  
 COINSURANCE PERCENTAGE: \_\_\_\_\_ VALUATION:  ACTUAL CASH VALUE  REPLACEMENT COST

**BUILDING IMPROVEMENTS**

- ELECTRICAL, YR: \_\_\_\_\_   
  HEATING, YR: \_\_\_\_\_   
  ADDITIONAL ROOF TRUSS SUPPORTS, YR: \_\_\_\_\_  
 COOL CELLS, YR: \_\_\_\_\_

**SUPPLEMENTAL QUESTIONS**

		YES	NO
1.	ARE YOU A CONTRACT GROWER: IF SO, WITH WHOM?	<input type="checkbox"/>	<input type="checkbox"/>
2.	BUSINESS INCOME COVERAGE: ESTIMATED ANNUAL INCOME: \$ _____ COVERAGE AMOUNT: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
3.	WERE YOUR BUILDINGS ORIGINALLY CONSTRUCTED FOR THE PURPOSES OF CONFINEMENT?	<input type="checkbox"/>	<input type="checkbox"/>
4.	WHO DESIGNED AND CONSTRUCTED YOUR BUILDINGS?		
5.	ARE FIRE WALLS PRESENT IN BUILDING(S) ? IF SO, WHERE?	<input type="checkbox"/>	<input type="checkbox"/>
6.	DOES ATTIC OR TRUSS AREA CONTAIN FIRE STOPS? IF YES, EXPLAIN:	<input type="checkbox"/>	<input type="checkbox"/>
7.	ARE THERE FIRE DOORS PRESENT AND KEPT CLOSED AT ALL TIMES IN HALLWAYS?	<input type="checkbox"/>	<input type="checkbox"/>
8.	HAS THE ELECTRICAL SYSTEM EVER BEEN REPLACED OR UPDATED? IF SO, WHEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	IF THE WIRING SYSTEM IS OVER 10 YEARS OLD, HAS AN INFRARED SCAN BEEN DONE?	<input type="checkbox"/>	<input type="checkbox"/>
10.	IS ALL WIRING ENCASED IN CONDUIT? IF SO, WHAT TYPE? _____	<input type="checkbox"/>	<input type="checkbox"/>
11.	IS THE ELECTRICAL SYSTEM MOISTURE RESISTANT?	<input type="checkbox"/>	<input type="checkbox"/>
12.	ARE LIGHT BULBS COVERED BY SEALED GLOBES?	<input type="checkbox"/>	<input type="checkbox"/>
13.	ARE ALL UNUSED BREAKER BOXES PROTECTED?	<input type="checkbox"/>	<input type="checkbox"/>
14.	WHAT KIND OF HEATING SYSTEM IS USED?		
15.	WHAT TYPE OF LINE CONNECTS THE FUEL LINES TO THE HEATER? _____		
16.	ARE ANY SPACE HEATERS USED?	<input type="checkbox"/>	<input type="checkbox"/>
17.	HOW MANY FIRE EXTINGUISHERS ARE THERE PER BUILDING? _____		
18.	WHAT TYPE OF EXTINGUISHER IS IN USE? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> ABC		
19.	ARE YOUR EXTINGUISHERS INSPECTED REGULARLY?	<input type="checkbox"/>	<input type="checkbox"/>
20.	DOES ANYONE LIVE ON THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>