

Agency Name:  
Address:  
Contact Name:  
Phone:  
Fax:  
Email:

## Feed Manufacturing Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact: \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Does the applicant act as a wholesale distributor for any product? .....  Yes  No  
If yes, list products and receipts for each. \_\_\_\_\_
2. Does the applicant market any product with his own label? .....  Yes  No  
If yes, list products, receipts and labels for each product. \_\_\_\_\_  
\_\_\_\_\_
3. Does the applicant loan or rent equipment to others? .....  Yes  No  
If yes, describe. \_\_\_\_\_
4. Does the applicant do any custom spraying or application of fertilizer? .....  Yes  No  
If yes, what is the number of acres sprayed/applied? \_\_\_\_\_
5. Does the applicant market to customers with herds exceeding 300 head of:  
Cattle .....  Yes  No Size (per pen/corral/enclosure) \_\_\_\_\_  
Hogs .....  Yes  No Size (per pen/corral/enclosure) \_\_\_\_\_  
Poultry .....  Yes  No Size (per pen/corral/enclosure) \_\_\_\_\_
6. What are the number of feed mixers and the capacity of each? \_\_\_\_\_
7. If this applicant has an exposure to feed manufacturing, please answer the following questions.
  - a. Is either meat or bone meal used in any of the feed manufactured by the applicant? .....  Yes  No  
If yes, list types of feed used: \_\_\_\_\_
  - b. Does the insured follow the regulations set forth by the FDA in 1997? .....  Yes  No
  - c. Has the insured's premises been inspected by the FDA? .....  Yes  No  
If yes, date of inspection \_\_\_\_/\_\_\_\_/\_\_\_\_ and **attach** copy of the FDA Inspection Report.
  - d. Please **attach** copies of the feed tags used on the manufactured feeds.

**UNDERWRITING INFORMATION (Continued)**

8. Total sales for prior year (Total sales must equal breakdown) \$ \_\_\_\_\_

COMMODITY	ANNUAL GROSS SALES
Pure Grain Sales .....	\$ _____
Bagged Feed.....	\$ _____
Seed .....	\$ _____
Tires, Batteries, etc.....	\$ _____
Feed Mfg. ....	\$ _____
Petroleum (# gals. _____)	\$ _____
LPG (# gals. _____)	\$ _____
Chemicals, Anhydrous Ammonia and Fertilizer sold over the counter. ....	\$ _____
Chemicals, Anhydrous Ammonia and Fertilizer sold by Custom Application including application sales.....	\$ _____
Other: (explain below)	\$ _____
Explain: _____	

9. Does the applicant have storage tanks? .....  Yes  No

If yes, complete the chart regarding tank exposures.

STORAGE TANKS – GENERAL INFORMATION								
LOC #	CAPACITY	AGE	ABOVE OR BELOW GROUND	ON SADDLES OR CONCRETE PADS	TYPE OF MONITORING SYSTEM	CONSTRUCTION OF TANKS	CONSTRUCTION OF DIKE	FENCED YES/NO

**STORAGE TANKS – GENERAL INFORMATION (CONTINUED)**

**LIST EACH TANK SEPARATELY.**

- a. Any exposure to streams, rivers, lakes or other water sources? .....  Yes  No

If yes, give complete description of exposures. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b. Using a separate piece of paper, draw a diagram indicating location of each tank and distance between tanks, the type of property on all four sides of each location including the distance in feet from the tanks.

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT FOR THE STATE(S) OF:**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or

conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Oklahoma WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date