



RAIN AND HAIL	CONFINEMENT OPERATION INSPECTION QUESTIONNAIRE		Policy Number:
	To be completed prior to binding		Date (MM/DD/YY):
Insured/Applicant's Name and Mailing Address		Producer	
		Agency #	
Building #1 Year Built	Distance from nearest building:	Dimensions:	
Building #2 Year Built	Distance from nearest building:	Dimensions:	
Building #3 Year Built	Distance from nearest building:	Dimensions:	
Building #4 Year Built	Distance from nearest building:	Dimensions:	
Building #5 Year Built	Distance from nearest building:	Dimensions:	
General/Liability Underwriting Information (Explain all "No" responses)			
1. How long has the insured/applicant farmed?			
2. How long has the insured/applicant been in the livestock confinement business?			
3. Is the insured/applicant financially stable? Has the confinement business produced an operational profit the last 3 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is a farm manager employed? If yes, what is that person's experience?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. How many employees are there? Average length of their employment?			
6. Does the insured/applicant have a formal training program for new employees?			<input type="checkbox"/> Yes <input type="checkbox"/> No
7. What is total number of animals housed at this location?			
8. How is manure stored? <input type="checkbox"/> Pits <input type="checkbox"/> Lagoons			
9. If lagoons are used, are they fenced and have no trespassing signs posted?			<input type="checkbox"/> Yes <input type="checkbox"/> No
10. How old is the lagoon?			
11. Does the lagoon have a liner?			<input type="checkbox"/> Yes <input type="checkbox"/> No
12. How often is the lagoon inspected?			
13. When was the last time the lagoon was drained and the liner checked?			
14. Are there any creeks, lakes, or bodies of water within 1000 feet of the confinement buildings or lagoons?			<input type="checkbox"/> Yes <input type="checkbox"/> No
15. How is manure disposed of?			
16. Has the insured/applicant ever been involved in a lawsuit or received complaints about the operation? If yes, please explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Does insured/applicant grind/mix own feed? If yes, is any feed sold to the public?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:			
Property Underwriting Information (Explain all "No" responses)			
18. Are the premises and driveways large enough to handle livestock semi-trailers and feed trucks?			<input type="checkbox"/> Yes <input type="checkbox"/> No
19. What kind of insulation is used in the confinement building?			
20. What is the distance between buildings?			
21. Are portable heaters used? If yes, how?			<input type="checkbox"/> Yes <input type="checkbox"/> No
22. How are dead animals disposed of?			
23. How often is manure removed from the building?			
24. What is the required snow load for the area?			
25. What is the snow load for each confinement building?			
26. Are any buildings located within a snow catch area?			<input type="checkbox"/> Yes <input type="checkbox"/> No
27. What is the distance between the trusses?			
28. What grade lumber was used in the trusses?			
29. Do wood trusses show any structural defects (bowed, missing plates, large cracks, etc.)?			
30. Are the metal trusses attached to the inside or outside of the footer?			
31. What equipment is hung from trusses?			
32. Is there a contingency plan to remove snow from the roofs on the confinement buildings?			
33. In what direction are the buildings built? <input type="checkbox"/> N—S <input type="checkbox"/> E—W			

34. What is the wind load design of the building (Minimum should be 80 mph)?	
35. Are hurricane straps used to fortify trusses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Have knee braces been installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Were buildings built for use as a confinement operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Were buildings built by a professional contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Are there fire resistive doors or fire stops between confinement buildings or sections of buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. If the building has a ceiling, were fire stops installed? How far apart?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Are all fixtures and equipment kept free of dust and cobwebs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Is insulation covered with fire retardant materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Are the gas heaters serviced annually? If yes, are heat exchangers broken down and cleaned to prevent malfunctioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
44. Are all parts of the heating system, including wiring, fixtures and service boxes, dust and moisture proof?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. Have GFCI's (Ground-Fault Circuit Interrupters) been installed throughout the buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46. Is all wiring in the confinement building visible so its condition can be monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Are all fuse or circuit boxes, fittings and electrical outlets properly maintained and covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Are the electric panels located inside or outside of the confinement buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Are the electric panels attached to non-combustible material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. Are there adequate outlets so to avoid multiple plugs and extension cords?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. Are heaters, heat-lamps, heat mats and extension cords inspected regularly and serviced/replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. Are all electrical motors inspected annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. Do all forced air heaters have safety chains and a 3' clearance to the ceiling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
54. Do the buildings have properly grounded lightning rods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
55. Have smoke and heat sensors been installed in the buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
56. Are offices, boiler rooms, and other service areas kept separate from other part of the facility by firewalls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
57. Are all appliances in the office or break room checked daily prior to leaving the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
58. Is smoking prohibited in the building and no smoking signs posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
59. Are feed, supplies and bedding storage areas kept separate from the confinement buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
60. Is there an incinerator on the premises? If there is an incinerator in use, is it located at least 250 feet from the nearest building? Does the incinerator have a screen on top of it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
61. Are portable fire extinguishers readily available? If so, are employees trained to use them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
62. Is the fire department phone number posted in a visible place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Do fire alarms sound where they can be heard 24 hours a day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
64. Do the alarms have their own independent power source?	<input type="checkbox"/> Yes <input type="checkbox"/> No
65. Are alarms routed to two places?	<input type="checkbox"/> Yes <input type="checkbox"/> No
66. Has the fire department ever made a dry run to the insured/applicant's operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
67. Has the insured/applicant given a diagram of the operation to the fire department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
68. Does the farm have a reliable water source? What type?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks:

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Signature of Agent	Signature of Insured/Applicant
Name of Agency	Title of Insured/Applicant