

## Chubb Agribusiness Supplemental Application for Dairy Farms

Applicant Name:

Agent/ Broker:

**PLEASE COMPLETE THIS APPLICATION FOR ALL DAIRY FARMS**

	Yes	No
1. Is any milk sold on premises? If yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you haul milk? <input type="checkbox"/> Owned <input type="checkbox"/> Others	<input type="checkbox"/>	<input type="checkbox"/>
<b>Identify and explain in comments section by questions number:</b>		
4. Is all hay stored in the open, separated by at least 100 feet between stacks and away from buildings?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you test the milk for antibiotics prior to loading on the milk truck?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a methane digester or other alternative source of electricity on premises?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes: Describe source:	b. Who did the installation?	
7. Do you have a written protocol and formal training for employees on how to deal with hot spots, smoldering bales, and hay fires? (if yes please attach copy)	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you grow all your own hay?	<input type="checkbox"/>	<input type="checkbox"/>
a. If no, are you responsible to insure the hay prior to delivery?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you probe newly stacked baled hay for moisture/heat content?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes: Is there a regular probing schedule after the initial probing at delivery?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Never <input type="checkbox"/> Other		
b. What is your haystack turnover frequency?		
c. What state does the hay come from?		
10. Total number of dairy cows being milked		
11. Gross annual receipts generated from dairy operations		
12. Years of experience of owner/manager in operating dairy farms		
13. Value of hay	On premises	Off premises
14. Do you produce a non-pasteurized milk product?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Do your operations meet the FDA's Grade A Pasteurized Milk Ordinance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. If no, please explain:		
16. Do you have a quality assurance program in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Do you assign production batch or lot numbers for product recall purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Do you have a written product recall program in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Are records maintained on samples taken when milk comes into and leaves the plant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please explain all responses: N/A		
17. Do you have a backup generator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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18. Age of milk barn		
19. Age of dairy barn equipment. List any updates		
20. Have you had any milk contamination losses in the past 3 years?		
Date of loss:	Cause of loss:	Amount paid:
Date of loss:	Cause of loss:	Amount paid:
Date of loss:	Cause of loss:	Amount paid:
Comments:		
Applicant Signature:		Date: