

FEED MILLING SUPPLEMENTAL QUESTIONNAIRE

Applicant Name _____ Effective Date _____

Agency Name _____ Agency # _____

• Please attach to an ACORD Application

1. Are all dust generating points equipped with dust control? Yes No

Please provide a description of equipment in place: _____

2. Are all light fixtures and wiring dust proof? Yes No

Is all electrical control equipment in an enclosed room and kept free of dust? Yes No

3. Is there a written housekeeping plan? If yes, please provide a copy. Yes No

If no, is housekeeping regularly scheduled? Yes No

4. Are maintenance rooms and bagged storage cut off from the feed milling operation by a one-hour fire door or kept in a separate building? Yes No

5. Have there been any claims for property damage resulting from your product within the last 5 years? Yes No

If yes, please provide details of each claim: _____

6. Are any products intended for race horses, exotic animals, or other high-valued animals? Yes No

If yes, please provide the types of animal feed produced: _____

7. Have there been any FDA violations within the last 5 years? Yes No

If yes, please provide details or a copy of the report(s): _____

8. Have you recalled, discontinued, or changed any products within the last 5 years? Yes No

If yes, please provide details: _____

9. Is all production equipment cleaned out between batches? Yes No

Are batch samples kept for a minimum of 90 days? Yes No

10. Are all grains tested for toxins when received? Yes No

11. Do you add any medications or pre-mixes to feeds sold? Yes No

If yes, please provide an explanation of the ingredients used: _____

12. Are all hammer mills, grinders, crushers, and shellers equipped with internal magnetic separators? Yes No

13. Is there a written safety program in place? Yes No

Are employees trained on proper lifting techniques to reduce back injuries? Yes No

14. Do you deliver products?

Yes No

If yes, what is the radius of delivery operations: _____

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify Ag Brokerage Solutions of such change. I understand that completion of this questionnaire does not compel the company to provide coverage.

Applicant's Signature

Date

Agent's Signature

Date