



ASA

Agri-Services Agency
Leaders in Agricultural Insurance

AGRI-SERVICES AGENCY GROUP

Swine Raising Supplemental Application

Company Name:			
Contact Name:			
Address:			
City:	State:	Zip:	FEIN#:
Phone #:	Cell Phone #:	Fax#:	
Website and/or Email Address:			

1. Type of swine operation: _____ Total # of acres in operation _____
 Average # swine on premises at any one time _____ Total capacity of feedlot _____
 What % of feed does the applicant produce _____ % # of acres _____ What % of feed is purchased _____ %
 Do you have an automated system to provide feed & water to the animals? Yes No
 Give brief description of your herd health program: _____

2. Hiring/Training:
 How do you find new hires? Word-of-mouth? Yes No Employee referrals? Yes No Ads in paper? Yes No
 Describe your employee training program _____

 How often are refresher training/meetings conducted? _____

3. Safety Program:
 Describe your safety program: _____

 Do you limit the number of animals being moved at one time? Yes No Please provide the number: _____
 Do you use sort boards when moving animals? Yes No
 What time-period do you castrate a boar pig? _____
 Power washing: What type of Personal Protection Equipment (PPE) do you require employees to wear when power washing?

4. Feed:
 If silo(s) and/or grain bins are on the premises, please provide the number of silos/bins and construction type: _____
 Describe your safety program for maintaining/repairing the silos/bins: _____

 Is there a lock-out/tag-out (LOTO) procedure in place? Yes No Is there a respiratory program in place? Yes No

5. Is there formal confined space entry procedure in place? Yes No
 Are ladders equipped with safety cages? Yes No When climbing, is a harness worn? Yes No
 Please describe entry procedures _____

5. Manure Disposal:
Describe your disposal operation: _____
Who is responsible to clean out the manure pits? _____
Do you hire out or use your own employees? _____
If you use your own employees, describe your safety protocols: _____

Are warning and/or no entry signs posted? Yes No Are pits/lagoons fenced in? Yes No
Are underground pits or tanks ever entered? Yes No If yes, describe safety procedures: _____

6. Equipment/Machinery:
Who is responsible for maintenance of equipment? _____
Is there a mandatory lock-out/tag-out (LOTO) procedure in place? Yes No
How often is regular maintenance scheduled for mobile equipment? _____
Is all equipment/machinery properly guarded? Yes No How many tractors do you have? _____
Equipment driven on public roads equipped with lights or slow-moving signs (SMV's) mounted on them? Yes No
How many tractors have ROPS & seatbelts? _____
How many Power Take Offs (PTOs) have shields? _____
Do you have a "no rider" policy on tractors? Yes No
Does anyone under the age of 18 operate tractors? Yes No
If yes, what type of training is provided? _____

4. Hauling/Delivery:
Do you pick-up or deliver livestock? Yes No If yes, do you do any backhauling? Yes No
If no, do you hire a third-party contract hauler? Yes No If yes, do you obtain Certificates of Insurance? Yes No
Number of employees who operate company vehicles: _____ Are MVR's checked annually? Yes No
Mileage radius of operations: <50 50-100 100+

5. Are ATV's used around your operation? Yes No If yes, describe: _____
of ATV's owned/leased: _____ # of employees that operate ATV's: _____
What is the maximum speed limit employees are permitted operate the ATV? _____
Do you provide Personal Protective Equipment to employees: Yes No Please describe: _____

Requested date of coverage: _____

- A. Coverage will become effective at 12:01 a.m. on the date stated above, subject to approval of this application and receipt of the deposit premium in our office. Signing of this application warrants that all of the above questions have been completely answered and have not been willfully misrepresented in order to obtain insurance with the Agri-Services Safety Group.
- B. The premium quoted will be based upon the nature of the operations and the estimated payroll disclosed by the employer in this application. The employer shall furnish the Agri-Services Safety Group with proper notice of any change in the nature of its operations or its estimated payroll; such changes may result in an increase or a decrease in the premium due under this policy. The employer agrees to keep an accurate record of employees and payroll expenditures, and to report injuries and occupational diseases to the Safety Group immediately.

ALL INFORMATION SUPPLIED BY THE APPLICANT IS SUBJECT TO VERIFICATION

THE APPLICATION **MUST BE SIGNED** BY AN OWNER, A PARTNER, OR A CORPORATE OFFICER.

Signature: _____ Title: _____ Date: _____

Print Name of Signature: _____

AGENT SIGNATURE: _____