



Dairy Farm & Heifer Development Operation Questionnaire

Named Insured:
Location Address:

Policy #:

Please identify or explain further in the comments section as needed by the referencing the question number.

1. Total number of calves under 6 months of age:
Replacement heifers:
Cows being milked:
2. Please provide the gross annual receipts generated from the dairy operation:
3. How many years of experience of either ownership or management in operating a dairy farm:
4. How many times per day are you milking?
5. Please provide type of the milking parlors/milk barns: Herring bone Carousel
Size of the milking parlors/milk barns:
Age of the milking parlors/milk barns:
6. Please provide the age of all the dairy milking equipment (to include the tanks and size):
7. Please provide any updates:
Does the applicant have any backup generators? Yes No
If yes, how are they installed?
8. Is any of the milk or any dairy products sold directly from the property or to the general public (such as raw milk, cheese, butter or ice cream)? Yes No
If yes, please explain:
9. Does the applicant haul the milk? Owned For others, if so percentage:
10. Does the applicant produce any non-pasteurized milk products? Yes No
11. Does the operation meet the FDA's Grade A Pasteurized Milk Ordinance? Yes No

12. Has the applicant had any milk contamination loss in the last 3 years? Yes No
Cause of loss: _____
Date of Loss: _____ Amount Paid: _____
13. Does the applicant grow all of its own hay: Yes No Purchased: Yes No
If purchased, is the insured responsible for the hay prior to delivery: Yes No
14. Please provide the value of the hay: \$ _____ On Premises: \$ _____ Off Premises: \$ _____
15. Does the insured probe newly stacked baled hay for moisture or heat content? Yes No
16. How often does the insured probe the stacked hay? In the open _____ In the buildings _____
17. What is the haystack turnover frequency?
18. Is any of the hay stored near a busy road or highway, easy access: Yes No
19. Does the applicant/insured have any written protocol and formal training for employees on how to handle hot spots in the hay, a smoldering bale/stack or any type of hay fire? Yes No
Please provide a copy of the training.
20. Does the insured/applicant have a quality assurance program in place? Yes No
a. Does the applicant assign any batch or lot number for the production? Yes No
b. Does the applicant have any written product recall programs in place? Yes No
c. Are the records maintained on samples taken when milk comes into or leaves the tanks? Yes No
21. Does the applicant/insured have written protocol or formal training for employees on how to deal with hot milk, infections on the cows in the milking line up or how antibiotics are handled when discovered? Yes
No
Please provide a copy of the training.
22. Is there a methane digester or other alternative source of electricity on premises? Yes No
If yes, who did the installation?
23. How is the waste handled?
24. What preventative measures are being taken to avoid a pollution claim?
Example: any lagoons near irrigation channels where overflow from the lagoons leak into a irrigation ditch causing fields to be polluted

Insured signature: _____

Date: _____

Agent's signature: _____

Date: _____