

Chubb Agribusiness Supplemental Application for Feed Manufacturing

Applicant Name:

Agent/ Broker:

PLEASE COMPLETE THIS QUESTIONNAIRE FOR ALL FEED MANUFACTURING OPERATIONS

General Information:

1. What type of Feed is processed? List the amount of Sales for each: Total Sales: \$

Horse	\$	Cattle	\$	Poultry	\$	Brokered	\$
Pet Food	\$	Dairy	\$	Swine	\$	Other:	\$

	Yes	No
2. Is your facility FDA registered? If so, please list registration number	<input type="checkbox"/>	<input type="checkbox"/>

3. List Percentage of Distribution - Farm Direct ____% Retail ____% Wholesale ____%

Property:

	Yes	No
1. Is any feed manufactured for race horses, or other high valued animals? If yes, describe:	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all electrical installations in compliance with NEC for a dusty environment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all bucket elevator legs equipped with motion sensors?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all processing machinery equipped with magnets?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the maintenance shop a separate structure from the mill?	<input type="checkbox"/>	<input type="checkbox"/>

6. What type of mill equipment is used? Please provide details below.

	# of Equip	Capacity	Annual Tonnage		# of Equip	Capacity	Annual Tonnage
Hammer Mill				Extruders			
Pellet Mill				Other:			
Mixer				Other:			

Premises:

	Yes	No
1. Does your mill manager have more than 3 years of experience?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is premises access controllable by fencing and gates?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do manufacturing operations have and follow a list of Current Good Manufacturing Practices?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain all "No" answers for questions 4-9

	Yes	No
4. Are all visitors required to check in?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is a chemical based micro-toxin test completed on inbound grain?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is feed formulation originated in-house?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are micro - ingredients reconciled on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is a sample retention program of ingredients and finished feed in place including batch records?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there a products recall written procedure?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have any Product Liability claims ever been brought against the insured? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Applicant Signature:

Date: