

SUPPLEMENTAL DIARY QUESTIONNAIRE

APPLICANT: _____

1. Total number of dairy cows being milked? _____
2. Gross total receipts generated from dairy operations: \$ _____
3. Years of experience of owner/dairy manager in operating dairy farms: _____
4. Are there any products sold under insured's label? _____ Yes / No
If yes, explain: _____
5. Is any milk sold on premises? Yes / No If yes, explain: _____
Do you haul your own milk: Yes / No Do you haul milk for others: _____ Yes / No
6. 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: \$ _____
7. Age of milk barn? _____ Age of dairy barn equipment? _____
Updates: _____
8. Is there a methane digester or other alternative source of electricity on premises? _____ Yes / No
Describe source: _____
Who did the installation? _____
9. Total value of hay on premises: \$ _____ Off premises: \$ _____
10. What is the maximum value and tonnage of hay in any one barn? _____
11. What is the stack distance the insured maintains for hay in open? _____
12. Do you stack silage, fodder, or other material between hay stacks? _____ Yes / No
13. Do you stack hay in open, silage, or other materials between hay buildings? _____ Yes / No
14. Do you probe newly stacked baled hay for moisture/heat content? _____ Yes / No
Is there a regular probing schedule after the initial probing at delivery? _____ Yes / No
____ Daily ____ Weekly ____ Monthly ____ Never ____ Other: _____
What is your haystack turnover frequency? _____
What state does hay come from? _____
15. * Do you grow all the hay or do you purchase hay from others? _____
If you purchased, do you buy only from established hay suppliers? _____ Yes / No
Are you responsible to insure the hay prior to delivery? _____ Yes / No
If yes, what is the total value of the hay? \$ _____
16. Have there been any hay fire losses in the past 3 years? _____ Yes / No
Date of loss: ____/____/____ Cause of loss: _____ Amount paid: \$ _____
Date of loss: ____/____/____ Cause of loss: _____ Amount paid: \$ _____
Date of loss: ____/____/____ Cause of loss: _____ Amount paid: \$ _____
17. Do you have a written protocol and formal training for employees on how to deal with hot spots in stacks, smoldering bales, and hay fires? _____ Yes / No
Please attach a copy.

Insured Signature: _____

Date: ____ / ____ / ____

*Basic farm property coverage off-premises hay coverage limits are \$10,000 (unless endorsed to increase)