



**CFI Insurance  
Group**

Registered Trade Name of Canadian Farm Insurance Services Inc.




***HOG CONFINEMENT BARN APPLICATION***

***REQUEST FOR QUOTATION***

**APPLICANT NAME:**

**ADDRESS:**

**PHONE/FAX:**

Location(s) Legal Land Description: #1

#2

#3

#4

Liability Limit Required (\$1M or \$2M):

Non-Owned Livestock Liability Limit

Business Interruption Limit & Form

Deductible Requested

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability	Year Business Started
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other	
Proposed Effective Date:	Inspection Contact:	Phone	( ) -

Is operation enrolled in CQA Validation Program?

If Yes, what is current Health Status?

Comments/Description of Operation:

## SCHEDULE OF BULDINGS

Loc. No.	Site Name	Site Type S – Sow N – Nursery F – Finisher O – Other (Describe)	Legal Land Description	Dimensions/ # of Sq Ft	Insured Value

### BUILDING UNDERWRITING QUESTIONNAIRE

*If more than one location, complete additional questionnaire for each location.*

1. Building Description: <b>B</b> – Breeding, <b>G</b> – Gestation, <b>FA</b> – Farrowing, <b>N</b> – Nursery, <b>FI</b> – Finishing, <b>O</b> - Other	Loc. No.
2. If feeder operation, is it “all in – all out” or phased? Number of head per building, per feeding room?	
3. How many pigs per barn? Per feeding room?	
4. FIRE PROTECTION: a) Are the recommended number of fire extinguishers in place in each building? (Indicate number of extinguishers in each building and type). b) Any fire-fighting or fire suppression equipment (other than fire extinguishers) available on-site? Describe. c) Is suitable water available for fire-fighting? d) Distance from nearest fire hall and expected response time	Well                  Water Hydrants                  Dugout/Lake/River
5. Year of construction.	
6. Who designed/built your barn(s)?	
7. What are the snow load and wind specs for the barn(s)?	
8. Number of barns at this location.	
9. If more than one barn at this location, how far apart are the barns?	
10. Type of Construction.	
11. Type of Roofing.	
12. Interior Wall & Ceiling Finish.	
13. How are interior walls protected from pigs?	
14. a) Approved fire walls in place? b) Approved fire stops in attic?	

15. Upgrades (Wiring, Heating, Ventilation system, Alarm systems) & year upgrade was completed.	
16. Is ALL wiring in conduit? Type of conduit - PVC or other. If wiring not in conduit, is it surface mounted or recessed?	
17. If wiring systems are more than 10 years old, has an infrared scan been done?	
18. How are the buildings ventilated? Describe ventilation system including number of fans per room, wall or ceiling mounted, model of fans.	Power          Natural
19. a) Heating Systems (describe) Are there any portable box heaters in use? b) Is boiler room detached? (ie; not accessible from inside the barn, and separated by fireproof wall material.)	
ALARM SYSTEM 20. a) Is there a hi-lo temp fluctuation alarm system in place with monitors in each hog room? What brand? Testing frequency? Is a test log kept? b) Is alarm system connected to ventilation equipment? c) Is alarm system wired to respond to a total or partial power outage? d) Is main alarm system hooked to dial-out system? e) How many no's programmed into the dial-out system?	
21. a) Is there a backup generator? Testing frequency? Is a test log kept? b) Auto-Start or Manual? c) Is generator capable of powering at least 60% of operation in event of power failure?	
MAINTENANCE 22. a) Is scheduled maintenance performed regularly? b) Is there a maintenance contract in place with a licensed contractor for heating, wiring, ventilation, alarm systems? c) How often are these systems serviced?	
23. Is any feed grinding done inside the buildings?	
24. Is any bedding or litter used?	
22. a) Is there a rodent control program in place? b) Describe rodent control measures?	
23. Describe manure handling and storage system. How deep is pit under barn?	
24. Is site fenced? Main gate locked?	
25. Are all exit doors equipped with standard dead-bolt locks?	
26. Overall maintenance/housekeeping?	
27. Is there a Safety Program in place?	Written          Verbal          None
28. a) Is there a resident manager/owner? Number of years experience in similar operation. b) Is the site manned 24 hours per day?	
29. a) No. of full-time employees b) No. of part-time employees	

Five Year Insured Loss History: (include all relevant details including split between livestock, buildings/equipment and business interruption payouts):

Name of Prior Carrier:

Policy No:

Has Applicant ever been declined, cancelled or non-renewed by an insurance company?

If so, please give reason and name of insurance company

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES

Applicants Name (Please Print)

Applicant's Signature

Date

Agent's Signature

Agency Name

**For Machinery/Livestock Coverage Limits, attach Additional Schedules**  
(Coverage for Machinery directly related to Hog Operation only)

***ATTACHMENTS:***

*SITE DIAGRAM (include distances)*

*PHOTOS*

*ADDITIONAL LOCATION QUESTIONNAIRES*

*MACHINERY SCHEDULE*

*LIVESTOCK SCHEDULE*