



QBE AGRI

SUPPLEMENTAL DAIRY 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 []
Explain if Yes: _____

- 5. Is any milk sold on premises? Yes [] No [] Explain if Yes: _____
Do you haul your own milk: Yes [] No []
Do you haul milk for others: Yes [] No []

- 6. Any milk contamination losses in 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: _____

- 7. Do you test the milk for antibiotics prior to loading on the milk truck? Yes [] No []

- 8. Age of milk barn? _____ Age of dairy barn equipment? _____ Updates: _____

- 9. Is there a methane digester or other alternative source of electricity on premise? Yes [] No []
Describe source: _____
Who did the installation? _____

- 10. Value of hay on premises: _____ Off premises: _____

- 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 material 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?
[] 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 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 total value of the hay? _____

- 17. 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: _____

- 18. 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: _____

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