



AGRI INSURANCE


BIG SKY UNDERWRITERS
PO BOX 3567
MISSOULA, MT 59806-3567

LIVESTOCK AUCTION MARKET QUESTIONNAIRE

- 1. Named of Insured:
2. Mailing Address:
3. Street Address:
4. Name of Principal Owner: SSN:
Residence Address:
5. Number of acres at main facility:
6. Year main facility built: Year of last major improvement:
7. Number of years in business:
8. Construction of: Pavilion Livestock Pens
Pavilion Roof Pens Roof
9. Electrical: Conduit Yes No Romax Yes No Other (describe)
Last Updated (yr)
10. Heating: Check one or more: Gas Electric Type: Forced Air Space Age (yr)
Last Updated (yr)
11. Fire Extinguishers: Yes No How Many: Type:
Where Located:
12. Distance to nearest Fire Hydrant:
13. Distance to nearest Fire Station: City or Rural
14. Does employee reside on premises: Yes No Full Time Yes No
15. Is a watchman service used: Yes No
16. How is waste disposed of: Any burning on premises: Yes No
17. Number of livestock sales per week: What day(s) S M T W T F S
18. Sales of other than cattle & percent of total sales: Horses Hogs Sheep
Exotic Animals
19. How is Hay stored: Separate Hay Barns: Yes No Open Stack: Yes No
20. No Smoking Policy in place: Yes No Signs posted and enforced: Yes No



AGRI INSURANCE

BIG SKY UNDERWRITERS 
PO BOX 3567
MISSOULA, MT 59806-3567

LIVESTOCK AUCTION MARKET QUESTIONNAIRE

21. Indicate Designated Smoking Areas:

Pavilion: Lobby: Café: Office: Other: _____

Are containers such as ash trays or cigarette butt cans provided in the designated areas: Yes No

Are procedures in place for Proper disposal of all cigarettes/smoking materials: Yes No

22. Are there catwalks: Yes No If yes, what is the construction: _____

23. Are signs posted and a plan in force to prevent non-employees from entering the livestock pen area:

Yes No

24. Are consignors or any non employee allowed to load or unload their cattle: Yes No

25. Is there perimeter fencing: Yes No

26. Are fuels, chemicals or other flammables stored on the premises: Yes No / If yes, describe location and method of storage: _____

27. Are any other business activities conducted on the premises besides the regular and special livestock sales:

Yes No If yes please describe: _____

28. Any Mobile Homes on premises: Yes No If yes, are they tied down & skirted: Yes No

29. Café or Restaurant: Yes No If yes you **MUST** provide the following:

Area of Cafe: _____ Number of Days Open: _____ Operated by: Insured or Lessee

If operated by Lessee is there a formal lease agreement: Yes No

Can Lessee provide Certificate of GL & WC coverage: Yes No

Annual Receipts: \$ _____

Type of Menu - Attach Copy _____

Type of Cooking: Stove Open Grill Deep Fat Fryer Microwave

If cooking area includes frying or grilling all of following MUST be completed:

Is area protected by an automatic suppression system: Yes No What type: _____

Does Hood and Duct area have removable grease filters: Yes No

If Yes is there a regular cleaning or replacement schedule established: Yes No

Are Hood, Ducts and Fans cleaned and inspected by qualified contractor on a regular basis: Yes No

Date last cleaned: _____ Is certificate / receipt available: Yes No

Are at least 2 Class B type fire extinguishers located in easy access of the cooking area: Yes No

30. Years agency has done business with client: _____ Years agency has known this client: _____

31. Additional comments: _____

Producer: _____ Account Manager: _____ Date: _____