



Livestock Mortality Supplemental Questionnaire

Brokerage/Agency Name:

1. List premium volume, number of accounts and highest value for livestock mortality business:

<u>Type</u>	<u>Premium Volume</u>	<u>Number of Accounts</u>	<u>Highest Value</u>
Farm	_____	_____	_____
Show	_____	_____	_____
Race	_____	_____	_____

2. Provide the following information for the top 3 carriers used for livestock mortality coverages:

<u>Carrier</u>	<u>Direct Access?</u>	<u>Premium Volume</u>	<u>Years Represented</u>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

3. Does the brokerage/agency have binding authority for livestock mortality related accounts? Yes No

4. Does the brokerage/agency place any livestock mortality business through a broker? Yes No

If Yes, complete the following for the top 3 brokers used for livestock mortality placements:

<u>Broker/Agency</u>	<u>Premium Volume</u>	<u>Carrier</u>	<u>Years of Livestock Mortality Experience</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Does the brokerage/agency write barrenness or coverage for breeding operations? Yes No

6. Does the brokerage/agency place coverage for any race tracks or commercial stables? Yes No

7. Does the brokerage/agency provide coverage for livestock in transport? Yes No

8. Are value and health of livestock reviewed on each submission and issued policy? Yes No



9. List brokerage/agency staff who handle Livestock Mortality accounts along with experience.

Name	Yrs. of Livestock Mortality Insurance Experience	Position In Brokerage/Agency
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support

Signature: _____ Date: ____/____/____

Name: _____ Title: _____
(Please Print)