

Chubb Agribusiness Supplemental Application for Livestock Auctions

Applicant Name:

Agent/ Broker:

PLEASE COMPLETE THIS QUESTIONNAIRE FOR ALL LIVESTOCK AUCTIONS

General Information:

1. What is the type of construction for: Pavilion? Livestock Pens?		
	Yes	No
2. Is there perimeter fencing?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is a no smoking policy in place with designated smoking areas?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there fire extinguishers? If Yes, Total in Facility: Type:	<input type="checkbox"/>	<input type="checkbox"/>
5. Do any employees reside on premises?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are signs posted and a plan in place to prevent non-employees from entering the pen area?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are consignors or any non-employees allowed to load or unload their cattle?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are activities other than livestock sales conducted on premises?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please describe:

Detailed Information:

1. What is the construction type & height of the sale ring separation from audience? Construction: Height:		
2. What areas are heated? What type of heat? Age? Last Updated?		
3. Number of livestock sales per week? Sale Day(s):		
4. Do any regulatory agencies inspect the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last inspection		
5. List % of head per sale: Cattle ____% Horses ____% Hogs ____% Sheep/Goat ____% Other ____%		
6. How is hay stored? Conventional Bales <input type="checkbox"/> Round Bales <input type="checkbox"/> Stand Alone Building: <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Is there a Café or Restaurant on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		
a. Type of cooking equipment: Range <input type="checkbox"/> Oven <input type="checkbox"/> Grill <input type="checkbox"/> Deep Fat Fryer <input type="checkbox"/> Other		
b. Type of menu:		
c. Number of days open: Annual Café Receipts: \$ ____		
d. Operated by: Insured <input type="checkbox"/> Lessee <input type="checkbox"/>		
e. If leased, is there a Formal Lease Agreement by Operating Lessee?	<input type="checkbox"/>	<input type="checkbox"/>
f. If leased, does lessee provide certificate of GL & WC coverage?	<input type="checkbox"/>	<input type="checkbox"/>
g. Is cooking equipment protected by a UL300 approved Automatic Suppression System?	<input type="checkbox"/>	<input type="checkbox"/>
h. Is there an Approved Vent/Hood System over cooking equipment?	<input type="checkbox"/>	<input type="checkbox"/>
i. Is Suppression System & Hood Serviced by a Qualified Service Contractor?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, Date of Last Service:		
j. Is there a Class K Type Fire Extinguisher located in easy access of the kitchen area?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Applicant Signature:

Date: