



Feed Mill & Grain Storage Questionnaire

Operations/Capacity			
Grains/Seed Handled: <input type="checkbox"/> Corn <input type="checkbox"/> Soybeans <input type="checkbox"/> Wheat <input type="checkbox"/> Rice <input type="checkbox"/> Milo <input type="checkbox"/> Oats			
<input type="checkbox"/> Other:			
Permanent Licensed Capacity of Grain Storage:		Bushels	
Temporary Licensed Capacity of Grain Storage:		Bushels	
Maximum Amount of Bushels/Tons Stored at One Time in the past 12 months?	Commodity	Bushels	Estimated Value
	Corn		
	Soybeans		
	Wheat		
	Rice		
	Milo		
	Oats		
	Other:		
Other:			
Type of Feed Mill		<input type="checkbox"/> Licensed <input type="checkbox"/> Non-Licensed	
Average Tons Manufactured Per Month			
Percent of Feed Sold:		Bagged:	Bulk:
Animal Feed Manufactured	Estimated Percent of Total Feed Manufactured	Animal Feed Manufactured	Estimated Percent of Total Feed Manufactured
Beef Cattle		Dairy Cattle	
Poultry		Horse	
Sheep		Pork	
Other:		Other:	
Other:		Other:	
Products/General Liability			
Feed manufactured for, Race Horses, Exotic Animals or other high-valued animals? If yes, Explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No

How often:	
Are medications added to feed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If medications are handled, do you have written formulas and procedures for mixing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are medications stored in separate room and kept in their original container?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Written formula records maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are any outside consultants used to formulate special rations for your customers? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are their written sequencing and flushing procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Pre-Mix's manufactured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Following Current Good Manufacturing Practices (CGMP's)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are CGMP's written?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Samples kept of finished products?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Any ingredients purchased directly from a foreign country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a master list of labels?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there daily comparison between actual amount of drug used and theoretical drug usage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are their flushing and sequencing procedures in place for cleaning bulk trucks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are incoming ingredients visually identified and analyzed prior to storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any prohibited mammalian proteins used in the feed milling operations? If yes, into what type of feeds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do truck drivers sign an acknowledgement form noting what product(s) were transported previously and if prohibited animal proteins were transported noted how the truck was cleaned?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are all bagged products or bulk product invoices that contain prohibited mammalian proteins labeled with the statement. "Do Not Feed To Cattle or Other Ruminants?"	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If conditions warrant, are all specific grains tested for toxins when received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has there been any recall of feed/products sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written security/bioterrorism program developed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are ladders secured to prevent unauthorized persons to have access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificates of insurance received from contractors to perform service on property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificates of insurance received from trucking companies hired to transport products to or from your facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property	
Written housekeeping program developed and documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written maintenance/bearing lubrication program developed and documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Bucket Elevator Legs in mill or grain elevator have belt alignment detection? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bucket Elevator Legs in mill or grain elevator have hot bearing detectors? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bucket Elevator Legs in mill or grain elevator have motion detection? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temperature cables in any grain bins? If yes, how many?	<input type="checkbox"/> Yes <input type="checkbox"/> No
All grain bins equipped with aeration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grain storage inspection/maintenance program with documentation? (Check condition, corrosion, moisture, bolts, welds, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Grain dryers inspected by company specializing in grain dryer service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Maintenance and cleaning program for grain dryers when in operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Any grain stored in temporary storage structures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Grain stored in temporary structures covered with tarps?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Magnets checked daily and cleaned for roller mills, hammer mills, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Any welding/cutting performed inside the feed mill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is cotton seed handled and stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a pneumatic dust control system used to capture dust in the elevator?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there a pneumatic dust control system used to capture dust from elevator legs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there a pneumatic dust control system used to capture dust from the dump pit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is mineral used for dust control?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Safety Programs	
New employee and annual refresher training for existing employees documented for appropriate OSHA and grain handling standards, including, housekeeping, maintenance, confined space, bin entry, fall protection, PPE, lock out/tag out, hot work, contractor safety and etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written contractor safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fleet/Auto	
Motor vehicle reports obtained annually for all drivers of company vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written company auto policy addressing responsibilities, personal use and disciplinary actions for moving violations and/or accidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUD NOTICE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA

APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents and warrants that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

PRODUCER INFORMATION:

Producer Name (Printed)

Producer Signature*

Agency Name

Agency Code

License Number

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.