



Farm Animal Suffocation Coverage Questionnaire

This form must be completed and submitted when applying for Suffocation Coverage on our Homeowners or Agribusiness policies.

| | | |
|---------------------------|---------------|----------------|
| Name of Applicant/Insured | Policy Number | Effective Date |
|---------------------------|---------------|----------------|

1. What kind of alarm system does the insured have? _____
 - a. What triggers the alarm? _____
 - b. What is the average climate? _____
 - c. What is the average temperature? _____

2. Who is notified when the alarm is activated? _____
 - a. How many people or services does the alarm notify? _____
 - b. Where are the responding people or services located? _____

3. Who services the alarm system? _____
A copy of the service agreement must be attached to the questionnaire.

4. What is the main power source? _____
 Is there a back-up source? Yes No If yes, explain: _____

5. Please list the amount of coverage desired for each building:

| <u>Location No.</u> | <u>Building No.</u> | <u>Description of Livestock</u> | <u>Limit of Liability</u> |
|---------------------|---------------------|---------------------------------|---------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Signature of Applicant/Insured _____

Date _____