



**NORTH AMERICAN
SPECIALTY INSURANCE COMPANY**
650 Elm Street
Manchester, NH 03101-2524
(800) 542-9200

BRITT PAULK INSURANCE AGENCY, INC.
100 GLEN EAGLES COURT
CARROLLTON, GA 30117
PHONE: 770-834-0015 / 800-842-8917
FAX: 770-836-8563

POULTRY/SWINE PROGRAM SUPPLEMENTAL APPLICATION

THIS APP MUST BE ATTACHED TO THE ACORD GENERAL APPLICANT INFORMATION APPLICATION – ACORD 125

APPLICANT NAME: _____

PROPERTY COVERAGE:

Bldg Type*: AB – Automated Breeder / Layer B – Broiler BC – Broiler With Cool Cells B & G – Breeding & Gestation
 E – Equipment Shed F – Farrowing FIN – Finishing L – Litter Barn
 MB – Manual Breeder / Layer N – Nursery P – Pullet House S – Stack House
 TKB – Turkey Brooder TKGO – Turkey Grow Out C – Compost O – Other

Truss Type:** F – Frame M – Metal

Property Description:	Bldg 1	Bldg 2	Bldg 3	Bldg 4	Bldg 5	Bldg 6	Bldg 7	Bldg 8
Building Type*:								
Roof Truss Type **:								
Year Built:								
Building Length & Width:								
Building Condition:								
# Feet Between Trusses:								
Distance Between Buildings:								
Rep. Cost / Bldg. Requested (Including Equipment Permanently Attached & Feed Bins)	\$	\$	\$	\$	\$	\$	\$	\$

Generator Description: _____ **LIMITS:** \$ _____

Additional Supports? If So – Description: _____

Requested Deductible: \$ _____ **Processing Company:** _____

BUSINESS INCOME COVERAGE: (Optional)

Estimated Annual Income: \$ _____ **Desired Limit (Minimum 50%)** \$ _____

MOBILE EQUIPMENT COVERAGE: (Optional)

Equipment Detail			
Year	Make & Model Description	Serial Number	ACV Insured Limit
1.			\$
2.			\$
3.			\$
4.			\$

Additional Information Or Loss Payee(s): _____

Applicant Signature: _____ **Date:** _____

POULTRY / SWINE BUILDING QUESTIONNAIRE – INSPECTION

NAME OF APPLICANT: _____ PAGE _____ OF _____

LOCATION OF BUILDING(S): _____

UNDERWRITING / INSPECTION QUESTIONS:

PICTURES ATTACHED: YES NO

BLDG #: _____ AGREED AMOUNT REQUESTED: _____ GENERAL CONDITION: _____

1. YEAR BUILT: _____ WIDTH: _____ LENGTH: _____ USE: _____
2. TRUSSES: METAL FRAME MANUFACTURER: _____
3. DISTANCE BETWEEN TRUSSES: _____ EXTRA BRACING: YES NO Explain Below
4. ELECTRICAL WIRING IN CONDUIT? YES NO UPDATED: _____ (YEAR)
5. FIRE EXTINGUISHER NEAR CONTROL PANEL? YES NO
6. IF METAL CONSTRUCTION – ARE BASE PLATES COATED? YES NO CONDITION: _____
7. ROOF RIDGE SAGGING OR DIPPING? YES NO IF YES – EXPLAIN BELOW
8. ANY EXISTING DAMAGE? YES NO IF YES – EXPLAIN BELOW
9. PROFESSIONALLY INSTALLED SURGE PROTECTORS? YES NO
DATE INSTALLED: _____ BY WHOM? _____
10. EXPLANATIONS: (ATTACH SEPARATE SHEET IF NEEDED)

BLDG #: _____ AGREED AMOUNT REQUESTED: _____ GENERAL CONDITION: _____

1. YEAR BUILT: _____ WIDTH: _____ LENGTH: _____ USE: _____
2. TRUSSES: METAL FRAME MANUFACTURER: _____
3. DISTANCE BETWEEN TRUSSES: _____ EXTRA BRACING: YES NO Explain Below
4. ELECTRICAL WIRING IN CONDUIT? YES NO UPDATED: _____ (YEAR)
5. FIRE EXTINGUISHER NEAR CONTROL PANEL? YES NO
6. IF METAL CONSTRUCTION – ARE BASE PLATES COATED? YES NO CONDITION: _____
7. ROOF RIDGE SAGGING OR DIPPING? YES NO IF YES – EXPLAIN BELOW
8. ANY EXISTING DAMAGE? YES NO IF YES – EXPLAIN BELOW
9. PROFESSIONALLY INSTALLED SURGE PROTECTORS? YES NO
DATE INSTALLED: _____ BY WHOM? _____
10. EXPLANATIONS: (ATTACH SEPARATE SHEET IF NEEDED)

INSPECTED BY: _____ DATE: _____