



Brett & Ponik Insurance
 100 Glen Eagles Court
 Carrollton, GA 30117
 Phone: (770) 834 0919 / (800) 842 8917
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POULTRY / SWINE PROGRAM SUPPLEMENTAL APPLICATION

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

Applicant's Name _____ Integrator _____

Bldg Type

- | | | |
|--------------------------------|------------------------------|---|
| Poultry | Swine | ALL |
| AB – Automated Breeder / Layer | B & G – Breeding & Gestation | E – Equipment Shed |
| B – Broiler | F – Farrowing | G – Generator Shed with permanent generator |
| BC – Broiler with Cool Cells | FIN – Hog Finishing | OFF - Office |
| C – Compost Shed | N – Nursery | PU – Water well pump only |
| INC - Incinerator | | WH – Well House and well pump |
| L – Litter Shed | | O - Other |

Truss Type F - Frame M – Metal **Additional Supports** KB – Knee Bracing CT – Collar Ties SP – Snow Poles OT – Other (describe)

BUILDING PROPERTY

Loc #	Bldg #	Building Property Type	Roof truss type	Additional Bracing code(s)	Distance between trusses	Year built	Length	Width	Condition	Distance to nearest other building	Amount of Insurance	Coverage / Coinsurance
											\$	<input type="checkbox"/> RC 100% <input type="checkbox"/> ACV 90%
											\$	<input type="checkbox"/> RC 100% <input type="checkbox"/> ACV 90%
											\$	<input type="checkbox"/> RC 100% <input type="checkbox"/> ACV 90%
											\$	<input type="checkbox"/> RC 100% <input type="checkbox"/> ACV 90%
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											\$	<input type="checkbox"/> RC 100% <input type="checkbox"/> ACV 90%
											\$	<input type="checkbox"/> RC 100% <input type="checkbox"/> ACV 90%

Property Deductible \$1,000 \$2,500 \$5,000 \$10,000 per occurrence _____

Water well pumps, generators and incinerators permanently attached to a covered building should be insured as building property.

Please complete the Building Renovations Supplemental Application for all buildings that have been renovated in the past 5 years.

BUSINESS PERSONAL PROPERTY / MOBILE EQUIPMENT

Item #	Loc #	Bldg #	Year	Description (Make & Model)	Serial Number	Amount of Insurance	Valuation	Coinsurance
						\$	<input checked="" type="checkbox"/> ACV	<input checked="" type="checkbox"/> 80%
						\$	<input checked="" type="checkbox"/> ACV	<input checked="" type="checkbox"/> 80%
						\$	<input checked="" type="checkbox"/> ACV	<input checked="" type="checkbox"/> 80%
						\$	<input checked="" type="checkbox"/> ACV	<input checked="" type="checkbox"/> 80%

BUSINESS INCOME

Loc #	Description	Estimated Annual Income	Amount of Insurance	Coinsurance	Monthly Limitation
		\$	\$	<input type="checkbox"/> 50% <input type="checkbox"/> _____%	<input type="checkbox"/> 1/3 <input type="checkbox"/> _____
		\$	\$	<input type="checkbox"/> 50% <input type="checkbox"/> _____%	<input type="checkbox"/> 1/3 <input type="checkbox"/> _____

MORTGAGEE / LOSS PAYABLE

Loc #	Bldg #	Name of Mortgagee / Loss Payable	Mailing Address	Financial Interest
				<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payable <input type="checkbox"/> Lender Loss Payable
				<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payable <input type="checkbox"/> Lender Loss Payable
				<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payable <input type="checkbox"/> Lender Loss Payable

Applicant's Signature _____ Date _____