

**DAIRY BARN QUESTIONNAIRE**

- 1. What is the class of dairy? Class A \_\_\_\_\_ Class B \_\_\_\_\_
- 2. Does the dairy belong to an association? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of Association \_\_\_\_\_
- 3. Number of cows milked per milking? \_\_\_\_\_
- 4. Number of milkings per day? \_\_\_\_\_
- 5. How many cows can be milked at once? \_\_\_\_\_
- 6. Where is milk sold? \_\_\_\_\_
- 7. Is milk picked up or delivered? \_\_\_\_\_ Daily? Yes \_\_\_\_\_ No \_\_\_\_\_
- 8. Is the milk tested? Yes \_\_\_\_\_ No \_\_\_\_\_
- 9. How often? \_\_\_\_\_
- 10. By who? \_\_\_\_\_
- 11. How many customers are on the line for pickup at the same time? \_\_\_\_\_
- 12. Have you previously had a contamination liability claim? \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, When? \_\_\_\_\_ Amount Paid \_\_\_\_\_  
Comments about loss? \_\_\_\_\_
- 13. What heating systems are used in the dairy barn? \_\_\_\_\_
- 14. Is the air flow good? Yes \_\_\_\_\_ No \_\_\_\_\_
- 15. Is there a maintenance schedule? Yes \_\_\_\_\_ No \_\_\_\_\_
- 16. Who are maintenance personnel? \_\_\_\_\_
- 17. Number of full time employees? \_\_\_\_\_
- 18. Number of part time employees? \_\_\_\_\_
- 19. Do employees work other than the dairy operation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, describe \_\_\_\_\_

**ELECTRICAL**

- 20. Is the majority of the wiring in plastic conduit? \_\_\_\_\_  
Metal? \_\_\_\_\_, or Open? \_\_\_\_\_
- 21. Where is the service box located? \_\_\_\_\_
- 22. Is the service box a dust free box? \_\_\_\_\_
- 23. Is the service box done to code? \_\_\_\_\_
- 24. Is the wiring done to code? \_\_\_\_\_
- 25. When was the wiring last updated? \_\_\_\_\_
- 26. Are the light fixtures dust / moisture resistant? Yes \_\_\_\_\_ No \_\_\_\_\_
- 27. Are the junction boxes plastic? Yes \_\_\_\_\_ No \_\_\_\_\_ or Metal? Yes \_\_\_\_\_ No \_\_\_\_\_
- 28. Are the junction boxes dust proof? Yes \_\_\_\_\_ No \_\_\_\_\_
- 29. Are there any no smoking signs posted? Yes \_\_\_\_\_ No \_\_\_\_\_
- 30. Is there a power outage alarm installed? Yes \_\_\_\_\_ No \_\_\_\_\_
- 31. Is there a back-up power system? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, how many kilowatts? \_\_\_\_\_
- 32. Is there a telephone on location or in the building? \_\_\_\_\_
- 33. Are there fire extinguishers? Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_
- 34. When were they last filled or checked? \_\_\_\_\_
- 35. Are fire walls present? Yes \_\_\_\_\_ No \_\_\_\_\_
- 36. What type of insulation is used? \_\_\_\_\_
- 37. Was the barn originally built for dairy purposes? Yes \_\_\_\_\_ No \_\_\_\_\_
- 38. What type of construction is the building? \_\_\_\_\_
- 39. Is there upper hay storage in the dairy barn? Yes \_\_\_\_\_ No \_\_\_\_\_
- 40. Is hay probed for hot spots? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, describe? \_\_\_\_\_
- 41. Is there hay in stacks? Yes \_\_\_\_\_ No \_\_\_\_\_ Maximum limit  
Distance between stacks \_\_\_\_\_

42. What type of roof?

FLAT

GABLE

GOTHIC

GAMBREL

\_\_\_\_\_

43. Describe the holding tanks or system \_\_\_\_\_

\_\_\_\_\_

44. Would your area be subject to a snow overload on the roof?

Yes \_\_\_\_\_ No \_\_\_\_\_

45. Does the grade around the building slope away from the building?

Yes \_\_\_\_\_ No \_\_\_\_\_

46. Does drainage from the building drain toward any natural waterway?

Yes \_\_\_\_\_ No \_\_\_\_\_

47. What measures are taken for insect and rodent control? \_\_\_\_\_

\_\_\_\_\_

48. Is there an emergency plan if animals need to get out in case of a fire?

Yes \_\_\_\_\_ No \_\_\_\_\_

Describe \_\_\_\_\_

\_\_\_\_\_

**AGRICULTURAL COST ESTIMATING FORM**

Name: \_\_\_\_\_

Property Location: \_\_\_\_\_ Zip Code: \_\_\_\_\_

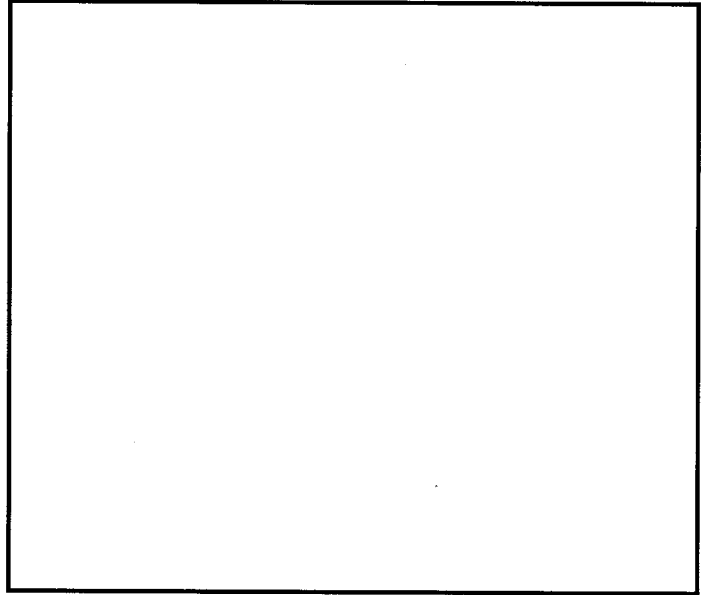
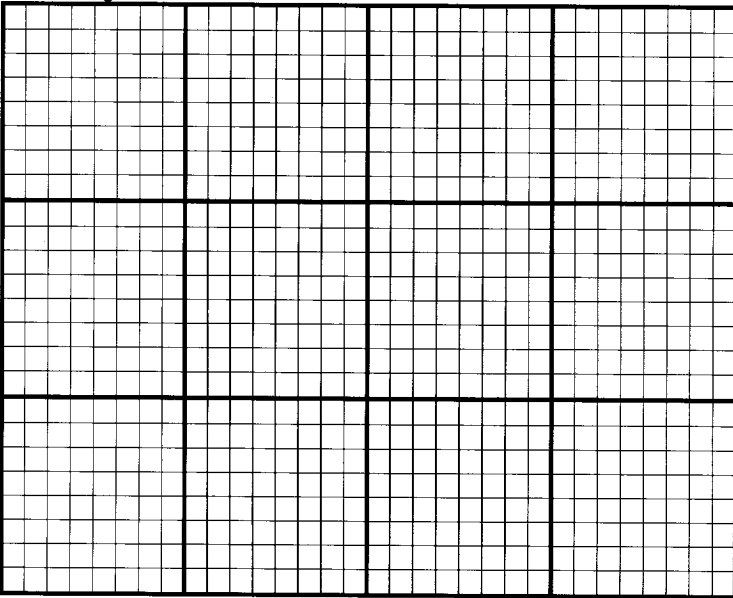
Office Location: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Policy Number

Draw Diagram of Gross Floor Area

Attach Photo



Structure 1	Structure 2	Structure 3	Structure 4
Gross Floor Area _____ s.f.	Gross Floor Area _____ s.f.	Gross Floor Area _____ s.f.	Gross Floor Area _____ s.f.
Total Perimeter _____ l.f.	Total Perimeter _____ l.f.	Total Perimeter _____ l.f.	Total Perimeter _____ l.f.

Computations and other pertinent data \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_