



Supplemental Heat Stress Coverage Application

Fill out the below form completely to apply for supplemental heat stress coverage on your livestock operation.

OPERATION NAME:		CONTACT NAME:	
ADDRESS:		CITY:	STATE: ZIP:
TELEPHONE NO:		EMAIL:	

What is your feedlot capacity (number of head)?.....

What is the average number of head per pen?.....

How many head are there per water fountain?.....

Is shade available to your livestock?..... ☐ Yes ☐ No

If Yes Square feet of shade per head:.....

Are water sprinklers used during the summer?..... ☐ Yes ☐ No

Is standing water provided during extreme heat?..... ☐ Yes ☐ No

Is shelter provided for your livestock?..... ☐ Yes ☐ No

If Yes Type of shelter (check all that apply):

☐ Wind Break ☐ Sun Shade ☐ Open Front Building ☐ Other:

Have you had any heat stress death losses in the past 5 years?..... ☐ Yes ☐ No

If Yes Number lost: Year(s):

Is there any other information about your operation that we should know?

By signing below you certify to the best of your knowledge that all information provided above is true and complete.

Applicant's Signature

Printed Name

Date

Coverage is contingent upon the honesty and accuracy of your answers. A physical inspection by one of our representatives may be required prior to approval. Farmers Mutual reserves the right to refuse coverage for any reason.

INTERNAL USE ONLY	
Received:	Reviewed By:
Approved: ☐ Yes ☐ No	Date: