

## Misfortune Policy - Application Form

Name of Authorized Producer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ Producer Number: \_\_\_\_\_

Location of  
Production Facility: \_\_\_\_\_  
\_\_\_\_\_

Date of Misfortune: \_\_\_\_\_

The Misfortune was due to:  Reportable Disease  
 Other Circumstances

Provide an explanation of the incident.

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

I/We have leased authorized quota. Yes  No

If yes, provide details including dates, amount, and to whom the quota was leased.

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

List any changes you have made that would reduce or prevent such a misfortune from happening in the future.

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Provide copies of the following that would support your request:

- a. photographs indicating the circumstances;
- b. a witness statement;
- c. laboratory reports;
- d. insurance breeder policy and adjustors statement;
- e. record of breeder chick placements;
- f. any disease reporting or action;
- g. record of salable chicks produced
- h. other information relevant to the misfortune

I hereby state that, to the best of my knowledge, the above information is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date