



**DAIRY MANAGEMENT QUESTIONNAIRE**  
**(To be completed and signed by the insured)**

NAME OF RISK: \_\_\_\_\_ LOCATION: \_\_\_\_\_

1. When were your **buildings constructed** and when was the electrical **wiring** in your buildings **last updated?**
  
2. What **kinds of chemicals** are used in your operations? Where and how are chemicals stored?
  
3. Is the **refrigeration system** regularly maintained and inspected? Explain procedures in place.
  
4. How are you **disposing** of your animal waste? Describe method used.
  
5. Is your dairy operation within **1 mile** of residential development? If yes, explain.
  
6. How close is your dairy operation to the nearest lake or river?
  
7. Has anyone filed a formal **complaint** or nuisance **lawsuit** against you because of your dairy operations? If yes, explain.
  
8. Has a regulatory authority ever cited **you** for not being in **compliance** with your manure/nutrient management plan (including any lagoon system)? If yes, explain.

9 How many head of cattle do you have?

10 Do you have lagoons? When were they built? What are they lined with? (e.g. clay or plastic)

11 Were you lagoon plans approved by the state agency governing them? Did you obtain permits from the state to construct your lagoons?

12 Has your overall waste management plan been approved by the state agency governing them?

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(Applicant's Signature and Date)

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(Producer's Signature and Date)