SALE OF RAW MILK FROM THE FARM PREMISES
CHECKLIST

If you have an * after any thing answered NO,
DO NOT BIND-consult your underwriter.

Name of Operator/Operation/Insured____________________________________________________
Policy # _______________      Receipt from the sale of raw milk from the premises? $____________
Are you selling in Vermont less than 50 quarts of raw milk daily from the farm premises? ___Y____ N

OR
Are you selling in New Hampshire less than 80 quarts of raw milk daily from the farm premises? ___Y____ N
If over 50 qts in VT or 80 in NH, are you registered with Agency of Agriculture? ___Y_____ N*
Have you consulted with the State of Agriculture on regulations regarding the sale of raw milk? ___Y__N
Is your raw milk being sold directly to the customers? ___Y____ N*
Do you ship raw milk for processing? ___Y ____ N
Are animals TB/brucellosis tested? ___Y ____ N*   Are animals vaccinated for rabies? ___Y ____ N*
Is your water tested for Coli-form bacteria, as your state requires? ___Y____ N*
Is your milk tested for bacteria (standard plate count), somatic cell count, antibiotic residues and
temperature no less than once a month? _____Y____N*
If animal is treated with antibiotics, do you test the milk for antibiotics before selling? ___Y _____ N*
   Is your milk cooled to 40 degrees or less within 2 hours of milking? ___Y ____ N*
Are you keeping at least 30 days of milk samples frozen? ___Y ____ N*
Are you keeping a customer contact list and records of dates of milk sales? ___Y ____ N
Are you labeling and dating milk that is sold? ___Y ____ N
Do you provide containers? ___Y__ N
Are all containers checked and sanitized before filling? __Y __N*
What type of containers is used for bottling milk?  Glass? ___Y ____ N Plastic? ___Y ____ N

Insured Signature _______________________or Agent_________________________________