

**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 _____