

LIVESTOCK NAMED OR SPECIFIED PERILS APPLICATION

Expiration Date _____

Renewal of No. _____

This is not a binder, but merely an application for insurance, which is effective only upon acceptance and issuance of a policy by the Company.

I / We _____ (print full name of applicant) of _____

Home Phone _____ Work Phone _____

hereby apply for insurance against loss by death resulting from specified perils for the term of twelve months, on the following described animal or animals.

If coverage is requested in excess of purchase price or if animal(s) is/are homebred, substantiation of value is required. This may be in the way of breeding, race or show record.

SEX	NAME OF ANIMAL	DATE OF BIRTH	REG. NO.	BREED	USE	DATE OF PURCHASE	PUR. PRICE OR SF	AMOUNT INSURANCE

SIRE: _____ DAM: _____

Chiefly kept on premises known as _____ (give complete address)

1. Are the animals listed herein free of disease or injury and fully capable of performing the function(s) intended? If not, explain. _____
2. Are the animals stabled at night? _____
3. Will they be on open range at any time? _____ If so, explain. _____
4. Are animal(s) to be raced? _____ If so, please designate. _____
5. Are animal(s) to be shown? _____ If so, please designate. _____
6. How many other animals of this type do you own? _____
7. Was purchase price cash, trade or both? _____ If any part was trade, state what it consisted of and what amount was paid. _____
8. Are any of the animals listed here mortgaged? _____
If so, give name and address of mortgage and amount. _____
9. Are you the sole owner of the animal(s)? _____
10. Give name and address of your usual veterinarian. _____
11. Is there any other insurance on any of the animals listed here? _____ If so, give amount of insurance & name of Company. _____
12. Has any company ever rejected your application for insurance or cancelled a policy on any animal listed herein or owned by you? _____
If so, explain. _____

I / We understand and agree that any misstatement of fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application, and further that this application shall become part of some insurance policy. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

It is agreed that this insurance shall not be in force or effect until and unless this application shall be accepted and a policy of insurance issued by said company.

Date: _____ Signed: _____