

# ANIMAL MORTALITY APPLICATION for Cattle



**(Minimum Earned Policy Premium \$250.00)**

Producer's Name _____ Agency Code _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-mail Address _____	Applicant's Name _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-Mail Address _____ Policy Term Desired <b>(maximum term 12 months):</b> _____
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Individual  
  Partnership  
  Corporation  
  Joint Venture  
  Limited Liability Corp.  
  Other \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_  
  New Policy  
 Installation Payment Plans?  
  Yes  
  No  
(Coverage begins on the date of acceptance by the Company)  
  Endorsement \_\_\_\_\_ (Policy Number)  
 (Available on Premiums over \$500)

Animal Name	Date of Birth	Date of Purchase	Purchase Price	Requested Limit of Insurance*
<b>Identification</b> (Registration#, Tattoo#, Microchip# or Pictures if unregistered)			<b>Sex</b> (Bull, Cow, Heifer, Steer)	<b>Breed</b> <b>Use</b>
<b>Primary Housing Location:</b> _____				

**All Limits of Insurance are subject to company approval.**

\*For a Requested Limit of Insurance that does not equal the Purchase Price, complete and attach a **Substantiation of Value.**

**Type of Coverage Requested:**

Mortality - Full     
  Mortality - Limited     
  Aggregate Deductible     
  Other \_\_\_\_\_

1.	Will the animal be observed and cared for daily? If No, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has animal listed received treatment for an accident, injury, sickness, disease, lameness, displaced abomasum or bloat in the last 12 months? If Yes, provide complete details including occurrence date(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Other than for routine care, is the animal listed receiving regular treatment, medication or supplements? If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Will animal be transported during the coverage period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is the animal due to calve any time during the requested Policy Period? If Yes, please give: Estimated Calving Date: _____ Bred to: _____ Number of Previous Calves: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Has the animal listed suffered from a prolapsed uterus or experienced any other birthing difficulties? If Yes, please provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has there been any illness, injury or death to any other cattle owned by you in the past 36 months that were covered by mortality insurance or not? If Yes, please provide details below. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Has there been any evidence of contagious or infectious disease during the past twelve months in the location where the animal is kept? If Yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Has any insurance carrier ever canceled, non-renewed or refused to insure any animal in which the applicant has or had an insurable interest? If Yes, provide details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Is there any other insurance on the animal listed? If Yes, name of current insurance carrier: _____ Expiration Date: _____ Amount of coverage: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Is the animal listed leased to others? If Yes, please attach a copy of the Lease Agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. For animal listed is there a Loss Payee: (Name and Address) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are you the sole owner of the animal? If No, provide other owner's % of interest, name and address: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Name, address, and telephone number of the animal's primary licensed Veterinarian: _____	
15. Do you understand that the insurance policy you are applying for requires you to give the Company immediate notice of any covered animal's death, injury, sickness, or disease, along with a description of the condition and the name of the attending veterinarian? Do you also understand that failure to give this immediate notice may result in the denial of a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**For Bucking Bulls Only:**

1. Has any animal been given anabolic steroids or any other substance with or without your knowledge? If Yes, provide details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has any animal ever tested positive for anabolic steroids or any other substance? If Yes, please explain and provide test results. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.  
 (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

**IN THE DISTRICT OF COLUMBIA, WARNING:** IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**IN FLORIDA,** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**IN KANSAS,** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT,** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**IN WASHINGTON,** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANTS SIGNATURE	DATE (Must be no more than 30 days prior to policy effective date)	
PRODUCERS SIGNATURE	PRODUCERS NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in Florida)

**VETERINARIAN'S STATEMENT OF EXAMINATION FOR CATTLE**



Producer's Name _____ Agency Code _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-mail Address _____	Applicant's Name _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-Mail Address _____
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I, \_\_\_\_\_ hereby certify that I have this \_\_\_\_ day of \_\_\_\_ examined the following animal at rest and in motion:  
 (Please Print Name)

Animal Name: \_\_\_\_\_

1. How long have you been the veterinarian for the above animal? \_\_\_\_\_
2. a. Do both eyes of the animal appear clinically normal without drainage? .....  Yes  No  
 b. Do the lungs and heart sounds fall within normal ranges? .....  Yes  No  
 c. Does the hair coat appear to be smooth and shiny? .....  Yes  No  
 d. Have you examined the animal without the aid of chemical restraint? .....  Yes  No  
 d. Do the feet appear to have normal growth? .....  Yes  No  
 e. Does the animal appear relaxed and free of pain in all gaits/movements observed?.....  Yes  No  
 f. Is herd free of Brucellosis? .....  Yes  No  
 g. Is the animal routinely wormed or vaccinated? .....  Yes  No

If "No" to any of the above, please give details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. a. Does there now exist, or has there recently been any infectious disease in animals area? .....  Yes  No  
 b. Does the animal have any physical deformities, disease, or infection? .....  Yes  No  
 c. Does the animal examined show any symptom of previous sickness, disease, or injury? .....  Yes  No  
 d. Does the animal receive any other medication? .....  Yes  No  
 e. Does the animal exhibit any respiratory or circulatory distress? .....  Yes  No  
 f. Are there any signs of lameness and/or incoordination? .....  Yes  No

If "Yes", to any of the above, please give details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Please give a brief history of any major surgery and/or treatment for disease or injury you have performed on the animal listed during the last year \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Bulls Only:</b> 1. Do genitals appear healthy and normal?..... <input type="checkbox"/> Y <input type="checkbox"/> N 2. Does penis and prepuce appear normal and free of any sores, infection, tumors or injury? ..... <input type="checkbox"/> Y <input type="checkbox"/> N 3. Are testicles of normal dimension and consistency and fully distended into scrotum? ..... <input type="checkbox"/> Y <input type="checkbox"/> N Detail any abnormal findings: _____ _____	<b>Cows Only:</b> 1. Is cow free of mastitis? ..... <input type="checkbox"/> Y <input type="checkbox"/> N 2. Is the cow bred? ..... <input type="checkbox"/> Y <input type="checkbox"/> N Est Calving Date: _____ 3. Is there any history of gestation, lactation or parturition problems? ..... <input type="checkbox"/> Y <input type="checkbox"/> N Detail any problems or concerns: _____ _____
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\_\_\_\_\_  
 Veterinarian's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Telephone Number

Veterinarian's Address: \_\_\_\_\_  
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