

Cattle Mortality Application

(Completion of Application does not bind Company to risk)

New Policy Add to Existing Policy #: _____ Proposed Effective date: _____

1. Named Insured – Full Name(s)/DBA: _____
 Individual Joint Venture Organization Corporation Partnership Syndication

2. Address: _____
 City: _____ State: _____ County: _____ Zip: _____ Home Ph: (____) _____ - _____

3. Business Phone: (____) _____ - _____ Cell #: (____) _____ - _____ Occupation: _____
 Email Address: _____ (Company/Agent use for Claims/Policy Info Distribution)

4. Cattle Location: _____
 Address: _____
 City: _____ State: _____ County: _____ Zip: _____ Phone: _____

5. **COVERAGE:** (Consult your Agent concerning eligibility of animal's use, age, and health for appropriate coverage available to you)
 Full Mortality incl Limited Theft? Limit Perils?: Specified Perils; Accident Only
 Agreed Value (Proof Required) (Optional Covers not available for Limited Peril policies)

6. ANIMAL(S) TO BE COVERED: (Copy for additional cattle or use supplemental Schedule)

#	*Name/ID# or Brand/Tattoo#	Breed	Date of Birth	Color	Sex	Use	Purchase Date	Purchase Price	Insured Amount	Rate
1										
Bull Fee (Homebred Calves): \$			Bull's ID:				Dam's ID:			
Opt Covers (Discuss with Agent): <input type="checkbox"/> Bull Infertility (ASD) **										
2										
Bull Fee (Homebred Calves): \$			Bull's ID:				Dam's ID:			
Opt Covers (Discuss with Agent): <input type="checkbox"/> Bull Infertility (ASD) **										

*Provide name of bull and dam for unnamed offspring. Unregistered cattle require a photograph.
 Certain Optional Coverage requires Supplemental Applications and prior approval by Company. Discuss with Agent on availability for your risk.
 ** Not available for breeding cows or pasture breeding bulls.

7. a.) Are you the sole owner of the cattle listed? Yes No
 b.) Are encumbrances i.e. liens, indebtedness on the cattle being leased? Yes No
 c.) Name & address of additional insured/lien holder/loss payee/lessee? _____

8. a.) Price Paid?: cash, trade or both? Details: _____ (JOV required if Insd Amt exceeds Paid Price)
 b.) Acquired from: _____

9. Do you own other cattle not listed above? Yes No. If yes, how many? _____

10. Have you applied, or carried, Cattle Mortality insurance before? Yes No **If yes, provide Carrier Loss Report**

11. Have you had any loss to any animal(s) in the last 5 years? Yes No **If yes, provide date, name, loss amounts, cause, and vet info details:** _____

12. To your knowledge, has the cattle being applied for insurance suffered any accident, illness, injury, disease or lameness and had any veterinary treatment? Yes No. **If yes, details – name, condition, date, & treating Vet:** _____

13. Has any animal(s) above received any medication(s), other than preventative annual vaccines, for any accident, illness, injury, disease or lameness condition? Yes No? Reasons: Preventative; Maintenance;

Treatment? If yes, provide specifics: 1) animal; 2) condition; 3) applicable limb & joint, 4) frequency, 5) duration? _____

14. Any congenital or hereditary birth defects known to exist in cattle above (respiratory, milking, breeding, neurologic, skeletal, spinal, conformational problems)? Yes No. If yes, Condition: _____ Tested? Date: _____
Results: _____
15. Any contagious or infectious disease previously or currently on premises or within any cattle? Yes No

USE & MANAGEMENT

16. a.) Personal having the care, custody or control of listed cattle? _____
b.) Years experience of a.) above? _____
c.) Are premises suitable and safe-guarded for cattle? _____
17. How are cattle kept? Pens Lots Open Pasture. Inclement weather improvements available? Yes No
18. Describe supervision & surveillance (day and night): _____
19. Describe management practices for inclement weather? _____
20. Is Veterinarian care readily available in the event of emergency? Yes No Vet proximity distance? _____
21. Name and contact information of regular Veterinarian: _____
22. Does a program exist and do above cattle **receive recommended inoculations and boosters and remained on its' regular de-worming program** administered, supervised or recommended by your regular Vet? Yes No. **If No, explain:** _____

Notice of Insurance Information Practice: *Personal information about YOU may be collected by others. Such personal and privileged information collected by the COMPANY, or agents, may be disclosed to third parties for underwriting purposes only. YOU have the right to review your personal information in the COMPANY'S file and can request correction of any inaccuracies. A more detailed description of YOUR rights and the COMPANY'S practices regarding such information is available upon Agent request.*

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. (See separately attached Fraud Warnings for your State's specific wording).

I understand, and agree to, **IMMEDIATELY NOTIFY** the Company upon any injury, illness, surgery, disease or death of an animal, **and further that other reporting time conditions apply in the event of a claim hereunder.** I also understand that in the event of the death of an insured horse, a postmortem exam by a qualified veterinarian must be provided at my expense.

I/we declare that I/we have read the specific Fraud Warning applicable to my/our state and that all the above statements made in this application are true to the best of my/our knowledge and belief and that this application shall form the basis of the contract between me/us and the insurer/Company and that I/we will accept and abide by the terms and conditions contained in the policy to be issued. If anything be falsely stated, or information withheld, to influence the Company's decision, then coverage under the policy may be jeopardized if the Company has been prejudiced and the insurance can be canceled with the appropriate length of notice per state statute and Company be released from any liability in connection with the claim.

Applicant's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____

Agent's Code #: _____ Agent's Res/NR License # _____ Lic Exp Date: _____
(Resident/Non-resident Lic # for Client State above)

Payment Plan Options: Agency bill (no installment fees)
(Select One)

- Annual Pay (100%) Semi-Annual (\$500 or greater) (50%/50%) Quarterly (\$1,000 or greater) (AB -34% down)

VETERINARY CERTIFICATE OF EXAMINATION

The animal being examined for insurance should be moved about outside and viewed from front and back to demonstrate soundness of limb, freedom of movement and overall condition. Careful observation should be made as to housing conditions and possible presence of contagious disease.

TO THE VETERINARIAN: Cattle exposed to any contagious or infectious disease may not be insurable. If there is evidence or knowledge of these problems, please provide all details or medical history. I, _____ **do certify that I am a graduate Veterinarian holding a current license to practice in the state of _____ with current license # _____ and that I have this date examined:**

****One animal per Veterinary Certificate. Please make additional copies as needed for additional animals.****

Animal #	Name/I.D. #/ID Brand/Tattoo #	Breed	Age	Color	Sex	Bull/Dam
1						

Owned By: _____ Location of animal(s): _____

- | | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Pulse & Respiratory normal? | <input type="checkbox"/> | <input type="checkbox"/> | 17. If female, is she reported pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Temperature normal? | <input type="checkbox"/> | <input type="checkbox"/> | If so, give due date: _____ | | |
| 3. Eyes clinically normal? | <input type="checkbox"/> | <input type="checkbox"/> | 18. Any conditions detrimental to satisfactory breeding?_ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Heart auscultated & found normal? | <input type="checkbox"/> | <input type="checkbox"/> | 19. Has cow(s) previously had milk fever? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has rectal been performed for Lympho-Sarcoma? | <input type="checkbox"/> | <input type="checkbox"/> | 20. Has cow(s) had any past calving problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have animal(s) been tested for Tuberculosis? | <input type="checkbox"/> | <input type="checkbox"/> | Date: _____ | | |
| Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> | 21. Has animal(s) been vaccinated for Leptospirosis/Vibriosis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have animal(s) been tested and Vaccinated for Brucellosis? | <input type="checkbox"/> | <input type="checkbox"/> | Date: _____ | | |
| Date: _____ | | | 22. Has animal(s) been vaccinated for 7-Way? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does animal originate from an area where Anaplasmosis exists? | <input type="checkbox"/> | <input type="checkbox"/> | Date: _____ | | |
| If so, has it tested negative? | <input type="checkbox"/> | <input type="checkbox"/> | 23. Has above animals remained on a consistent, effective parasite program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does animal originate from an area where BSE or Mad Cow Disease exists? | <input type="checkbox"/> | <input type="checkbox"/> | 24. Are vaccinations up to date? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Animal(s) subject to Johne's Disease? | <input type="checkbox"/> | <input type="checkbox"/> | 25. Any indication of infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Any indication or history of lameness and/or faulty confirmation? | <input type="checkbox"/> | <input type="checkbox"/> | 26. Contagious disease on premises or in area? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Subject to or any history of gastrointestinal/digestive/colic/bloat disorders? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Any clinical evidence of objectionable vices or habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any surgery been performed? | <input type="checkbox"/> | <input type="checkbox"/> | 28. Is stabling and/or fencing adequate? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, attach details on separate page. | | | 29. Are you the usual Veterinarian? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. If any surgery performed, has animal fully recovered? | <input type="checkbox"/> | <input type="checkbox"/> | How long have you treated this animal? _____ | | |
| 15. Is there likelihood of future danger to life or limb as a result of such surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 30. Have you discussed the animal's health history with the owner or caretaker? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. If male, are both testicles evident? | <input type="checkbox"/> | <input type="checkbox"/> | 31. Has a complete pre-purchase or soundness exam been performed within the past 90 days? (If yes, provide copy) | <input type="checkbox"/> | <input type="checkbox"/> |
| Date castrated? _____ | | | | | |

Explain any propensities, conformational problems, abnormal history, evidence or any other condition that may affect the health, welfare or use of the animal: _____

In your opinion, is the feeding and supplement program adequate for the life stage, use, and condition of the above listed animals? _____

Except as noted, I certify that to the best of my knowledge the above information is correct and I believe this animal is healthy and free of any prior health conditions and lameness conditions.

Vet Signature: _____
Address: _____
City, St, Zip: _____

Exam Date: _____
(Application & VC must not be older than 30 days of date and time completed)

AL “Any person who knowingly present a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.” (AL ST s 27-12A-2)

AR, LA, RI, WV

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.” (AR ST s 23-66-503) (LA R.S. 40:1424) (RI ST s 27-54-8) (WV ST 33-41-3)

CO “It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.” (CO ST s 10-1-128)

DC “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.” (DC ST s 22-3225.09)

FL “Any person who knowingly and with the intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.” (FL ST s 817.234)

HI “For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.” (HI ST s 431:10C-307.7)

KY “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.” (KY ST s 304.47-030)

ME “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.” (ME ST T. 24-A s 2186)

NJ “Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.” (NJ ST s 17:33A-6)

MD, NM

“Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.” (MD Insurance s 27-801) (NM ST s 59A-16C-8)

NY “Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.” (NY INS s 403 (Consol.); 11 NY ADC 86.4)

OH “Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”

OK “WARNING: Any person who knowingly, and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.” (OK ST T. 36 s 3613.1; OK ADC 365:10-1-11)

PA “Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.” (PA ST Ti. Ti. 18 P.S. s 4117)

TN, VA, WA

“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.” (TN ST s 56-53-111) (VA ST s 52-40) (RCW 48.135.080)

OR, TX “Any person who makes an INTENTIONAL MISSTATEMENT that is MATERIAL TO THE RISK MAY BE found guilty of insurance fraud by a court of law”