

LIVESTOCK MORTALITY – JUSTIFICATION OF VALUE

Insured's Name: _____ Desired Effective Date: _____

Insured's Address: _____

Animal Name: _____ DOB: _____ Sex: _____ Breed: _____

Use: _____ Purchase Date: _____ Purchase Price: _____ Sum Insured: _____

SHOW/PERFORMANCE RECORD

Name of Event/Show	Date of Event	Class/Division	# of Entries	Placing	Earnings

MALE PRODUCE RECORD

Year	# of Females Bred/Booked	Stud Fee	# of Semen Units Sold	Average Price Per Unit

FEMALE PRODUCTION RECORD

# of Live Births Since Owned	# of Offspring Sold Since Owned	Avg. Sale Price	Avg Price for Siblings
# of Embryos Sold Since Owned	Avg. Sale Price for Embryos	Avg Price for Semen Used	
Is Female Currently Pregnant?	If yes, A/I or Live Service?	Service Date	Due Date
# of Embryos Expected Next Year	Expected Avg. Sale Price of Embryos	Expected Avg. Price of Semen to be Used	

Please provide any additional information relevant to the value of the animal that could not be provided above:

Any person 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.

I hereby certify that the above information is truthful and accurate. I understand that any fraudulent, omitted, or misrepresented statement voids any policy of the insured issued on the basis of these statements.

Signature: _____ **Date:** _____