

# Livestock Mortality Insurance Coverage Application

This is not a binder. No Application will be considered if not fully completed and signed by the insured.

Desired Effective Date	:		Primary Contact:					
Applicant's Name (as	it should	d app	ear on the policy):					
Address:								
City, State, Zip:								
Phone Number:								
Email Address:								
Frozen Semen & Territorial Extens	Embryo	- Sto	_			gregate Dedu Per Occuri	ctible rence Deduct	ible
Name and Bogistration	Pirth				1			
Name and Registration #, Tattoo #, or Identification	Birth Month/ Year	Sex	Species	Use	Purchase Date	Purchase Price	Insured Amount**	Interest (%)
#, Tattoo #, or	Month/	Sex	Species	Use		l .	l	l
#, Tattoo #, or	Month/	Sex	Species	Use		l .	l	l
#, Tattoo #, or	Month/	Sex	Species	Use		l .	l	l
#, Tattoo #, or	Month/	Sex	Species	Use		l .	l	l
#, Tattoo #, or Identification	Month/ Year		Species re subject to acceptance;		Date	Price	l	l
#, Tattoo #, or Identification  ** Amounts other than p	Month/ Year	price a		please prov	Date	Price	l	(%)
#, Tattoo #, or Identification  ** Amounts other than p	Month/ Year	orice a	re subject to acceptance; nited States of America?	please prov	Date	Price	Amount**	(%)
** Amounts other than p  Is the applicant domic  Has the applicant ever	urchase ciled in t	price a he Ur	re subject to acceptance; nited States of America?	please prov	Date vide justificatio	Price	Amount**	NC NC

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Is this risk currently insured?	YES	NO
If yes, with whom?		
Please explain if applicant owns, operates, or has financial interest in any other livestock operations:		
Are all animals on vaccinations and worming programs approved by a veterinarian?	YES	NO
What is the frequency of the vaccination and worming program?		
Is there any contagious disease on premises, or has there been during the past 12 months?	YES	NO
Are all livestock under daily care and supervision?	YES	NO
Are there any other facts within your knowledge not already disclosed affecting or likely to affect the company's acceptance of the request for insurance?	YES	NO
If yes, please provide details:		

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## STATEMENT OF HEALTH: PLEASE COMPLETE ONE PAGE FOR EACH ANIMAL ON SCHEDULE

At the inception of the policy, all animals must be sound, healthy, and have no known injury, illness, lameness, disease, or disability. Any pre-existing conditions are not covered, unless otherwise noted and accepted by the company.

YES	NO
YES	NO
YES	NO
YES	NO
	YES

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5) Has the animal(s) had any bloat or other gastro-intestinal disorder in the past 3 years?	YES	NO
If yes, please provide details:		
6) Has the animal(s) undergone any surgery (other than castration)?	YES	NO
If yes, please provide details:		
7) If the animal is a breeding female, has she ever experienced birthing difficulties?	YES	NO
If yes, please provide details:		
8) If the animal(s) is a female, is she pregnant?	YES	NO
If yes, provide last service date and expected due date		
Are there any other facts within your knowledge not already disclosed affecting or likely to affect the acceptance of the request for insurance?	Company	's

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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 hereto, commits a fraudulent act, which is a crime and may subject such persons to criminal and civil penalties.

I declare to the best of my knowledge and belief that the animal(s) listed on the above application to be in normal healthy sound condition. I hereby certify that the above information is truthful and accurate. I understand that any fraudulent, omitted, or misrepresented statement voids any policy of insurance issued on the basis of this application. I further understand that the insurer will rely on the information provided in this application, which will become part of any policy issued.

I understand and agree this is not a binder, but merely an application of insurance. I also understand that it is required under the policy to give immediate notice by telephone of any illness, injury, disease, disability, or death of any insured animal. Not doing so may jeopardize coverage and result in denial of any claim.

I understand that it is required under the policy to do the following in the event of a loss, and that not doing so may jeopardize coverage and result in denial of any claim made:

- Give immediate notice by telephone of any loss to insured livestock
- · Do not remove dead livestock until authorized by us, unless legally required to do so
- Preserve any physical evidence relating to the cause of loss to insured livestock to assist with our claim investigation
- Have a licensed veterinarian perform an postmortem examination on 10% of the livestock have died in a loss, at your expense, verifying the cause of death

SIGNATURE OF APPLICANT:	DATE:
SIGNATURE OF ATTEICANT.	DATE.

#### FRAUD NOTICE - GENERAL WARNING

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.

### STATE SPECIFIC PROVISIONS

Arkansas	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.
Colorado	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, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant 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.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insured 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.

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Florida	Any person who knowingly and with 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.
Hawaii	For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefits is a crime punishable by fines or imprisonment, or both.
Kentucky	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.
Louisiana	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.
Maine	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 denial of insurance benefits.
Maryland	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	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 civil fines and criminal penalties.
New York	All commercial insurance forms, except as provided for automobile insurance: 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
	Automobile insurance forms: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.
	Fire insurance: 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 concealed for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstance shall be grounds to rescind the insurance policy.
Ohio	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.
Oklahoma	WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false,

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Oregon	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 MAY BE guilty of insurance fraud. (In this statement the "intent" and "may be guilty" could make it acceptable even though the "false or deceptive statement" is not identified as material.)
Pennsylvania	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.  Auto: Any person who knowingly and with intent to injury or defraud any insurer files an application or claim containing any false, incomplete, or misleading, information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a file of up to \$15,000.
Puerto Rico	Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assists or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollar (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisonment for the fixed jail term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are presented, the jail term may be reduced to a minimum of two (2) years.
Rhode Island	Property Insurance, Real or Personal: The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.
Tennessee	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 denial of insurance benefits.
Virginia	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 denial of insurance benefits.
West Virginia	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.