



Livestock Insurance Exchange
 LivestockInsuranceExchange.com
 (417) 359-8731

APPLICATION FOR ANIMAL MORTALITY INSURANCE

REQUESTED EFFECTIVE DATE: _____

Producer's Name: _____	Applicant Name: _____
Agency Name: _____	FEIN or SSN: _____
Mail Address: _____	Mail Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Email Address: _____	Email Address: _____

Coverage's Desired (Please Check):

Full Mortality (12 Month):	<input type="checkbox"/>	Specified Perils	<input type="checkbox"/>
Contact Preference:	<input type="checkbox"/> Email	<input type="checkbox"/> Hard copy (mail)	

Name & Registration #	DOB	Sex	Breed	Use	Purchase (price & date)	Requested Amount	Rate

****Values other than recent purchase price are subject to Covmpany acceptance. Details of prize winnings, performance, and value of progeny sold, stud fee & number of mares booked last year and other pertinent information must be submitted on reverse side for consideration of stated values.****

1. Is the application the sole owner of animal(s)? Yes No

Animal Name _____ Name of Individual _____ Address: _____ Interest % _____

a. If animal(s) are being leased, indicate terms and/or amount of annual lease by attaching a copy of lease agreement.

b. If animal(s) is/are financed, give details: _____

2. Was purchase private or by auction and was price paid by cash, trade, or both. Give details:

3. Sellers Name: _____

4. Where are animals usually ? Name, address, & phone # of usual trainer or farm manager:

5. Name, address, & phone # of regular veterinarian: _____

6. (a) Has animal(s) suffered an accident, sickness or disease in the last two years? Yes No

If yes give details: _____

(c) Has animal(s) had any veterinary treatment including acupuncture or chiropractic (other than routine preventative inoculations) or are they unsound in any way? Yes No

(d) Has animal(s) been wormed and vaccinated regularly? Yes No

Frequency: _____

(e) Has there been any evidence of contagious or infectious disease during the past twelve months in the location where the animal(s) are kept? Yes No

If yes, give details: _____

(f) Has above animal(s) suffered from melanomas, sarcoids, warts or other type of growth? Yes No

If yes, give details: _____

(g) Has any surgery been performed on any above animal(s)? Yes No

If yes, give details & dates: _____

(h) Has animal been vaccinated against West Nile Virus? Yes No

7. Are animal(s) now insured? Yes No Previously insured? Yes No

If "yes" to either question, give company, date and amount: _____

8. Has any Company cancelled or refused to renew your coverage? Yes No

If yes, give Company date and reason given for Company action: _____

HEALTH STATEMENT:

I certify to the best of my knowledge that the above named animal(s) have not had any illness, injury, lameness or disease, including, but not limited to, colic, colic surgery, nerving, degenerative joint disease, laminitis or founder (except as noted above) within the past twelve (12) months. I understand that coverage is void if any material fact has been omitted, concealed or misrepresented on this form.

Applicants Signature: _____ **Date:** _____

Producer Signature: _____ **Date:** _____

Applicable in 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 claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Hawaii:

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.

Applicable in Ohio:

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

Applicable in Oklahoma:

Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds or an insurance policy containing and false, incomplete or misleading information is guilty of a felony.

Applicable in 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.

****Please attach additional schedules to application if there are multiple inventory schedules for this policy****

Installment Payment Plans?	YES	NO (Available for premiums over \$500)
ANNUAL	SEMI-ANNUAL	QUARTERLY