

UNDERWRITING QUESTIONS

1. Is applicant 100% owner of the animal(s) listed? Y or N
If 'No', please provide other owner(s) % of interest, name & address. _____

2. If the animal is being leased by the insured, provide the name & address of Loss Payee.

3. Has any same type of animal owned by the applicant died in the last 5 years? Y or N - If 'Yes', explain.

4. Has any insurance carrier ever canceled to refused to insure any animal in which the applicant has or had an insurable interest? Y or N - If 'Yes', why? _____

5. Is there other insurance currently in force for this animal? Y or N - If 'Yes', provide the following:
Name of insurance carrier: _____
Expiration date of coverage: _____
6. Name, address and phone of usual licensed vet:

7. Will the animal(s) be observed & cared for daily? Y or N
8. Does applicant own other animals of this type? Y or N
9. Has any animal listed been sick or injured? Y or N
If 'Yes', explain. _____
10. Has any animal experienced birthing difficulties? Y or N
If 'Yes', explain. _____
11. Other than for routine care, is any animal listed receiving regular treatment, medication or supplements? Y or N
If 'Yes', explain. _____
12. Will any animal listed be transported during the coverage period? Y or N - If 'Yes', how many miles? _____
13. Is any animal listed leased to others? Y or N
If 'Yes', provide a copy of the lease *prior to binding*.
14. Are all animals listed kept at the mailing address shown? Y or N - If 'No', provide address where animals are kept.

**ANSWERS TO THE ABOVE QUESTIONS ARE
REQUIRED PRIOR TO BINDING COVERAGE.**

COVERAGES

1. Standard Coverage (full mortality).
2. Specified Perils (limited risk, excludes illness & disease).

CATTLE

AGE LIMITS 3 MONTHS TO 6 YEARS

1 Month Term	3.40%
3 Month Term	4.60%
6 Month Term	5.00%
1 Year Term	7.00%

Coverage cannot be bound for any animal valued at more than \$50,000 without approval from the company. Please contact the company for approval.

SPECIAL HERD INSURANCE – CATTLE

Special Rates are available on multiple animal risks. Please Contact your American Live Stock representative for eligibility.

SPECIAL COVERAGES

1. Theft
2. Optional Perils – extends the list of specified perils
3. Extended Territory – for animals being imported by air or sea, or animals temporarily housed outside of standard territory

Transportation, exhibition and all normal usage of the animal in the U.S. and Canada is included.

Loss, directly or indirectly, due to animal(s) giving birth Prematurely or otherwise, shall not be included on a policy written for a term of less than three months.



**American
Live Stock**

ADMINISTERED BY:

James Allen Insurance

4728 Lisborn Drive

Carmel, IN 46033

P: (800)965-5580 F: (888)815-6122

**LIVESTOCK MORTALITY INSURANCE
COVERING DEATH FROM ACCIDENT OR DISEASE**

www.jamesalleninsurance.com

IMPORTANT

1. Livestock mortality insurance is written for the purpose of protecting the actual investment of the livestock owner, not potential gain or profit.
2. A mortality policy cannot be construed in any way as a maintenance coverage; it does not include veterinarian or similar expenses.
3. Indemnity is payable only as a result of death loss.
4. Mortality coverage does not indemnify an insured against loss of animal's ability to perform the functions for which it is kept.
5. Death from natural or accidental causes is included, but mandatory slaughter by governmental authority or decree, or for expediency is not included.
6. The basis for valuating an animal should be actual sales price or fair and conservative appraisal by competent judges when no actual sales transaction has taken place. These values are subject to acceptance by the Company.
7. Mortality insurance is renewable only on evidence of reinsurability, both as to physical condition and market value.
8. Cancellation may only be effected by the insured, or by the Company on notice given in confirmation with whatever existing laws govern for the address of the insured as shown on the policy. Short rate basis if ordered by insured and pro rata if ordered by the Company.
9. Policies may not be transferred from one insured to another, nor may coverage be switched from one animal to another.
10. Application is subject to acceptance by the Company.
11. The insurance company and its underwriters have the right to inspect and/or collect DNA samples for all covered animals.



**American
Live Stock**

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4728 Lisborn Drive, Carmel, IN 46033
Telephone: (800) 965-5580 Fax: (888) 815-6122

APPLICATION FOR INSURANCE

Agent name: Paula Bovre Phone: 920-960-0655

Name: _____ Farm name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____ Fax: _____ Email address: _____

I/We hereby apply for insurance against loss by death resulting from disease or accidental injuries for the term of _____ on the following described animal(s):

Name of animal	Registration and/or tattoo number	Breed	Birthdate	Purchase price	Amount of insurance	Rate	Premium
		Sex		Purchase date	% interest		
#1.				\$	\$	%	\$
					%		
#2.				\$	\$	%	\$
					%		
#3.				\$	\$	%	\$
					%		
#4.				\$	\$	%	\$
					%		
#5.				\$	\$	%	\$
					%		
#6.				\$	\$	%	\$
					%		
Continue animal scheduled on next page, as needed...				TOTALS:	\$		\$

Values based on: Appraisal Private purchase Auction price

I hereby certify that I have this day examined the aforementioned animal(s).
I have witnessed locomotion and observed no defects or unsoundness of limb.
I know of no record of illness in the past twelve months.
I know of no record or indication of sterility, past or present.
I would consider the animal(s) sound and normal in every other respect.

In making application for this insurance, I/We declare the above facts confirm my knowledge and also that this insurance has not been refused elsewhere, no other insurance is in effect, or that insurance is in excess of fair market value. I/We declare that I/We are the sole owner of the animal(s) herein described and that same is now in sound and good condition; and that there is not now, nor has there been any contagious disease in my/our vicinity; and that I/We know of no reason why this insurance should not be granted. The following notice is required by various states: "Any person who knowingly with the intent to injure, defraud or deceive any insurance company or other persons, files an application containing any false information or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent act, which is a crime."

Veterinarian's signature

Date

Signature of applicant

Date

PLEASE COMPLETE ALL QUESTIONS. VETERINARIAN CERTIFICATES MUST BE CURRENT WITHIN 14 DAYS OF INCEPTION. PURCHASE PRICE MUST BE ACTUAL CASH PRICE PAID AT THE TIME OF PURCHASE.