APPLICATION FOR INSURANCE WITH AMERICAN LIVE STOCK

A Division of Markel Service, Incorporated

PAULA BOVRE, Agent
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NEW or ADD TO
EXISTING POLICY NUMBER: _____

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 / Sex	Birthdate	Purchase Price / Purchase Date	Amount of Insurance / % Interest	Rate	Premium
☐							%	
☐							%	
☐							%	
							%	
							%	
							%	
					TOTALS:			

CALVES	Annual	1 Month	3 Months	6 Months
2 weeks – 7 weeks of age	12.0%	4.8%	7.2%	8.0%
7 weeks – 3 months of age	10.0%	4.0%	6.0%	6.7%
BULLS				
Up to 6 years of age	6.0%	2.4%	3.6%	4.0%
7 years	7.0%	2.8%	4.2%	4.7%
8 years	8.0%	3.2%	4.8%	5.3%
COWS				
Up to 5 years of age	8.0%	3.2%	4.8%	5.3%
6 years	9.0%	3.6%	5.4%	6.0%
7 years	10.0%	4.0%	6.0%	6.7%

Minimum Policy Premium is $150.00
Policy must be in place 60 days prior to calving to cover any loss resulting from calving.

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.