



APPLICATION FOR INSURANCE WITH AMERICAN LIVE STOCK INC.

I/WE _____
 of _____
 Address _____ Zip Code _____ Phone _____

hereby apply for insurance against loss by death resulting from disease or accidental injuries for the term of ____ on the following described animal or animals:

Name of Animal	Registration and/or Tattoo Number	Breed		Purchase Price	Amount of Insurance	Rate	Premium
		Sex	Birthdate	Purchase Date			

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.

SEND TO: PAULA BOVRE LIVESTOCK INSURANCE
W4226 State Rd. 23 East, Fond du Lac, WI 54937
PH: 920-923-6991 MOBILE: 920-960-0655 EMAIL: grnorth81@gmail.com

- **Veterinary certificates must be current within 14 days of inception.**
- **Purchase price must be actual cash price paid at the time of purchase.**

Values based on:
 Appraisal Private Purchase Auction Purchase

**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 12 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 ever been any contagious disease in my/our vicinity; and that I/we know of no reason why this insurance should not be granted.

 Veterinarian's Signature _____ Date _____

 Signature of Applicant _____ Date _____