



NATIONAL LIVESTOCK INSURANCE AGENCY

BEN LATHAM, AGENT - Email pam@longhornre.com, kim@longhornre.com, www.nlinsurance.com
PO Box 2821, Amarillo, Texas 79105 - Office: (806) 372-3801 - Fax: (806) 372-3826 - Toll Free 800-692-4031



ANIMAL MORTALITY APPLICATION for ANIMALS OTHER THAN HORSES

Producer's Name	Applicant's Name
Agency Code <u>87-421750</u>	Mail Address
Mail Address	City, ST Zip
City, ST Zip	Phone () -
Phone	Fax () -
Fax	E-Mail Address
E-mail Address	

Individual Partnership Corporation Joint Venture Limited Liability Corp. Other _____

Proposed Effective Date:	Policy Term Desired (maximum term 12 months):
Type of Coverage Requested:	(Minimum Policy Premium \$250.00)
<input type="checkbox"/> Mortality-Full <input type="checkbox"/> Mortality-Limited <input type="checkbox"/> Aggregate Deductible	(Coverage begins on the date of acceptance by the Company)

1.	Animal Name	Species	Breed	Date of Birth	Purchase Price (or stud fee if raised)
Positive Identification Minimum of one selection required				Date Acquired	Insurance Desired**
<input type="checkbox"/> Sire and Dam { _____ <input type="checkbox"/> Registration # _____ <input type="checkbox"/> Tattoo # _____ <input type="checkbox"/> Microchip # _____ <input type="checkbox"/> *Unregistered <small>*(color photos of front and sides of animal are required)</small>				Exact Use*	** For amounts other than purchase price, complete and attach Substantiation of Value . Amounts other than purchase price are subject to Company approval.
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male (Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No)				*If Show list all events	

2.	Animal Name	Species	Breed	Date of Birth	Purchase Price (or stud fee if raised)
Positive Identification Minimum of one selection required				Date Acquired	Insurance Desired**
<input type="checkbox"/> Sire and Dam { _____ <input type="checkbox"/> Registration # _____ <input type="checkbox"/> Tattoo # _____ <input type="checkbox"/> Microchip # _____ <input type="checkbox"/> *Unregistered <small>*(color photos of front and sides of animal are required)</small>				Exact Use*	** For amounts other than purchase price, complete and attach Substantiation of Value . Amounts other than purchase price are subject to Company approval.
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male (Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No)				*If Show list all events	

3.	Animal Name	Species	Breed	Date of Birth	Purchase Price (or stud fee if raised)
Positive Identification Minimum of one selection required				Date Acquired	Insurance Desired**
<input type="checkbox"/> Sire and Dam { _____ <input type="checkbox"/> Registration # _____ <input type="checkbox"/> Tattoo # _____ <input type="checkbox"/> Microchip # _____ <input type="checkbox"/> *Unregistered <small>*(color photos of front and sides of animal are required)</small>				Exact Use*	** For amounts other than purchase price, complete and attach Substantiation of Value . Amounts other than purchase price are subject to Company approval.
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male (Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No)				*If Show list all events	

1. Is applicant the sole owner of the animal(s) listed? Yes No If No, provide other owner(s) % of interest, Name and address: _____
2. For any animal listed, if the Purchase Price was not paid entirely in cash, please describe the transaction in detail. _____
3. Loss Payee(s): _____
(Name and Address) _____
4. Has any same type of animal owned by the applicant died in the past 5 years, whether covered by insurance or not? Yes No
If Yes, provide details: _____
5. Has any insurance carrier ever canceled or refused to insure any animal in which the applicant has or had an insurable interest? Yes No If Yes, provide details: (Not applicable in MO) _____
6. Name of current insurance carrier: _____ Expiration Date: _____
List optional coverage(s) provided: _____
7. Is there any other insurance on any animal listed? Yes No If Yes, provide the carrier name: _____
Expiration date: _____ Amount of coverage: _____
8. Name, address and telephone number of usual licensed Veterinarian: _____
9. Will the animal(s) be observed and cared for daily? Yes No If No, explain: _____
10. Does the applicant own any other animals of this type? Yes No
11. Has any animal listed been sick, diseased, or injured during the past year? Yes No
12. Has any animal listed ever had bloat/colic, intestinal disorders or ulcers? Yes No
13. Has any animal listed experienced birthing difficulties? Yes No
14. Other than for routine care, is any animal listed receiving regular treatment, medication, or supplements? Yes No
15. Will any animal listed be transported during the coverage period? Yes No
16. Is any animal listed leased to others? If Yes, attach copy of lease. Yes No
17. Is any animal listed not stabled at your mailing address shown? Yes No
If Yes, to any of the questions 10 through 17, please identify animal(s) and provide details: _____

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.
(Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES.

(Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, and VA, insurance benefits may also be denied. See below for additional Fraud Warnings)

APPLICANTS SIGNATURE	DATE	PRODUCERS SIGNATURE	DATE
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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 or 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 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 an 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 of an insurance policy containing any 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, information concerning any fact material thereto, may be committing a crime.



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Producer's Name	Applicant's Name
Agency Code 87- 421750	Mail Address
Mail Address	City, ST Zip
City, ST Zip	Phone () -
Phone	Fax () -
Fax	E-Mail Address
E-mail Address	

VETERINARIAN'S STATEMENT OF EXAMINATION FOR MORTALITY INSURANCE

I, _____ hereby certify that I have this _____ day of _____ examined the following animal(s) at rest and in motion:
(Please Print Name)

(1) Name _____ (2) Name _____ (3) Name _____

1. How long have you been the veterinarian for the above animal(s)? _____
2. a. Do both eyes of the animal(s) appear clinically normal without drainage? Yes No
 b. Do the lungs and heart sounds fall within normal ranges? Yes No
 c. Does the hair coat appear to be smooth and shiny? Yes No
 d. Have you examined the animal(s) without the aid of chemical restraint? Yes No
 e. Do the feet appear to have normal growth? Yes No
 f. Does the animal(s) appear relaxed and free of pain in all gaits/movements observed? Yes No

If "No" to any of the above, please identify the animal(s) and give details.

3. a. Does there now exist, or has there recently been any infectious disease in animals area? Yes No
 b. Does the animal(s) have any history or evidence of liver flukes? Yes No
 c. Does the animal have any physical deformities, disease, or infection? Yes No
 d. Does the animal(s) examined show any symptom of previous sickness, disease, or injury? Yes No
 e. Is the animal(s) routinely wormed or vaccinated? Yes No
 f. Does the animal(s) receive any other medication? Yes No
 g. Does the animal(s) exhibit any respiratory or circulatory distress? Yes No
 h. Is the animal(s) pregnant? If Yes, give the expected date of birth below. Yes No
 i. If the animal(s) is a breeding animal, to your knowledge is there any history of gestation, lactation, or parturition problems? ... Yes No

If Yes, to any of the above, please identify the animal(s) and give details.

4. If this is a Cria, please provide IGG level. _____

5. Please give a brief history of any major surgery and/or treatment for disease or injury you have performed on the animal(s) listed during the last year _____

Veterinarian's Signature

Date

Telephone Number

Veterinarian's Address: