

CLAIM SCHEDULE -SUMMARY PAGE
FEEDLOT OR PASTURE LIVESTOCK
TELEPHONE 800-295-1815
FAX 402-952-0621

LIVESTOCK DEPARTMENT
PO BOX 2255
OMAHA, NE 68103-2255



POLICY NUMBER _____ NAME OF INSURED _____

CATTLE ON PASTURE OR FEEDLOT

Time and Date Company Notified

LOCATION OF PASTURE OR FEEDLOT _____

NAME OF VETERINARIAN NOTIFIED _____

Telephone Number _____

IS THERE ANY OTHER INSURANCE COVERING LIVESTOCK? _____

WHAT COMPANY _____

TOTAL VALUE OF LIVESTOCK LISTED IN SCHEDULE (ALL PAGES) \$ _____

FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other 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.

ARE ANY OF THE CATTLE LISTED IN THE SCHEDULE HOLSTEINS? _____

TELEPHONE NUMBER WHERE PERSON COMPLETING SCHEDULE CAN BE REACHED _____

I Certify that this Claim Schedule Including _____ Pages Is True and Correct.
Required Signature of Insured _____ Date _____

Rev. 1/07/00 A SUMMARY PAGE SIGNED BY THE INSURED MUST ALSO BE FULLY COMPLETED

AMPM
Time of Loss _____
Date of Loss _____
Time Notified _____
Date Notified _____

THE HARTFORD NECROPSY SHEET REPORT: FINDINGS FOR AN ANIMAL SHOWING GROSS LESIONS: COMPLETE A SEPARATE SHEET FOR EACH ANIMAL

OWNERS NAME _____

DATE OF DEATH _____ DATE OF NECROPSY _____

SEX _____ PEN # _____ WEIGHT _____

1) HAS ANIMAL BEEN TREATED IN THE LAST 30 DAYS? YES NO

IF YES DESCRIBE TREATMENT _____

2) ENVIRONMENTAL FINDINGS. (Check as many as apply)

A) Carcass found: Alone In a group in corner other _____

B) Please list any weather conditions that may have been a factor: _____

3) NECROPSY GROSS LESIONS OBSERVED

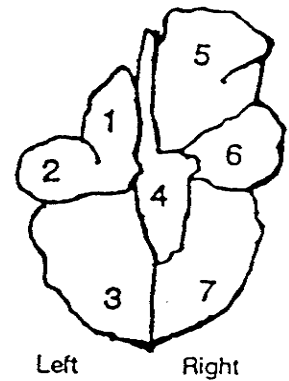
A) External Orifices: Mouth or Nostrils _____

B) Thoracic Cavity: Note any lesions.

Trachea & Bronchial Tree _____

Lungs: Indicate on the diagram and describe any areas of lesions.

Heart and Vasculature _____



c) Abdominal Cavity: Note any lesions involving:

Liver Kidney or Bladder _____

BASED ON NECROPSY AND OTHER AVAILABLE INFORMATION INDICATE THE CAUSE OF DEATH

Laboratory Analysis

If samples will aid in determining the cause of death they should be taken. If there is a question regarding the necessity of samples please contact the Hartford.

Veterinarian's Signature _____

Date _____

Rev. 5/97



THE HARTFORD NECROPSY REPORT SUMMARY

FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY
CAN RESULT IN UNNECESSARY DELAYS

OWNERS NAME _____

LOCATION OF PREMISES WHERE ANIMALS DIED I.E 5 MILES NORTH, 2 MILES WEST OF
(CITY AND STATE) _____

DATE OF LOSS _____ DATE OF NECROPSY _____

BRIEFLY DESCRIBE HOW ANIMALS WERE SELECTED FOR NECROPSY & TOTAL NUMBER
NECROPSIED _____

LIST BELOW ANIMALS THAT WERE NECROPSIED AND FOUND TO BE
WITHOUT GROSS LESIONS

SEX	WEIGHT	PEN #	DETERMINED CAUSE OF DEATH

List any weather conditions that may have been a factor: _____

USE SHEET TWO FOR ANIMALS WITH ANY GROSS LESIONS
COMPLETE A SEPARATE SHEET FOR EACH ANIMAL

Please use back of this sheet for any additional comments you feel would aid in our settling this claim.
Thank You.

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Veterinarian's Signature

Date

