



Agent:

Agent Address:

City, State, Zip:

Agt Contact Info:

Cattle Mortality Application

☐ New Policy ☐ Add to Existing Policy #H6100_____

1. Named Insured – Full Name(s)/DBA: _____

☐ Individual ☐ Joint Venture ☐ Organization ☐ Corporation ☐ Partnership ☐ Syndication

2. Address: _____

City: _____ State: _____ County: _____ Zip: _____ Home Ph: (____) _____ - _____

3. Business Phone: (____) _____ - _____ Facsimile #: (____) _____ - _____ Occupation: _____

Email Address: _____ (Only used to receive claims info from Company)

4. Notice of Insurance Information Practice: Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may be disclosed to third parties for underwriting purposes only. You have the right to review your personal information in our file 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 for instruction on how to submit a request to us. DOB: _____ / _____ / _____ SS # _____ - _____ - _____

5. Full Mortality & Theft (subject to Company approval):

Certain risks are not eligible for FMT coverage. Consult your agent concerning Restricted Perils (R.P.)/Accident Only (Acc. Only)

A. List Cattle to be Insured Below for FMT

B. Total # of Cattle Owned? _____

#	*Name/ID# or Brand/ Tattoo#	Breed	Date of Birth	Color	Sex	Use	Purchase Date	Purchase Price	Insured Amount	Rate
1										
Opt Covers (Discuss with Agent): <input type="checkbox"/> Bull Infertility (ASD) **										
2										
Opt Covers (Discuss with Agent): <input type="checkbox"/> Bull Infertility (ASD) **										

*Provide name of bull and dam for unnamed offspring. Unregistered cattle require a photograph.

Certain Optional Coverage requires Supplemental Applications and prior approval by Company. Discuss with Agent on availability for your risk.

** Not available for breeding cows or pasture breeding bulls.

6. a.) Are you the sole owner of the cattle listed? ☐ Yes ☐ No b.) Are the cattle being leased? ☐ Yes ☐ No
c.) Any encumbrances upon the cattle listed? ☐ Yes ☐ No d.) Indebtedness due to ownership change? ☐ Yes ☐ No
e.) Name & address of additional insured/lien holder/loss payee/lessee? _____

7. a.) If requested insured amount exceeds documented purchase price for listed cattle, please complete Value Substantiation App.

b.) Was purchase price cash, trade or both? Explain: _____

c.) Acquired from: _____

8. List breeding fee paid for all homebred calves listed above: \$ _____

9. Have you lost **any** animal in the last three (3) years (whether or not insured) or have any insurance claims been filed for any of the above listed cattle? ☐ Yes ☐ No If yes, give date, cause, value and explain: _____

10. Has any insurer ever refused or cancelled insurance for you or any cattle listed above? ☐ Yes ☐ No If yes, explain: _____

11. To your knowledge, have any of the above cattle suffered an accident, sickness, or disease, had any veterinary treatment (apart from preventative inoculations) or have been unsound in any way? ☐ Yes ☐ No If yes, explain: _____

12. a.) Where is animal(s) kept (barn, stall, pasture, etc.)? _____

b.) Name and Location of person who has care, custody and control of cattle listed above: _____

c.) Number of years of experience? _____

d.) Age, type and condition of building and fencing? _____

13. State nature and date of any contagious or infectious disease on premises? _____

14. Have the listed cattle been previously insured? ☐ Yes ☐ No If yes, give policy expiration date, exact insured amount and company's name: _____

15. Describe supervision (day and night): _____

16. Is transportation readily available for emergencies? ☐ Yes ☐ No

17. a.) Name and phone number of regular Vet: _____

b.) Is the Vet available and on call 24 hours? ☐ Yes ☐ No

18. Have the cattle received regular vaccinations, remained on regular parasite program administered, supervised or recommended by your regular Vet? ☐ Yes ☐ No If no, explain: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. (See attached Fraud Warnings for your State's specific wording.)

I understand that **IMMEDIATE NOTICE** must be given to the Company upon any injury, illness, surgery, disease or death of an animal, and I agree to do so. I further understand that animals having heaves or vicious habits which are chronic colickers or emphysematous bleeders or blind are not insurable; that the Company shall not be liable for any loss caused by an animal becoming unfit or incapable of fulfilling the functions, use or duties for which it is kept, used or intended; and that no operation is to be performed on any insured animal without the Written consent of the Company unless the operation is necessary, as a result of a peril insured by the policy. I also understand that in the event of the death of an insured animal, a postmortem exam by a qualified veterinarian must be provided at my expense.

I/we declare that I/we have read the specific Fraud Warning applicable to my/our state and that all the above statements made in this application are true to the best of my/our knowledge and belief and that this application shall form the basis of the contract between me/us and the insurer and that I/we will accept and abide by the terms and conditions contained in the policy to be issued. If anything be falsely stated, or information withheld, to influence the Company's decision, then coverage under the policy may be jeopardized if the Company has been prejudiced and the insurance can be canceled with the appropriate length of notice per state statute.

Applicant's Signature: _____

Date: _____

Agent's Signature: _____

Date: _____

Agent's Code #: _____

VETERINARY CERTIFICATE OF EXAMINATION

The animal being examined for insurance should be moved about outside and viewed from front and back to demonstrate soundness of limb, freedom of movement and overall condition. Careful observation should be made as to housing conditions and possible presence of contagious disease.

TO THE VETERINARIAN: Cattle exposed to any contagious or infectious disease may not be insurable. If there is evidence or knowledge of these problems, please provide all details or medical history. I, _____ do **certify that I am a graduate Veterinarian holding a current license to practice in the state of _____ with current license # _____ and that I have this date examined:**

****One animal per Veterinary Certificate. Please make additional copies as needed for additional animals.****

Animal #	Name/I.D. #/ID Brand/Tattoo #	Breed	Age	Color	Sex	Bull/Dam
1						

Owned By: _____

Location of animal(s): _____

	Yes	No	Yes	No
1. Pulse & Respiratory normal?	_____	_____	17. If female, is she reported pregnant?	_____
2. Temperature normal?	_____	_____	If so, give due date: _____	_____
3. Eyes clinically normal?	_____	_____	18. Any conditions detrimental to satisfactory breeding?	_____
4. Heart auscultated & found normal?	_____	_____	19. Has cow(s) previously had milk fever?	_____
5. Has rectal been performed for Lympho-Sarcoma?	_____	_____	20. Has cow(s) had any past calving problems?	_____
6. Have animal(s) been tested for Tuberculosis?	_____	_____	21. Has animal(s) been vaccinated for Leptospirosis/Vibriosis?	_____
Date: _____	_____	_____	Date: _____	_____
7. Have animal(s) been tested and Vaccinated for Brucellosis?	_____	_____	22. Has animal(s) been vaccinated for 7-Way?	_____
Date: _____	_____	_____	Date: _____	_____
8. Does animal originate from an area where Anaplasmosis exists?	_____	_____	23. Has above animals remained on a consistent, effective parasite program?	_____
If so, has it tested negative?	_____	_____	24. Are vaccinations up to date?	_____
9. Does animal originate from an area where BSE or Mad Cow Disease exists?	_____	_____	25. Any indication of infectious disease?	_____
10. Animal(s) subject to Johne's Disease?	_____	_____	26. Contagious disease on premises or in area?	_____
11. Any indication or history of lameness and/or faulty confirmation?	_____	_____	27. Any clinical evidence of objectionable vices or habits?	_____
12. Subject to or any history of gastrointestinal/digestive/colic/bloat disorders?	_____	_____	28. Is stabling and/or fencing adequate?	_____
13. Has any surgery been performed?	_____	_____	29. Are you the usual Veterinarian?	_____
If yes, attach details on separate page.	_____	_____	How long have you treated this animal?	_____
14. If any surgery performed, has animal fully recovered?	_____	_____	30. Have you discussed the animal's health history with the owner or caretaker?	_____
15. Is there likelihood of future danger to life or limb as a result of such surgery?	_____	_____	31. Has a complete pre-purchase or soundness exam been performed within the past 90 days? (If yes, provide copy)	_____
16. If male, are both testicles evident?	_____	_____		_____
Date castrated? _____	_____	_____		_____

Explain any propensities, conformational problems, abnormal history, evidence or any other condition that may affect the health, welfare or use of the animal: _____

In your opinion, is the feeding and supplement program adequate for the life stage, use, and condition of the above listed animals? _____

Except as noted, I certify that to the best of my knowledge the above information is correct and I believe this animal is healthy and free of any prior health conditions and lameness conditions.

Vet Signature: _____
Address: _____
date
City, St, Zip: _____

Exam Date: _____
**(Application & VC must not be older than 30 days of
and time completed)**

AR, LA, WV

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison." (AR ST s 23-66-503) (LA R.S. 40:1424) (WV ST 33-41-3)

CO "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, misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies." (CO ST s 10-1-128)

DC "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant." (DC ST s 22-3225.09)

FL "Any person who knowingly and with the intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree." (FL ST s 817.234)

HI "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." (HI ST s 431:10C-307.7)

KY "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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." (KY ST s 304.47-030)

ME "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company." (ME ST T. 24-A s 2186)

NJ "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties." (NJ ST s 17:33A-6)

NM "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties." (NM ST s 59A-16C-8)

NY "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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation." (NY INS s 403 (Consol.); 11 NY ADC 86.4)

OH "Any person who, with intent to defraud or knowing that he 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."

OK "WARNING: Any person who knowingly, and with the 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." (OK ST T. 36 s 3613.1; OK ADC 365:10-1-11)

PA "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, and subjects such person to criminal and civil penalties." (PA ST Ti. Ti. 18 P.S. s 4117)

RI "The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson." (RI ST s 27-54-8)

TN, VA, WA

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits." (TN ST s 56-53-111) (VA ST s 52-40) (RCW 48.135.080)

OR, TX "Any person who makes an INTENTIONAL MISSTATEMENT that is MATERIAL TO THE RISK MAY BE found guilty of insurance fraud by a court of law"