



PASTURE CATTLE APPLICATION

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Producer's Name _____ Agency Code <u>87-</u> _____ Mail Address _____ City, ST Zip _____ Phone () - _____ Fax () - _____ E-mail Address _____	Applicant's Name _____ Mail Address _____ City, ST Zip _____ Phone () - _____ Fax () - _____ E-Mail Address _____
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<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____	Year Business Started _____
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Proposed Effective Date: _____	Inspection Contact _____	Phone () - _____
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Type of Coverage Requested: <input type="checkbox"/> Livestock Feeding and Growing Facility <input type="checkbox"/> Livestock Transit (attach Transportation Application)	Optional Endorsement(s) Requested: <input type="checkbox"/> Special Drowning Coverage <input type="checkbox"/> Theft Exclusion <input type="checkbox"/> Livestock Born At Listed Locations <input type="checkbox"/> Other _____
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What type of reporting period/payment option is desired: Monthly (2 month deposit required) Seasonal Other _____
 Deposit amount attached: \$ _____ Deductible requested: \$ _____ per occurrence.

Are there any animals at any listed location(s) that are not included in this application? Yes No If Yes, explain: _____

Description of Covered Livestock											
Location No.(s)	Section No.	Township No.	Range No.	County	**Type of Cattle	Brand	Per Head Weight	No. of Head	Avg. Value Per Animal	Rate	Premium
Total Premium											

**TYPE – INDICATE IF STEER (S), HEIFER (H), COWS (C), BULLS (B) OR CALVES (CV)

	(Distance)	Miles	(Direction)	and	(Distance)	Miles	(Direction)	from	(Town), (State)
Location 1	_____		_____		_____		_____		_____
Location 2	_____		_____		_____		_____		_____
Location 3	_____		_____		_____		_____		_____
Location 4	_____		_____		_____		_____		_____
Location 5	_____		_____		_____		_____		_____

1. Source of Cattle: _____	2. Breed of Cattle: _____
3. Is pasture owned or leased by applicant? (if leased, please provide Lessor's name, address and phone) _____	
4. Is it grass pasture? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Is pasture Public Domain? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the property contain any rivers, streams, large dams or dry washes? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	
7. What is the source of water? _____	
8. Does applicant have water quality analysis performed on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how frequently and for what results? _____	

9. List all equipment that is available on premises to take care of and feed cattle in the event of a storm:	
10. Is any of the equipment used in feeding out of pen cattle used for any other purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, for what purpose?	
11. What is the source of supplemental feed?	12. What type of feed is it?
13. Does applicant provide supplemental feed at the out of pen locations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, approximately what percentage of the total feed supply is it?	
14. Estimated number of days supplemental feed on hand:	
15. Are feeders/feed bunks cleaned thoroughly before a different group of cattle are moved into a pasture? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain:	
16. Who resides on the premises? <input type="checkbox"/> Applicant <input type="checkbox"/> Manager <input type="checkbox"/> Hired Help <input type="checkbox"/> Other _____	
17. Does applicant personally supervise or attend the cattle? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Are there shelters and/or windbreaks? <input type="checkbox"/> Yes <input type="checkbox"/> No
19. How often are the cattle checked?	20. Is the pasture easily accessible by road? <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Loss Payee(s): (Name and Address)	
22. Licensed Veterinarian to be used on claims (Name, address and phone number):	
23. Does applicant own, operate or have financial interest in any other similar operation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:	
24. Does the applicant currently have any outstanding judgments or past due accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:	
25. Has applicant ever been canceled or nonrenewed by an insurance company? (Not applicable in MO) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:	

LOSS HISTORY. Please list all losses sustained in the last five years:

<u>Date of Loss</u>	<u>Cause of Loss</u>	<u>Amount of Loss</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU AGREE TO

1. Notify the Agent or Company immediately and not later than 24 hours after a loss? Yes No
2. Not to move cattle from point of death, until authorized by us, unless legally required to do so? Yes No
3. Provide a certificate at your expense, stating the cause of death signed by a licensed veterinarian? Yes No
4. Notify the Agent or Company within 48 hours of movement of the cattle to a different county?..... Yes No

☞ Insurance on pasture cattle shall expire at 12:01 a.m. on the ____ day of ____ 20____.

☞ The premium is fully earned on the date of inception of this policy.

☞ Coverage shall not become effective sooner than 24 hours after this application has been signed by both applicant and agent.

Please Attach Diagram Of Location(s) Showing Any Structures And Windbreaks.

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.