

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



AMPM

Time of Loss

Date of Loss

Time Notified

Date Notified

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



**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 \_\_\_\_\_

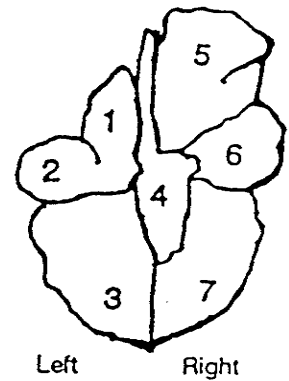
B) Thoracic Cavity: Note any lesions.

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

