

National Livestock Insurance Agency

P.O. Box 229 • Amarillo, TX 79105

BEN LATHAM, AGENT

Phone # 806-372-3801 or 800-692-4031 • Fax # 806-372-3826



PASTURE CATTLE APPLICATION

Agent's Name _____	Applicant's Name _____
Agency Code _____	FEIN or SOC SEC # _____
Mail Address _____	Mail Address _____
City, ST Zip _____	City, ST Zip _____
Phone () - _____	Phone () - _____
Fax () - _____	Fax () - _____
E-mail Address _____	E-Mail Address _____

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Corporation	Year Business Started _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other _____	

Proposed Effective Date: _____	Inspection Contact _____	Phone () - _____
--------------------------------	--------------------------	-------------------

Type of Coverage Requested:	Optional Endorsement(s) Requested:
<input type="checkbox"/> Livestock Feeding and Growing Facility	<input type="checkbox"/> Special Drowning Coverage
<input type="checkbox"/> Livestock Transit (attach Transportation Application)	<input type="checkbox"/> Theft Exclusion
	<input type="checkbox"/> Livestock Born At Listed Locations
	<input type="checkbox"/> Other _____

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

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? Yes 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? Yes 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? Yes No
If No, explain: _____

~Complete Questions 16 through 21 if requesting Contaminated Feed Coverage~

16. If silage is fed, evaluate the potential for spoilage in the silage pit, silo, or bag:

17. Does applicant feed any animal by-products? Yes No If Yes, explain: _____

18. How has the applicant eliminated the potential for water run-off from the pens, pasture, nearby industrial operations or any other operations from contaminating the commodities or feed storage area?

19. How has the applicant eliminated the potential for contamination of the commodities or feed by chemical run-off or overspray of pesticides from nearby croplands?

20. What precautionary steps have been taken to avoid loss resulting from contaminated feed or water?

21. Has applicant ever had or suspected any sickness or death of livestock due to contaminated feed or water? Yes No If Yes, explain: _____

22. Who resides on the premises? Applicant Manager Hired Help Other _____

23. Does applicant personally supervise or attend the cattle? Yes No 24. Are there shelters and/or windbreaks? Yes No

25. How often are the cattle checked? _____ 26. Is the pasture easily accessible by road? Yes No

27. Loss Payee(s): (Name and Address) _____

28. Licensed Veterinarian to be used on claims (Name, address and phone number): _____

29. Does applicant own, operate or have financial interest in any other similar operation? Yes No If Yes, explain: _____

30. Does the applicant currently have any outstanding judgments or past due accounts? Yes No If Yes, explain: _____

31. Has applicant ever been canceled or nonrenewed by an insurance company? (Not applicable in MO) Yes 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

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.

National Livestock Insurance Agency
P.O. Box 229 • Amarillo, TX 79105
BEN LATHAM, AGENT
Phone # 806-372-3801 or 800-692-4031 • Fax # 806-372-3826



Terrorism Coverage Option

On November 19 2002, congress passed the Terrorism Risk insurance Act of 2002. One provision of the Act mandated that, to participate in the federal reinsurance of terrorism, insurers make available terrorism coverage to property and casualty insureds. "Livestock insurance that is privately issued or reinsured" was specifically exempted from the bill. Livestock policies thus have no coverage under the Federal Act, nor are they required to cover terrorism losses.

As a result, The Hartford is adding a Terrorism Exclusion Form to all existing livestock policies beginning in January 2004. The Livestock Terrorism Exclusion Form excludes coverage for "certified acts of terrorism", defined as: *"An act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act of 2002."*

However, the Livestock Terrorism Exclusion does not exclude coverage for "other acts of terrorism". For example, the Livestock Terrorism Exclusion form would not exclude coverage for acts by a group pursuing anti-meat objectives where the U.S. Government does not declare the act a "certified act of terrorism." Depending upon the act, other exclusions may become applicable, but the livestock Terrorism Exclusion would not exclude coverage.

As the insured, you have the option to purchase the terrorism coverage back for approximately 2% of their final premium. For all pasture, feedlot, dairy, transit, and swine confinement policies the charge will be as close to 2% of the current rate as possible. For all cargo policies, the premium charge will be \$10.00 per unit monthly, or \$120.00 per unit annually.

Policy # 87LST _____

Livestock Terrorism Exclusion Form Option (check one):

- I have elected to **not purchase** terrorism coverage and understand that the Livestock Terrorism Exclusion Form **will** be added to my livestock policy on the anniversary date. I understand that I can request to purchase terrorism coverage at any time for an additional 2% premium charge.
- I have elected to **purchase** terrorism coverage and understand that the Livestock Terrorism Exclusion Form **will not** be added to my livestock policy. I understand that I will be billed for an additional 2% premium beginning charge on the anniversary date of my policy.

Signature: _____

Date: _____

First Named Insured

Please return this form with the signed application.