



## ANIMAL MORTALITY APPLICATION

BEFORE ANY QUESTION IS ANSWERED READ CAREFULLY THE DECLARATION AT THE END OF THIS APPLICATION WHICH YOU ARE REQUIRED TO SIGN. ANSWER ALL QUESTIONS IN FULL.

**Name of Applicant:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Location Address:** \_\_\_\_\_  
**Years in Business:** \_\_\_\_\_ **Policy Term:** \_\_\_\_\_ to \_\_\_\_\_  
**Description of Operations:** \_\_\_\_\_

**Insured is:** \_\_\_\_\_ **Individual** \_\_\_\_\_ **Partnership** \_\_\_\_\_ **Corporation** \_\_\_\_\_ **Joint Venture**

### SCHEDULE OF ANIMALS PROPOSED FOR INSURANCE

Whether Horse, Cattle, Sheep or Pig	SEX Male, Castrated Male, Female or Sterilized Female	FULL DESCRIPTION NAME, BREED, COLOR, MARKS AND BRANDS, AND ON WHAT PART OF BODY	AGE (date of birth if under one year)	CASH Price Paid	If Purchased, state details of any contingent commission or expense	Date of Purchase	Sum to be Insured
				\$			\$
				\$			\$
				\$			\$
				\$			\$
				\$			\$
				\$			\$
				\$			\$
				\$			\$
				\$			\$
				\$			\$

Where are the above animals normally located? \_\_\_\_\_

Are they stabled at night? ☐ YES ☐ NO Will they be kept in enclosed paddock? ☐ YES ☐ NO

Will they be on OPEN RANGE at any time? ☐ YES ☐ NO

1. a) For what purpose are the animals kept or employed? \_\_\_\_\_  
b) Are there any leases or mortgages on any of the animals? \_\_\_\_\_ If yes, give details: \_\_\_\_\_
2. a) Are the animals healthy? \_\_\_\_\_  
Give full particulars of defects of ailments, illness or disease, during last twelve months. \_\_\_\_\_
3. a) Is there any contagious or infection disease on the premises now? \_\_\_\_\_  
b) Has there been any during the past twelve months? \_\_\_\_\_  
c) Is there any, to your knowledge, in the district now? \_\_\_\_\_  
If yes to (a)(b) or (c) give details: \_\_\_\_\_
4. a) How long have the animals been in your possession or care? \_\_\_\_\_  
b) Have any of the animals recently been imported into the district? \_\_\_\_\_  
If yes, when and from where: \_\_\_\_\_

5. a) Are the animals now insured or have they been previously insured by you or your agent? \_\_\_\_\_  
If yes, give details including the names of Insurers. \_\_\_\_\_
- b) Has any Insurer ever declined or refused to renew your Livestock Insurance? \_\_\_\_\_  
If yes, give details: \_\_\_\_\_
6. a) Have you other Stock of like category which is not proposed for Insurance hereby? \_\_\_\_\_  
If yes, give details: \_\_\_\_\_  
If all such Stock is not proposed for insurance hereby (or already insured), state why. \_\_\_\_\_
7. a) How many animals have you lost during the last two years, irrespective of class, type or breed? \_\_\_\_\_  
State cause and date of death in each case? \_\_\_\_\_
- c) Have you been paid claims on livestock at any time? \_\_\_\_\_  
If yes, state how many, amount(s) and name(s) of Insurer(s). \_\_\_\_\_
- 8.a) Name of your Veterinary Surgeon, full address, telephone number: \_\_\_\_\_
- b) What is his distance from where the animals are normally located? \_\_\_\_\_

Are there any other circumstances within your knowledge or opinion not already disclosed which affect or are likely to affect the proposed insurance? \_\_\_\_\_

### SPECIAL QUESTIONS: MALE ANIMALS

- a) Is any animal to be sold, or let on mortgage, commission, lien or hire? \_\_\_\_\_  
If yes, give details: \_\_\_\_\_

**In respect of each of the animals state:**

- b) Service season beginning and ending dates: \_\_\_\_\_
- c) Present service fee: \_\_\_\_\_
- d) Service fee last season: \_\_\_\_\_
- e) Number of own animals served last season: \_\_\_\_\_
- f) Number of other animals served last season: \_\_\_\_\_
- g) Whether service fee is on "no foal (or offspring)-no fee" basis: \_\_\_\_\_
- h) Amount actually earned in last full season: \_\_\_\_\_
- i) Amount actually earned in current season to date: \_\_\_\_\_
- j) Bookings for remainder of current season: \_\_\_\_\_
- k) Bookings for next season: \_\_\_\_\_

### SPECIAL QUESTIONS: PREGNANT ANIMALS

- a) Date due to give birth: \_\_\_\_\_
- b) Fee paid for covering: \_\_\_\_\_
- c) Year animal last gave birth: \_\_\_\_\_
- d) Have any of the young been cast, aborted or stillborn? \_\_\_\_\_
- e) Have you any other pregnant animals of like category? \_\_\_\_\_

**SHOW RECORD during twelve months immediately prior to this proposal:**

<u>Name</u>	<u>No. of Entries</u>	<u>Placing</u>	<u>Total Amount Won</u>
			\$
			\$
			\$
			\$
			\$

## DECLARATION

The above named animals are owned by me and, to the best of my knowledge and belief, the information provided in connection with this application, whether in my hand or not, is true and I have not withheld any materials facts. I understand that non-disclosure or misrepresentation of a material fact will entitle the Company to void the insurance.

(Note: A material fact is one likely to influence acceptance or assessment of this application by the Company; if you are in any doubt as to what constitutes a material fact, you should consult your agent.)

I understand that the signing of this application does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this application and the statements made therein shall form the basis of the contract.

**Signature of Owner/Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## NOTICE

**Completed Veterinary Certificate is required prior to binding. Veterinary Certificate must be completed and signed within 15 days of requested effective date.**

## INSTRUCTIONS TO VETERINARY SURGEON

It is required in every case that each animal shall be examined outside the stall and that it should be made to move about to demonstrate soundness of limbs and freedom of action. Animals having vicious habits, that have suffered recurrent attacks of colic or bleeding, that are tuberculosis or that have been un-nerved, are not insurable. Careful observation and inquiry should be made as to housing conditions and the presence of contagious or infectious disease.

### VETERINARY CERTIFICATE

I, \_\_\_\_\_ DO HEREBY CERTIFY that I have this day examined the:

**BREED:** \_\_\_\_\_

**COLOR:** \_\_\_\_\_

**SEX:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

**NAMED:** \_\_\_\_\_

**SIRE:** \_\_\_\_\_

**DAM:** \_\_\_\_\_

**MARKINGS:** \_\_\_\_\_

**OWNED BY:** \_\_\_\_\_

a) Is any female animal pregnant? \_\_\_\_\_

IF YES, state which one(s) and expectant date and any symptoms detrimental to satisfactory breeding. \_\_\_\_\_

b) Does any female have a history of abortion? \_\_\_\_\_

b) Are pulse and respiration of each animal normal? \_\_\_\_\_

d) Are both eyes of each animal perfect? \_\_\_\_\_

e) Has animal been tested for tuberculosis? \_\_\_\_\_

f) Does any animal manifest any indication of lameness or faulty conformation in any of its legs or feet? \_\_\_\_\_

g) Is any animal subject to attacks of colic, bleeding or viciousness? \_\_\_\_\_

h) Is there to your knowledge any contagious or infectious disease in the district? \_\_\_\_\_

1) Has any operation been performed on any animal? \_\_\_\_\_

2) If YES, give details and state date, whether fully recovered and whether there is any likelihood of future danger to life as a result of such operation. \_\_\_\_\_

i) As regards horses: Has the heart been auscultated, before and after exercise, and found normal? \_\_\_\_\_

### REMARKS

I found the housing to be \_\_\_\_\_ and I discovered \_\_\_\_\_ contagious or infection disease present; and except as noted above, I hereby certify that each animal is in sound health.

**Signed:** \_\_\_\_\_ **Date of examination:** \_\_\_\_\_

**Qualifications:** \_\_\_\_\_