

**LIVESTOCK MORTALITY  
LOCATION APPLICATION**



Producer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Proposed Effective Date:** \_\_\_\_\_

**Animal Information**

	<u>Specie, Breed, Sex, Age</u>	<u>ID No.</u>	<u>Registered?</u>	<u>Value</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____
7)	_____	_____	_____	_____

(Attach separate schedule if additional space required)

**Location Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Veterinarian Services**

Name of attending veterinarian, if required:  
\_\_\_\_\_

Address/Phone:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# LIVESTOCK MORTALITY APPLICATION (CONT.)

**Loss Experience :**

Please describe any animal mortality losses applicant has suffered in the last five years, whether insured or not, including date, cause of loss, circumstances, and value of animal(s).

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**I acknowledge that any quotation that may be made by underwriters is based upon the above information, and any misrepresentation and/or omission may prejudice and/or void coverage. I certify that the information provided is, to the best of my knowledge, accurate and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date