

## LIVESTOCK MORTALITY TRANSIT APPLICATION

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

Applicant's Website Address: \_\_\_\_\_

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

Years in Business: \_\_\_\_\_ Deductible Desired: \_\_\_\_\_ Per Occurrence Limit Desired \_\_\_\_\_

**Animal Information**

**In last 12 Months:**

Specie	Total Shipped Value	Average Value/ Head	Ages - Youngest/ Oldest
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Transit Information**

**In last 12 Months:**

	Origins	Destinations	% of Total
<b>Int'l:</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>Domestic:</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**Carriers:**

<b>Air:</b> _____ _____ _____ _____ _____ _____	<b>Ocean:</b> _____ _____ _____ <b>Domestic Truckers:</b> _____ _____ _____
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# LIVESTOCK MORTALITY APPLICATION (CONT.)

Optional Coverages Required:

Disease Retest (List Diseases): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Loss of Foetus/Abortion? \_\_\_\_\_

Quarantine? (List duration): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Loss Experience (last five years) :

Domestic:				
<u>Year</u>	<u># of Claims</u>	<u>Total \$ of Claims</u>	<u>Month/ Year</u>	<u>Causes of Loss</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

International:				
<u>Year</u>	<u># of Claims</u>	<u>Total \$ of Claims</u>	<u>Month/ Year</u>	<u>Causes of Loss</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Deductible Desired (% or \$): \_\_\_\_\_

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. and I certify that the information provided is, to the best of my knowledge, accurate and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date