

5. A.) ARE THE ANIMLALS NOW INSURED OR HAVE PREVIOUSLY BEEN INSURED BY YOU?
___YES ___NO IF YES, GIVE DETAILS INCLUDING THE NAME OF INSURERS.

B.) HAS ANY INSURER EVER DECLINED OR REFUSED TO RENEW YOUR LIVESTOCK
INSURANCE? ___YES ___NO
IF YES, GIVE DETAILS: _____

6. A.) DO YOU HAVE OTHER STOCK OF A LIKE CATEGORY, WHICH IS DOESN'T APPLY FOR
INSURANCE ON THIS POLICY? ___YES ___NO
IF NOT, EXPLAIN WHY _____

7. A.) HOW MANY ANIMALS HAVE YOU LOST DURING THE LAST TWO YEARS, IRRESPECTIVE
OF CLASS, TYPE OR BREED? _____

B.) STATE CAUSE AND DATE OF DEATH IN EACH CASE? _____

C.) HAVE YOU BEEN PAID CLAIMS ON LIVESTOCK AT ANY TIME? ___YES ___NO
IF YES, STATE HOW MANY, AMOUNTS AND NAME OF INSURER _____

8. A.) NAME OF YOUR VETERINARY SURGEON, FULL ADDRESS, and TELEPHONE NUMBER:
NAME _____

_____ STREET CITY STATE ZIP

B.) WHAT IS HIS/HER DISTANCE FROM WHERE THE ANIMALS ARE NORMALLY LOCATED?

ARE THERE ANY OTHER CIRCUMSTANCES WITHIN YOUR KNOWLEDGE OR OPINION
NOT ALREADY DISCLOSED WHICH AFFECT OR IS LIKELY TO AFFECT THE PROPOSED
INSURANCE? ___YES ___NO IF YES, EXPLAIN _____

SPECIAL QUESTION: MALE ANIMALS

IS ANY ANIMAL TO BE SOLD, OR LET ON MORTGAGE, COMMISSION, LIEN OR HIRE?
___YES ___NO IF YES, GIVE DETAILS _____

IN RESPECT OF EACH OF THE ANIMAL'S STATE:

SERVICE SEASON BEGINNING AND ENDING DATE

BEGINNING: _____ ENDING: _____

PRESENT SERVICE FEE: _____

SERVICE FEE LAST SEASON: _____

NUMBER OF OWNED ANIMALS SERVED LAST SEASON: _____

NUMBER OF OTHER ANIMALS SERVED LAST SEASON: _____

WHETHER SERVICE FEE IS ON "NO FOAL (OR OFFSPRING) NO FEE" BASIS:

AMOUNT ACTUALLY EARNED IN LAST FULL SEASON: _____

AMOUNT ACTUALLY EARNED IN CURRENT SEASON TO DATE: _____

BOOKINGS FOR REMAINDER OF CURRENT SEASON: _____

BOOKINGS FOR NEXT SEASON: _____

SPECIAL QUESTION: 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?

DO YOU HAVE ANY OTHER PREGNANT ANIMALS OF LIKE CATEGORY?
___ YES ___ NO IF YES, PLEASE EXPLAIN _____

SHOW RECORD DURING TWELVE MONTHS IMMEDIATELY PRIOR TO PROPOSAL:

NAME	NO. OF ENTRIES	PLACING	TOTAL AMOUNT WON

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 FACE 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 FACE, 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: _____

INSTRUCTION TO VETERINARY SURGEON

IT IS REQUIRED IN EVERY CASE THAT EACH ANIMAL SHALL BE EXAMINED OUTSIDE THE STALL AND THAT IS SHOULD BE MADE TO MOVE ABOUT TO DEMONSTRATE SOUNDNESS OF LIMBS AND FREEDOM OF ACTION. ANIMALS HAVING VICIOUS HABIT, THAT HAVE SUFFERED RECURRENT ATTACKS OF COLIC OR BLEEDING, THAT ARE TUBERCULOSIS OR THAT HAVE BEEN UN-NEVERED, 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 MARKING.

ARE THE PULSE AND RESPIRATION OF EACH ANIMAL NORMAL? ___YES ___NO

ARE BOTH EYES OF EACH ANIMAL PERFECT? ___YES ___NO

HAS ANIMAL BEEN TESTED FOR TUBERCULOSIS? ___YES ___NO

DOES ANY ANIMAL MANIFEST ANY INDICATION OF LAMENESS OR FAULTY CONFORMATION IN ANY OF ITS LEGS OR FEET? ___YES ___NO

IF YES, PLEASE EXPLAIN _____

IS ANY ANIMAL SUBJECT TO ATTACKS OF COLIC, BLEEDING OR VICIOUSNESS? ___YES ___NO IF YES, PLEASE EXPLAIN _____

IS THERE TO YOUR KNOWLEDGE ANY CONTAGIOUS OR INFECTIOUS DISEASE IN THE DISTRICT? ___YES ___NO

HAS ANY OPERATION BEEN PERFORMED ON ANY ANIMAL? ___YES ___NO

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. _____

AS REGARDS TO HORSES: HAS THE HORSE BEEN AUSCULTATED, BEFORE AND AFTER EXERCISE, AND FOUND NORMAL? ___YES ___NO

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 _____ QUALIFICATIONS _____ DATE _____