

Chris-Leef General Agency, Inc.
P.O. Box 3747 Shawnee Mission, KS. 66203
(913) 631-1232 (913) 631-1128 fax
(800) 548-0491 (800) 383-1235 fax
www.chris-leef.com

Dairy Cattle Insurance Application

Business Type (Please Check One): Individual Corporation Partnership

Name of Applicant: _____
 Address: _____
 City, State, Zip: _____

Agency Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

Location of Insured Cattle (give distance and direction from nearest town and highway number) _____

Legal Land Description _____

Are cattle confined to a barn, kept on open lot, or on pasture? _____

INVENTORY OF CATTLE TO BE INSURED

| Type | Number of Head | Value Per Head in \$ | Total Value in \$ |
|---------------------------|----------------|----------------------|-------------------|
| Bulls | | | |
| Heifer Calves 0-3 Months | | | |
| Heifer Calves 3-6 Months | | | |
| Heifer Calves 6-12 Months | | | |
| Open Heifers | | | |
| Bred Heifers | | | |
| Milk Cows | | | |
| Miscellaneous/Other | | | |
| Totals | | | |

Total Capacity of Dairy _____ Are all Cattle at the same location? _____
 If more than one location is to be listed on the policy, please list all locations and inventories on the Supplemental Location Form.

Source of Cattle: _____ Breed of Cattle: _____

Will all outside gates and entrances be padlocked (condition for theft coverage)? _____ Number of Employees: _____

Does the property contain any Rivers, streams, large dams, or drywashes?? _____

If Yes Explain: _____

What is the source of water?: _____ Does anyone live on the premises?: _____

Do you personally supervise or attend the cattle?: _____ How far if the supervisor from the cattle?: _____

Are locations equipped with security lights?: _____ Are all locations easily accessible by road?: _____

What equipment do you have to get to the cattle and feed them in the event of a storm? _____

Are there proper exits and arrangements of pens and alleys for removing livestock in the event of a fire? _____

Is there a lagoon or other waste handling system on the premises? (please give description and location) _____

Has the dairy or any portion thereof been inundated by flood waters? (If so give details) _____

Loss payable to the Insured and: _____

Address _____

LOSS HISTORY (Please list all losses occurring in the past 5 years because of the following causes, including date of loss): Fire, Lightning, Flood, Building Collapse, Theft, Vandalism, Blizzard, Freezing, Feed or Water Contamination.

DO YOU AGREE TO-

- 1. Notify the Agent or Company immediately and not later than 24 hours after a loss? YES NO
- 2. Prior to notification, not to remove the cattle from the point of death? 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

The premium is fully earned on the date of inception of this policy.

Date coverage requested to be effective _____

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other 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 will invalidate your claim.

Application Submitted through:

Agent _____

Address _____

(Applicant Name print)

(Applicant Signature)

Date signed

(President - If corporation)