

Chris-Leef General Agency, Inc.

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Lloyd's Livestock

Proposal Form

LIVESTOCK/BLOODSTOCK Usual cover is against the Risks of Mortality, subject to various conditions, limitations and exclusions. A copy of the WORDING showing the full extend of the cover may be seen upon application to your Broker.

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

a.) OWNER'S FULL NAME (MR/MRS/MISS/MS):

b.) OCCUPATION:

SCHEDULE OF ANIMALS PROPOSED FOR INSURANCE

Whether horse, cattle, sheep or pig	SEX Male, Castrated male, Female or Sterilized Female	Full Name, Breed, Colour, Marks and Brands, And on what part of body	AGE date of birth if under one year	Cash Price Paid	If Bought state: Details of any expense	Date Bought	Sum To be insured

Where are the above animals normally located? _____

a.) Are they stabled at night? _____ YES _____ NO

- b.) Will they be kept in enclosed paddock? YES NO
c.) Will they be on OPEN RANGE at any time? YES NO
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a.) For what purpose are the animals kept or employed?

b.) Are there any leases or mortgages on any of the animals? YES NO

If YES, give details: _____

a.) Are the animals sound and healthy? YES NO

b.) Give full particulars of defects or ailments, illness or disease, during last twelve months. _____

c.) Have any animals ever been fired or blistered?

If YES, give details _____

a.) Is there any contagious/infectious disease on the premises now? YES NO

b.) Has there been any during the past twelve months? YES NO

c.) Is there any, to your knowledge, in the neighborhood now? YES NO

If YES, to a, b, or c, give details. _____

a.) How long have the animals been in your possession or care? _____

b.) Have any of the animals recently been imported into the neighborhood?

YES NO

If YES, when and from where? _____

a.) Are the animals now insured or have you or your agent insured them previously?

YES NO

If YES, give details including the names of Insurers.

b.) Has an Insurer ever declined or refused to renew your Livestock Insurance? _____

Have you other stock of like category, which is not proposed for Insurance hereby?

___YES ___NO

If YES, give details. _____

If all such Stock is not proposed for insurance hereby (or already insured) state why?

a.) How many animals of like category 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, amount and name of Insurer. _____

a.) Name, full address and telephone number of your Veterinary Surgeon. _____

b.) What is this distance from where the animals are normally located? _____

Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance? ___YES ___NO

SPECIAL QUESTIONS: MALE ANIMALS

a.) Is any animal to be sold, or let on mortgage, commission, lien or hire? ___YES ___NO

If YES, give details. _____

b.) Dates of beginning and ending of service season. Beginning: _____ Ending: _____

- a.) Present service fee: _____
 - b.) Service fee last season: _____
 - c.) Number of own animals served last season. _____
 - d.) Number of other animals served last season. _____
 - e.) Whether service fee is on 'no foal (or offspring)- no fee' basis. _____
 - f.) Amount actually earned in last full season: \$_____
 - g.) Amount actually earned in current season to date: \$_____
 - h.) Bookings for remainder of current season: _____
 - i.) Bookings for next season: _____
 - j.) Have the animals been tested at any time for tuberculosis? ___YES ___NO
- If YES, where and when, and with what result? _____
- _____

SPECIAL QUESTIONS: PREGNANT ANIMALS

- Date due to give birth: _____
- a.) Fee paid for covering: _____
 - b.) Year animal last gave birth: _____
 - c.) Have any of the young been: ___CAST ___ABORTED ___STILLBORN
- Have you any other pregnant animals of like category? ___YES ___NO
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SPECIAL QUESTIONS: HORSES

Has any horse been entered for or raced in any claiming, selling, or combination race during the past twelve months? ___YES ___NO

If YES, state which horse and lowest value of race. _____

RACING/SHOW RECORD during twelve months immediately prior to this proposal

Name	No. Of entries	Placings	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 proposal, whether in my hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance

(N. B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall for the basis of contract.

Signature of Owner: _____ 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 demonstrates soundness of limbs and freedom of action. Animals having vicious habits, that have suffered recurrent attack colic or bleeding, that we are tuberculosis or that have been un-nerved, are not insurable. Careful observation and enquiry 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:

<u>Breed</u>	<u>Color</u>	<u>Sex</u>	<u>Age</u>	<u>Sire</u>	<u>Dam</u>	<u>Markings</u>	<u>Owned by</u>
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Are pulse and respiration of each animal normal? _____YES _____NO

Are both eyes of each animal perfect? _____YES _____NO

Does any animal manifest any indication of lameness of faulty conformation in age of its legs or feet? _____YES _____NO

Is any animal subject to attacks of colic, bleeding, viciousness or tuberculosis? _____YES _____NO

Has any operation been performed on any animal? _____YES _____NO

If YES, give details and state date and whether fully recovered and whether any likelihood of future danger to life as a result of such operation. _____

As regards to horses:

A.) Has the heart been auscultated, before and after exercise, and found normal? YES NO

B.) Have any animals been fired or blistered? YES NO

If YES, give details and state date and whether fully recovered and whether any likelihood of future danger to life or limb as a result of such firing or blistering. _____

C.) Has neurectomy ("un-nerving") been performed on any animal? YES NO

REMARKS:

I found the housing to be _____ and discovered
_____ contagious or infectious disease present: and, except as noted

above hereby certify that each animal is in sound health.

Signed _____ Qualifications _____ Date of Exam _____