

PRAIRIE STATES INSURANCE AGENCY, INC.

100 N. Broadway, Suite 2840, Oklahoma City, OK 73102

Toll Free: 800-627-4677 Fax: 405-235-5225

Agents: Deborah Gale, E-mail: dgale42801@aol.com Stuart Barringer



Cattle Mortality Insurance Application

Owner(s) Information:

Name _____

Policy # _____

Address: _____

Daytime Tel. # _____

Evening Tel # _____

Fax # _____

City _____ State _____ Zip _____

Location of Cattle: _____

Animal(s) Identification

<u>Name</u>	<u>Registration #</u>	<u>Sex</u>	<u>DOB</u>	<u>Purchase Date & Amount</u>	<u>Requested Sum Insured</u>
1. _____	_____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	_____	\$ _____	\$ _____

BULLS:

1. Is any animal to be syndicated? Yes No If yes, please give details: _____
2. Provide the present fee per service for each bull. _____
3. Provide the annual service bookings for each bull. _____
4. Is breeding done by artificial insemination? Yes No

COWS

1. Provide date of last breeding for each cow. _____
2. Have any previously bred calves died at birth or within 30 days after birth? Yes No If yes, please give details: _____
3. Is breeding done by artificial insemination? Yes No

UNDERWRITING QUESTIONS:

1. If you are not the sole owner of the animal(s), please provide names of designated owners and their interest _____
2. Has the above referenced animal(s) suffered from any illness, disease or undergone any diagnostics or surgery during the last 12 months?
 Yes No If yes, please provide details _____
3. Has there been any contagious or infectious disease on farm where the animal(s) are kept? Yes No If yes, please provide details _____
4. Do you understand that **immediate notice** must be given to the Company in the event of **any** injury, illness, operation, disease or death of an Insured animal? Yes No

DECLARATION

I DECLARE THAT THE CATTLE LISTED ON THIS APPLICATION ARE IN GOOD HEALTH AND CONDITION. I WARRANT THE TRUTH OF THE STATEMENTS I HAVE MADE ON THIS APPLICATION WHICH SHALL BE THE BASIS OF THE CONTRACT FOR INSURANCE. IF ANYTHING BE FALSELY STATED OR INFORMATION WITHHELD TO INFLUENCE THE COMPANY'S DECISION, THE INSURANCE CONTRACT SHALL BE NULL AND VOID.

SIGNATURE: _____ **DATE:** _____

PHONE: (405) 235-5541 TOLL FREE: 1-800-627-4677 FAX: (405) 235-5225

By Owner or his/her Agent