

PRAIRIE STATES INSURANCE AGENCY, INC.

1216 N. W. 50th, Oklahoma City, OK 73118

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

Agents: Deborah Gale, E-mail: Deborah_Gale@prairiestatesinsurance.com



Application for Livestock Insurance

Type of Coverage Desired: Full Mortality & Theft Restricted Perils only Transit, Loading & Unloading

To be completed by the Insured

This is not a binder

Owner(s): _____ Daytime Tel No. _____

Address : _____ Evening Tel No. _____

City/State/Zip: _____

Number of years in business _____ Address where animals will be located _____

Do you want this insurance added to your existing policy: Yes # _____ No

Description of Animal(s)- Please list additional animals on separate sheet of paper with your signature

| Name – Tag/Tattoo or Unique No. | Sex | Age | Breed | Intended Use | Purchase Price & Date | Amount of Insurance |
|--|------------|------------|--------------|-------------------------|--------------------------------------|--------------------------------|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |

1. Are you the animal(s) sole owner? Yes No Was Purchase paid by cash, trade or other? _____

Please provide details if acquired by trade or other _____

Are there any encumbrances on this animal? Yes No

Is there any indebtedness due because of change of ownership of this animal(s)? Yes No

Please provide Particulars (if applicable) _____

2. Have any animal(s) owned by you died in past 36 months? Yes No

If yes, state cause of death and state whether insured? _____

3. Have you experienced any cases of Epizootic Hemorrhagic Disease (EHD) on your farm in the past 36 months? Yes No (if applicable to this animal)

4. Are the animals supervised daily? Yes No Is Shelter available? Yes No

Please describe fencing _____

5. Has any insurance company ever cancelled any insurance or refused to insure any animal(s) in which you have (or had) an insurable interest? Yes No If yes, please provide details _____

6. State nature of any illness or injury to this animal(s) in the last 36 months _____

7. Has any veterinarian or insurance company turned down insurance on this animal(s)? Yes No

If yes, please provide details _____

8. Was this animal(s) previously insured or is it presently insured by you or any of its previous owners? Yes No If yes, please indicate when, expiration date/ amount / company's name _____

9. If animal(s) is being leased, please indicate lessor's or lessee's name and address _____

10. Please identify person having care, custody and control of animal(s): Name _____

Address: _____ Phone # _____

11. Total number of animal(s) owned _____ Number not insured _____

Breeding information (If applicable)

Male(s)

Female(s)

| Name | Service Fee | # Booked | Name | date last bred | # of offspring | Sale price or breeding fee |
|-------------|--------------------|-----------------|-------------|-----------------------|-----------------------|---------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

To the best of my knowledge the above animal(s) is sound with nothing detrimental to good health and/or breeding. The animal is my own property or I have definite financial interest in it, and it is not now insured elsewhere. I attest to the truth of all the above and I have not misrepresented anything to influence the decision of the agency. This application shall be the basis of the contract for the applied insurance and if anything is falsely stated, now or at any alteration in the future, the agency has the right to void the contract.

Signature _____

Date _____

(Must be signed by the owner or his/her agent)

This agency reserves the right to deposit any monies forwarded with this document, without detriment to the right of the company to approve or reject this application. If the company does not approve this application, this agency shall return the payment in the form of a check for the amount of premium rejected.