

Livestock Liability Quick Quote Form

Applicant Information

1. Applicant: _____ Farm Name: _____
2. Address: _____ City: _____ State: _____ Zip Code: _____
3. Phone #: _____ Email: _____ Website: _____
4. Insured is: Owner Operator; Absentee Owner; Tenant; Other (describe): _____
5. How long have you been in operations? _____

Liability

1. Choose One
Limit of Liability: \$ 300,000 occurrence / \$ 900,000 aggregate
 \$ 500,000 occurrence / \$1,500,000 aggregate
 \$1,000,000 occurrence / \$3,000,000 aggregate
2. **Number of owned alpacas** (Count each alpaca only once, based on its primary use.)
Breeding: _____ Pleasure/Show: _____ Crias: _____ For Sale: _____
3. **Number of non-owned alpacas** (Count each alpaca only once, based on its primary use.)
Boarding: _____ Breeding: _____ Show: _____
4. **Premises Information**
a. Total number of acres: owned- _____ leased/rented- _____
b. Type of fencing: _____ c. Condition of fencing: _____
d. ATV/Golf carts? Yes No Number of ATV: _____ e. Number of Golf Carts: _____
5. a. **Current Insurance Carrier:** _____
b. Premium: \$ _____ c. Expiration Date: _____
6. **Loss History**
a. Previous losses past years? Yes No
b. If yes, please describe: _____

Narrative of Operations: (if more space is needed to describe operations, please include a separate page)