

Livestock Mortality Insurance

Agent: Jersey Marketing Service

Company: American Live Stock Inc.
on behalf of Hiscox Insurance Company Inc.

Obtain complete description of policy terms and conditions from clerk before submitting application.

To insure the animal(s) you have purchased, complete this application and submit it to the clerk of the sale.

Coverage	Premium Rate
1 Month Term	\$3.20 Per \$100
3 Month Term	\$4.80 Per \$100
6 Month Term	\$5.30 Per \$100
1 Year Term	\$8.00 Per \$100

- Age limits: Three (3) months to five (5) years. Calves two weeks to three months of age and cows over five years and up to seven years of age will be accepted with additional premium.
- Age exceptions: See clerk for amount of additional premium.
- Restrictions apply, please refer to policy for exclusions.
- Loss, directly or indirectly due to animal giving birth prematurely or otherwise, shall not be included unless policy written for a period in excess of six months.
- Death from natural or accidental causes is included but mandatory slaughter by governmental authority or decree, or for expediency is not included.
- Policy is not transferable.

*Transportation included on all time periods.
 Minimum Premium, \$150.00*

NAME OF APPLICANT						PHONE NUMBER(S)		
ADDRESS								
CITY				STATE			ZIP CODE	
NAME OF ANIMAL TO BE INSURED		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	REGISTRATION NO.	PURCHASE PRICE	AMOUNT OF INSURANCE	TERM OF INSURANCE	RATE	PREMIUM
			BIRTH DATE					
NAME OF ANIMAL TO BE INSURED		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	REGISTRATION NO.	PURCHASE PRICE	AMOUNT OF INSURANCE	TERM OF INSURANCE	RATE	PREMIUM
			BIRTH DATE					
NAME OF ANIMAL TO BE INSURED		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	REGISTRATION NO.	PURCHASE PRICE	AMOUNT OF INSURANCE	TERM OF INSURANCE	RATE	PREMIUM
			BIRTH DATE					
NAME OF ANIMAL TO BE INSURED		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	REGISTRATION NO.	PURCHASE PRICE	AMOUNT OF INSURANCE	TERM OF INSURANCE	RATE	PREMIUM
			BIRTH DATE					
NAME OF ANIMAL TO BE INSURED		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	REGISTRATION NO.	PURCHASE PRICE	AMOUNT OF INSURANCE	TERM OF INSURANCE	RATE	PREMIUM
			BIRTH DATE					
EFFECTIVE DATE							TOTAL PREMIUM	

In making application for this insurance, I/We declare the above facts confirm my knowledge and also that this insurance has not been refused elsewhere, no other insurance is in effect, or that insurance is in excess of fair market value. I/We declare that I/we are the sole owner of the animal(s) herein described and that same is now in sound and good condition; and that there is not now, nor has there been any contagious disease in my/our vicinity; and that I/we know of no reason why this insurance should not be granted.

DATE _____

SIGNATURE OF APPLICANT _____