

APPLICATION FOR INSURANCE WITH AMERICAN LIVE STOCK

A Division of Markel Service, Incorporated

Agent Name: Jame Secondino Krieger

		NEW or ADD TO EXISTING POLICY NUMBER:						
Name:					Farm Name:			
City:		State:			Zip: Fax:			
		Cell Phone:			Fa		«:	
I/We hereby apply f described animal or		y death resulting from disea	ase or accidental	injuries for th	ne term of		on the follo	owing
		Registration and/or	Breed		Purchase Price	Amount of Insurance	e l	l
Nam	e of Animal	Tattoo Number	Sex	Birthdate	Purchase Date	% Interest	Rate	Premium
							_	
							_	
Continue Animal Schedule on next page, as needed					TOTALS:			
Values based on: Appraisal: Private Purchase: Auction Price: Auction Price:				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(s) of				
I Hereby certify that I have this day examined the aforementioned animal(s). I have witnessed locomotion and observed no defects or unsoundness of limb. I know of no record of illness in the past twelve months. I know of no record or indication of sterility, past or present. I would consider the animal(s) sound and normal in every other respect.				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. The following notice is required by various states: "Any person who knowingly with the intent to injure, defraud, or deceive any insurance company or other persons, files an application containing any false information or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a				
Veterinarian's Signature			Date		Signature of Applicant Date			

PLEASE COMPLETE ALL QUESTIONS.