



JUSTIN INSURANCE

EQUINE AND RANCH SPECIALISTS

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5305 TEMPLE HALL HWY, GRANBURY, TX 76049

www.justininsurance.com

BUCKING STOCK QUESTIONNAIRE BULLS

Owner's Name: _____ Animal's Name/ID: _____

Person who has care, custody, and control: _____

WAS A VET EXAM REQUIRED YES () NO ()

PERFORMANCE QUESTIONS

1. Is the animal used for: Bucking () Breeding ()

If the animal is being bucked answer the following:

2. How many times has the animal bucked in the last 6 months? _____

3. What is the level of competition (PBR, Futurity, Etc.)? _____

4. Any titles or awards won? _____

*Please list the most recent scores & dates below:

Score & Date :	Score & Date :	Score & Date:
Score & Date :	Score & Date :	Score & Date:

COMPLETE FOR BULLS ONLY

1. Is the bull being used for breeding? Yes () No ()

If yes please answer the following:

2. Method of breeding used? AI () Live Cover () Both () Pasture Breeding : Yes () No ()

3. Number of cows bred last year? _____ Number Conceived: _____

4. Number of straws frozen/ stored? _____ Price per straw? _____

5. Date last collected? _____ Location(s) of frozen/ stored semen? _____

* 75 % FERTILITY IS REQUIRED TO BE ELIGIBLE FOR INSURANCE *

DECLARATION OF HEALTH

To the best of your knowledge is this animal healthy and normal in all respects? Yes () No ()

Has animal had any illness, lameness or injury during the last twelve months? Yes () No ()

Has the animal seen a veterinarian for anything other than routine care? Yes () No ()

Have you already or are you planning to have this animal cloned? Yes () No ()

Has the animal been exposed to any infectious diseases or have there been any infectious diseases on ranch? Yes () No ()

*** IMPORTANT NOTICE REGARDING BULL INSURANCE ***

THE COMBINED VALUE OF THE REQUESTED INSURANCE AND ANY FROZEN/STORED SEMEN MUST NOT EXCEED THE BULL'S CURRENT MARKET VALUE. IF THERE IS A CLAIM, THE AMOUNT PAID UNDER THIS POLICY MAY BE REDUCED TO REFLECT THE ADDITIONAL VALUE OF SEMEN THAT MAY BE FROZEN. FERTILITY COVERAGE IS NOT AVAILABLE ON BULLS.

I, the undersigned request insurance on the livestock listed above. I declare that the animal is healthy as stated. I understand coverage will be subject to the terms and conditions of the policies to be issued and I warrant the correctness and truth of the information stated above. I understand that if anything is falsely stated or withheld, the insurance contract could be rendered null and void. I understand that should there be a claim on a bull, and the combined value of the insurance and any frozen/stored semen exceed current market value, the insured value may be reduced. I also understand that no coverage will be in effect until the date shown on the policy to be issued and agree to notify the company immediately should there be any injury or illness involving the livestock insured.

Date

Signature

THE COVERAGE REQUESTED IS CONTINGENT UPON RECEIPT AND ACCEPTANCE BY OUR UNDERWRITERS. IF REQUESTED VALUE IS REDUCED BY OUR UNDERWRITERS PRIOR TO THE ISSUANCE OF A POLICY, ANY PREMIUM OVERPAYMENT WILL BE RETURNED.