



JUSTIN INSURANCE

EQUINE AND RANCH SPECIALISTS

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www.justininsurance.com

APPLICATION FOR LIVESTOCK MORTALITY INSURANCE

*Feedlot & Range Cattle are Excluded from Coverage

Name/Address of Applicant	Telephone	
	Phone: _____	Number of years in business: _____
	Cell: _____	Location where animal(s) are kept: _____
	Fax: _____	
	Email: _____	

	Name of Animal	Registration or Tattoo No.	Sex*	Breed	Sire	Dam	Date of Birth
1							
2							
3							

* Use the following codes to indicate the sex of the animal: B- Bull, S- Steer, C- Cow, H- Heifer

	Color	Purchase Date	Purchased From	Purchased at Auction, Private or Homebred?	Purchase Price	Intended Use and Function	Amount of Insurance Desired
1							
2							
3							

- Are you currently the animal(s) sole owner? _____ Other owner's name and address: _____
- Are there any encumbrances upon this animal(s)? _____ Is there any indebtedness because of change of ownership of this animal(s)? _____
If yes, give details: _____
- Is the animal being leased? _____ If yes, please provide lessor's name and address: _____
- Is the animal(s) supervised daily? _____ Is a shelter available at all times? _____ If yes, give type: _____
- Was this animal previously or is it presently insured by you or any of its owners? _____ If yes, please provide the expiration date, the value insured, and the Company's name(s): _____
- Has there been any illness, injury or death to bull/cow or any other cattle owned by you in the past 36 months? _____ If yes, give details: _____
- Have you ever been paid a livestock claim? _____ If yes, give details: _____
- Have you ever been denied a livestock claim? _____ If yes, give details: _____
- Have any cattle owned by you died in the past 36 months? _____ State cause(s) of death and were any insured: _____
- Has any insurance company ever cancelled any insurance or refused to insure any animal(s) in which you have or had an insurable interest? _____
If yes, give details: _____
- If you are insuring the animal for more than the purchase price, the amount of insurance must be justified by performance record, winnings incurred after purchase, breeding fee if insuring a cow and she is bred, or if insuring a bull, list number of cows bred. Please give complete information to justify value: _____

I, the undersigned, request insurance on the cattle listed above. 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 and declare to the best of my knowledge that during the past three years the animal(s) have been free from any ILLNESS, INJURY, DISEASE OR ACCIDENT. I understand this Application and Statement of Condition shall be the basis of the Insurance Contract and if anything is falsely stated or withheld, the insurance contract could be rendered null and void. I also understand that no coverage will be in effect until the date shown on the policy to be issued and I agree to NOTIFY THE COMPANY IMMEDIATELY SHOULD THERE BE ANY INJURY, ILLNESS OR POTENTIAL CLAIM involving the cattle insured.

Date

Signature