

LIVESTOCK MARKET APPLICATION

Producer's Name <u>Cline Wood Agency</u> Agency Code _____ Mail Address <u>4300 W 133rd Street</u> City, State Zip <u>Leawood, KS 66209</u> Phone <u>913-451-3900</u> Fax <u>913-451-3925</u> Email <u>julies@clinewood.com</u>	Applicant's Name _____ Mail Address _____ City, State Zip _____ Phone _____ Fax _____ Email _____
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____	
Year Business Started _____	
Proposed Effective Date: 1 _____	Rate(s): _____
Inspection Contact: _____ Phone: _____	
Location of Premises: _____ Protection Class Rating: _____	
<u>Type of Coverage Requested:</u>	<u>Optional Coverage Form Requested:</u>
TRANSIT <input type="checkbox"/> Livestock Transit Coverage Form	<input type="checkbox"/> Mortgaged and Stolen Livestock <input type="checkbox"/> Other _____
<u>PREMISES</u>	<u>Optional Endorsement(s) Requested:</u>
<input type="checkbox"/> Livestock Premises Coverage Form	<input type="checkbox"/> _____

1. (a) Does applicant receive animals from any of the following states? Yes No If Yes, please indicate which states:

<input type="checkbox"/> Alabama	<input type="checkbox"/> Maine	<input type="checkbox"/> Montana	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Oregon	<input type="checkbox"/> Vermont
<input type="checkbox"/> Colorado	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Nebraska	<input type="checkbox"/> North Dakota	<input type="checkbox"/> South Dakota	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Idaho	<input type="checkbox"/> Mississippi	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Utah	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Louisiana					
- (b) Has applicant registered with the Central Filing System of such state(s), and does applicant regularly receive Notices of Livestock Liens? Yes No If No, please explain: _____
- (c) Has applicant established office procedures to properly process the Notices of Livestock Liens? Yes No If No, please explain: _____
2. Specify all methods of marketing at this location:
 - (a) Auction
Please provide sale day schedule: _____
Approximate number of animals handled per week:
Cattle _____ Hogs _____ Sheep _____ Horses and/or Mules _____
 - (b) Special Sales Auction _____ Private Sale _____
Number of animals sold annually: Cattle _____ Other (specify) _____
3. Are there any special valued animals sold at this market? Yes No If Yes, please explain: _____
4. Is there any long term feeding? Yes No If Yes, please explain: _____
5. What is the approximate number of miles that animals are hauled to each applicant's market? _____
6. What is the approximate length of time that animals remain on applicant's premises after arrival? _____
7. What is the construction type of the yards? Wood Metal Concrete Other _____
8. Describe the loading and unloading facilities: _____
9. Will all outside gates be locked when not in use? Yes No

Attach Diagram And Photos Of Market Showing Locations Of All Structures

10. Describe any other security measures currently in place: _____
11. Does the arrangement of pens and alleys allow for proper access to exits for the removal of animals in the event of fire or other emergency? Yes No If No, explain: _____
- What is the number of exits? _____
12. Describe any combustible exposures and their location on the premises:

13. Number of miles from responding fire department: _____
14. Loss Payee(s): _____
(Name & Addr) _____
15. Does the applicant own, operate or have financial interest in any other similar operation? Yes No *
16. Name of current livestock market insurance carrier: _____ Policy Number: _____
17. Has the applicant ever been canceled or non-renewed by an insurance company? (Not applicable in MO) Yes No *
18. Please provide a five year loss history:

<u>Year</u>	<u>Premium</u>	<u>Amount of Losses</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* If Yes to question(s) 15 or 17, please explain: _____

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, and VA, insurance benefits may also be denied. See below for additional Fraud Warnings)

APPLICANTS SIGNATURE	DATE	PRODUCERS SIGNATURE	DATE
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Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of Insurance within the Department of Regulatory Agencies.

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

Warning: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Nebraska, Oregon and Vermont

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a crime.