

PASTURE CATTLE APPLICATION

Name of Applicant:			
Address:			
City:	State:	Zip:	Producer Name:
Telephone:	Fax:	e-mail:	

- Individual
 Partnership
 Corporation
 LLC
 Limited Partnership

1a. Effective Date of Coverage: _____ 1b. Deductible: \$ _____

2. Source of Cattle: _____

3. Breed of Cattle: _____

4. Is there any Cows or Bulls in Pasture? Yes No If Yes, what is the age of the cattle: _____

5. Is the pasture: Grass Wheat Pasture Prairie Grass Stock ground Public Domain

6. Does the property contain any of the following? Rivers Streams Large Dams Dry Washes Shelters Windbreaks

7. What is the water source? Pond Spring Hauled Water Well Creek Other _____

8. Who supervises or attends the cattle? Insured Lessor Owner Other _____

9. How many miles is the supervisor or attendant live from the cattle? _____

10. How often will the cattle be checked? _____

11. Is the pasture easily accessible by road? Yes No

12. What equipment do you have to get to the cattle and feed them in the event of a storm? _____

13. What is the source of supplemental feed? _____

14. What type of feed is it? _____

15. Estimated number of day of feed on hand? _____

16. Licensed Veterinarian to be used on claims (Name, address, and phone number)

17. LossPayee(s): _____
 (Name and Address) _____

18. Does the applicant own, operate, or have financial interest in any other similar operation? Yes No

If Yes, please explain: _____

19. Does the applicant have any other insurance with Cline Wood Insurance Agency? Yes No

If Yes, please explain: _____

Location of Cattle:

Location No.	Section	Township	Range	County	State	# of Head	Owned or Leased	Est. Days on Pasture

Location No.	(Distance)	(Direction)	(Distance)	(Direction)	(Town, State)	Owned or Leased
_____	_____ Miles	_____ and	_____ Miles	_____ from	_____, _____	_____
_____	_____ Miles	_____ and	_____ Miles	_____ from	_____, _____	_____
_____	_____ Miles	_____ and	_____ Miles	_____ from	_____, _____	_____
_____	_____ Miles	_____ and	_____ Miles	_____ from	_____, _____	_____
_____	_____ Miles	_____ and	_____ Miles	_____ from	_____, _____	_____
_____	_____ Miles	_____ and	_____ Miles	_____ from	_____, _____	_____
_____	_____ Miles	_____ and	_____ Miles	_____ from	_____, _____	_____
_____	_____ Miles	_____ and	_____ Miles	_____ from	_____, _____	_____

LOSS HISTORY: give the number of animals lost from the following causes over the last four years:			
<u>Year:</u>	<u>Theft:</u>	<u>Blizzard:</u>	<u>All Other Causes:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DO YOU AGREE TO:

- | | |
|---|--|
| 1. Notify the Agent or Company immediately and not later than 24 hours after a loss? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Prior to notification, not remove the cattle from the point of death? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Provide a certificate at your expense, stating the cause of death signed by a licensed veterinarian? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Notify the Agent or Company within 48 hours of movement of the cattle to a different country? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

The premium is fully earned on the date of inception of the policy.
Coverage shall not become effective sooner than 24 hours after this application has been signed by both applicant and agent.

I attest that all information supplied by me is true and correct.

Applicant's Signature

Date

Agent's Signature

Date