

Conover Auction Service, Inc.

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Application for Cattle Mortality Coverage - this is not a binder

 Name of Sale

 Effective Date

Name: (as it will appear on the policy)	Mailing Address:	City, State, Zip Code:		
Cell Number:	Email:	New Policy	Add to Existing Policy	% Ownership

Coverage is bound only when a binder has been issued. This application must be fully completed, signed and dated.

RATES: 1 year: 6.5% (.065), 6 months: 4.3% (.043), 3 months: 3.9% (.039) • \$200 minimum charge per policy

Lot #	Animal's Name	Tatt / Brand	Reg #	DOB	Sex M/F/S	Breed	Purchase Date	Purchase Price	Rate	Premium

Total Premium _____

I declare to the best of my knowledge and belief that the animals(s) listed on the above application to be in normal healthy sound condition. I hereby certify that the above information is truthful and accurate. I understand that any fraudulent, omitted, or misrepresented statement voids any policy of insurance issued on the basis of this application. I further understand that the insure will rely on the information provided in this application, which will become part of any policy issued. I understand and agree this is not a binder, but merely an application of insurance. I also understand that it is required under the policy to give immediate notice by telephone of any illness, injury, disability, or death of any insured animals. Not doing so may jeopardize coverage and result in denial of any claim.

I understand that it is required under the policy to do the following in the event of a loss, and that not doing so may jeopardize coverage and result in denial of any claim made:

- Give immediate notice by telephone of any loss to insured livestock.
- Do not remove dead livestock until authorized by us, unless legally required to do so.
- Preserve any physical evidence relating to the cause of loss to insured livestock to assist with our claim investigation.
- Have a licensed veterinarian perform a post-mortem examination on the livestock that have died in a loss, at your expense, verifying the cause of death.

Signature of APPLICANT: _____ Title: _____ Date: _____

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Name: _____

Are you the sole owner of all cattle listed? _____ YES, _____ No: If "NO," list other owner(s) and address(es) _____

If female, indicate: Open _____ BRED _____ DUE DATE _____

Have you had any livestock insurance claims in the past 5 years? __ YES __ NO. Explain: _____

Has the current or other prospective carrier refused Animal Mortality Coverage to you? If "YES" give details, _____ YES _____ NO.

OWNER STATEMENT OF HEALTH (Eligible for Cattle ages 90 days to 7 years old)

Have any of the above cattle received treatment for an accident, illness, lameness or bloat in the past 12 months? _____ YES _____ NO.

If yes, provide complete details, _____

I declare to the best of my knowledge that the animals named on this application are currently and have been in sound health and free from injury, disease, lameness or disability of any kind. All the animals named on this application are current on all vaccinations and boosters. If any cattle listed on this application has or had a defect(s), a complete veterinarian examination form must be completed unless the Company has provided written approval prior to binding coverage.

Signature of APPLICANT: _____ Title: _____ Date: _____

Provide name, address and telephone of your regular Veterinarian or Vet Clinic: _____

Payment by check or ACH bank check made to: Conover Auction Service

Please mail payment to:
Conover Auction Service
PO Box 9
Baxter, IA 50028