



# APPLICATION FOR INSURANCE WITH AMERICAN LIVE STOCK INC.

I/WE \_\_\_\_\_  
of \_\_\_\_\_

Address

Zip Code

Phone

hereby apply for insurance against loss by death resulting from disease or accidental injuries for the term of \_\_\_\_ on the following described animal or animals:

Name of Animal	Registration and/or Tattoo Number	Breed		Purchase Price	Amount of Insurance	Rate	Premium
		Sex	Birthdate	Purchase Date			

**SEND TO: Merle Howard Insurance Agency - Paula Bovre, agent**

W4226 State Rd. 23 East, Fond du Lac, WI 54937

PHONE: 920-923-6991 FAX: 920-921-5678 EMAIL: grnorth@dishmail.net

- **Veterinary certificates must be current within 14 days of inception.**
- **Purchase price must be actual cash price paid at the time of purchase.**

### AGE LIMITS 3 MONTHS to 7 YEARS

15 Day Term	1.5%	3 Month Term	3.5%
1 Month Term	2.5%	6 Month Term	4.0%
2 Month Term	3.0%	1 Year Term	6.0%

### Age Exceptions - Note Added Premium

Calves, 2 weeks to 7 weeks old 4.0% added premium  
 Calves, 7 weeks to 3 months old 2.0% added premium  
 Cows past 7 years will be charged an add'l 1.0% per year

Values based on:

Appraisal  Private Purchase  Auction Purchase

**I hereby certify that I have this day examined the aforementioned animal(s).  
 I have witnessed locomotion and observed no defects or unsoundness of limb.  
 I know of no record of illness in the past 12 months.  
 I know of no record or indication of sterility, past or present.  
 I would consider the animal(s) sound and normal in every other respect.**

In making application for this insurance, I/We declare the above facts confirm my knowledge and also that this insurance has not been refused elsewhere, no other insurance is in effect, or that insurance is in excess of fair market value. I/We declare that I/we are the sole owner of the animal(s) herein described and that same is now in sound and good condition; and that there is not now, nor has there ever been any contagious disease in my/our vicinity; and that I/we know of no reason why this insurance should not be granted.

Date \_\_\_\_\_

Veterinarian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_