



**LIVESTOCK TRANSPORTATION APPLICATION**

Producer's Name _____	Applicant's Name _____
Agency Code <b>87-</b>	Mail Address _____
Mail Address _____	City, ST Zip _____
City, ST Zip _____	Phone ( ) - _____
Phone ( ) - _____	Fax ( ) - _____
Fax ( ) - _____	E-Mail Address _____
E-mail Address _____	

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Corporation	Year Business Started _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other _____	

Proposed Effective Date: _____	Inspection Contact _____	Phone ( ) _____
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<b>Type of Coverage Requested:</b>		<b>Optional Coverage Extension(s) Requested:</b>	
<input type="checkbox"/> Livestock Transit Coverage Form (Limited-Named Peril LS 00 21)	<input type="checkbox"/> Livestock Transit Coverage Form (Broad LS 00 20)	<input type="checkbox"/> Carcass Removal (LS 20 01)	<input type="checkbox"/> Substitution of Vehicles (LS 20 06)
<input type="checkbox"/> Additionally Covered Property in Transit Coverage Form (Limited-Named Peril LS 00 27)	<input type="checkbox"/> Additionally Covered Property in Transit Coverage Form (Broad LS 00 26)	<input type="checkbox"/> Your Property On Your Vehicles (LS 20 11)	
		<input type="checkbox"/> Other _____	
		<b>Optional Endorsement(s) Requested:</b>	
		<input type="checkbox"/> _____	

Payment Schedule: \_\_\_\_\_ Deposit Attached \$ \_\_\_\_\_ Rate Quoted: \_\_\_\_\_

Livestock Transit Liability Limit: (any one vehicle) \_\_\_\_\_ Livestock Transit Liability Limit: (any one animal) \_\_\_\_\_

Additionally Covered Property Liability Limit: \_\_\_\_\_ List All Commodities Transported: \_\_\_\_\_

- Are state filings required:  Yes  No If Yes, list states: \_\_\_\_\_
- Specify how name should appear on filing(s): \_\_\_\_\_
- If ICC filing(s) are required, please include the following: US DOT Filing Number: \_\_\_\_\_ MC Filing Number: \_\_\_\_\_
- If available, attach copy of driver(s) Motor Vehicle Record.
- Name of current cargo carrier: \_\_\_\_\_ Current cargo policy expiration date: \_\_\_\_\_
- List percentages of livestock to be hauled: \_\_\_\_\_ Horses \_\_\_\_\_ Mules \_\_\_\_\_ Sow/ Boars \_\_\_\_\_ Butcher Hogs  
 \_\_\_\_\_ Stocker/Feeder Cattle \_\_\_\_\_ Fat Cattle \_\_\_\_\_ Dairy Cattle \_\_\_\_\_ Sheep/Goats  
 \_\_\_\_\_ Pre-weaned Pigs \_\_\_\_\_ Breeding Stock (Specify Type) \_\_\_\_\_
- Average hauling distance: \_\_\_\_\_ miles. Maximum hauling distance: \_\_\_\_\_ miles. Estimated loaded miles per year: \_\_\_\_\_
- Does applicant transport any special valued animals?  Yes  No If Yes, explain: \_\_\_\_\_
- Indicate if applicant transports for any of the following:  Packer  Order Buyer(s)  Dealer(s)  Farmer(s)
  - Does any entity selected retain any portion of loss before pursuing a claim against the applicant?  Yes  No  
If Yes, explain: \_\_\_\_\_
- Condition of equipment:  Excellent  Good  Fair  Poor  Other: \_\_\_\_\_
- Does applicant own, operate or have financial interest in any other similar operation?  Yes  No If Yes, explain: \_\_\_\_\_
- Loss Payee(s): \_\_\_\_\_  
(Name and Address) \_\_\_\_\_
- Has applicant ever been canceled or nonrenewed by an insurance company?  Yes  No (Not applicable in MO)  
If Yes, explain: \_\_\_\_\_
- LOSS HISTORY. Please list all losses sustained in the last five years:

<u>Date Of Loss</u>	<u>Cause Of Loss</u>	<u>Amount Of Loss</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the vehicle make, model and identification number on all insured tractors and trailers.

YEAR	MAKE	MODEL	SERIAL NUMBER
	(Select Only One Per Vehicle) <input type="checkbox"/> Tractor <input type="checkbox"/> Multi Deck Trailer <input type="checkbox"/> Truck <input type="checkbox"/> Single Deck Trailer <input type="checkbox"/> Pick-up <input type="checkbox"/> Gooseneck Trailer		
1			
2			
3			
4			
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6			
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9			
10			

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.